



Report on an unannounced inspection of

## **HMP/YOI Isis**

by HM Chief Inspector of Prisons

23–24 August and 5–16 September 2022



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## Introduction

Isis is a modern, category C prison in south-east London that held 595 young men at the time of our inspection. There was a high turnover of prisoners with an average of 80 arrivals each month, but in spite of this instability, the prison retained a good atmosphere with generally positive relationships between prisoners and staff. This was in part driven by some excellent work on equality and diversity that sought both to understand and respond to the experiences of prisoners, and to use data to make sure that there was fair and proportionate treatment of different groups.

The energetic and well-liked governor was behind much of what was effective at Isis; she knew her jail well, had advocated for the prison to return to its original mission of housing young adults, and had personally driven through her priority to improve understanding among staff of the needs of prisoners. In the areas where she had paid most attention, good progress had been made, resulting in our highest score for the healthy prison test of respect. Ongoing improvements to the living conditions were taking place, although parts of the prison were not clean enough. Elsewhere there were some disappointing findings: both rehabilitation and release planning and purposeful activity received our lowest score.

Due to the nature of the prison population, with a large proportion of prisoners involved, at some level, in London gangs, there was an understandable focus on reducing violence. This had partially been successful in that prisoners' feelings of safety in our survey had improved since our last inspection, and levels of violence had remained broadly similar, despite the change in the age profile of the population. The prevention and reduction of violence pervaded every part of the prison, including the organisation of education, work, training and even family visits, yet there was no coherent plan for tackling the problem. This had led to a regime that had similar restrictions to those imposed during the COVID-19 pandemic, with many prisoners only out of their cells for 2.5 hours a day. The regime was designed to prevent prisoners from different parts of London from mixing and there was consequently much too little activity for this group of energetic, young men.

Education was restricted to a session a week in the classroom, while those in workshops such as painting and barbering were offered two. The aim was for prisoners to complete additional work in their cells, but we found scant evidence of this and most prisoners behind their door were either sleeping or watching television. While the limited and restrictive regime might be leading to a slightly safer prison, it was failing to give the young men in its care either the education or the motivation to stop offending and find employment when they were released.

The arrangements for sentence progression and public protection were not good enough. Although some of the failings were due to some fundamental problems with external agencies, prison staff were not doing the work for which they were accountable. We came across one man who had repeatedly broken a restraining order with no follow up, sentence plans that were uncompleted, and

prisoners who were frustrated by their lack of progression because of delays in recategorisation and the limited accredited programme places on offer. We were disappointed to see that the issues we raised in this area were not reflected in the leaders' priorities in the self-assessment report.

The lack of sufficient staff in some important positions such as a head of education and a senior probation officer were hampering progress and consistency of delivery, and at officer grades there was a high turnover of staff and many were inexperienced. This meant that key work sessions were not happening for a population which, if not given the right support, could continue to be a burden on the criminal justice system for many years.

This inspection resulted in an unusual set of scores that reflected a mixed inspection. The challenge will be for the governor and her team to continue to improve levels of safety while providing a much more suitable regime and education offer for the population. There will also need to be a concerted effort from leaders to improve public protection arrangements and make sure that sentence progression and key work are at the heart of the offer at Isis.

**Charlie Taylor**

HM Chief Inspector of Prisons

October 2022

# What needs to improve at HMP/YOI Isis

During this inspection we identified 17 key concerns, of which six 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 level of violence was too high.** Measures to tackle violence were largely restricted to limiting the regime offer which was not sustainable.
2. **Most prisoners had too little time out of their cells.**
3. **The curriculum did not meet the resettlement needs of prisoners, with the range of activities too narrow to lead to sustainable employment on release.**
4. **Prisoners were not supported to progress through their sentence plans.** There was too little contact with prison offender managers, hardly any key work and not enough places on interventions to address offending behaviour.
5. **Release planning was not reliable, timely or effective.**

## Key concerns

6. **Leaders did not have strategies or action plans to monitor progress in areas of key risk such as safety and reducing reoffending.**
7. **The incentives policy was not applied consistently, and many prisoners felt the scheme was unfair and had lost confidence in it.**
8. **Cleaning standards were poor in residential areas and cells needed redecoration.**
9. **Pharmacists were not available to consult with individual prisoners about their medication, oversight of stock medicines was insufficient, and delivery of in-possession medicines at the cell door was not in line with safe and effective practice guidance.**
10. **Too many prisoners did not achieve their qualifications, and workshop time was insufficient to achieve the practical aspects of their course.**

11. **Prisoners did not complete the education work set for them to do in their residential wings and tutors were not active in supporting them to progress with their learning.**
12. **Careers education, information advice and guidance for prisoners were insufficient.**
13. **There was too much variation in the quality of teaching across education, skills and work.**
14. **The public were not always protected from prisoners held at Isis.** Monitoring to identify risks was unreliable, breaches of court orders took place without consequences, and there were no routine assessments and restrictions on prisoners who potentially presented a risk to children.
15. **Not all prisoners had reliable support to manage their finances, benefits and debts.**

# About HMP/YOI Isis

## Task of the prison/establishment

Category C training and resettlement prison for young adult men.

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

Prisoners held at the time of inspection: 595

Baseline certified normal capacity: 478

In-use certified normal capacity: 478

Operational capacity: 628

## Population of the prison

- As many prisoners left the establishment each year on transfers, releases and other reasons as joined it (an average of 80 arrivals per month).
- 75% of prisoners from black and minority ethnic backgrounds.
- 62 foreign national prisoners, approximately 10% of the population.
- 85% of the population are aged 18-25.
- 35-40% of the prison population supported by psychosocial recovery workers.

## Prison status and key providers

Public

Physical health provider: Oxleas NHS Foundation Trust

Mental health provider: Oxleas NHS Foundation Trust

Substance misuse treatment provider: Oxleas NHS Foundation Trust

Prison education framework provider: Novus

Escort contractor: Serco

## Prison group

London

## Brief history

HMP/YOI Isis in Thamesmead, south east London – opened in July 2010 as a public-sector training prison for convicted men from London. In September 2021, it began holding solely young men aged 18–27. In 2018, Isis was one of 10 prisons identified for investment to improve security and decency.

## Short description of residential units

Prisoners are accommodated in two house blocks, Thames and Meridian, each comprising a central hub and four spurs. Each spur can accommodate over 70 prisoners, on three levels.

## Name of governor and date in post

Emily Thomas, July 2016

## Prison Group Director

Ian Bickers

**Independent Monitoring Board chair**

Pauline Fellows

**Date of last inspection**

July 2018



## Section 1 Summary of key findings

- 1.1 We last inspected HMP/YOI Isis in 2018 and made 41 recommendations, four of which were about areas of key concern. The prison fully accepted 34 of the recommendations and partially (or subject to resources) accepted three. It rejected four of the recommendations.
- 1.2 Section 8 contains a full list of recommendations made at the last full inspection and the progress against them.

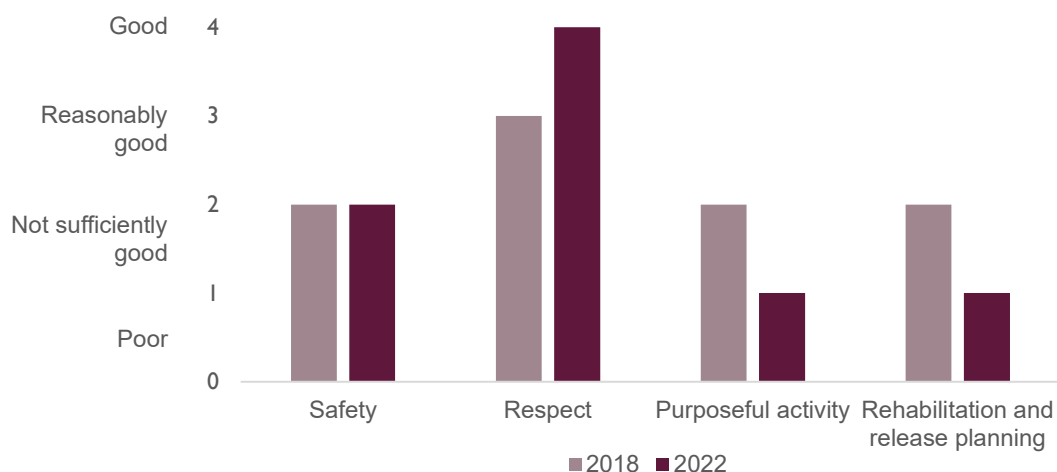
### Progress on key concerns and recommendations from the full inspection

- 1.3 Our last inspection of HMP/YOI Isis 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 four recommendations about key concerns. At this inspection we found that one of those recommendations had been achieved, two had been partially achieved and one had not been achieved. The recommendations made in the areas of safety and purposeful activity had been partially achieved, that made in the area of respect had been achieved and the recommendation in rehabilitation and release planning had not been achieved. For a full summary of the recommendations achieved, partially achieved and not achieved, please see Section 8.

### Outcomes for prisoners

- 1.5 We assess outcomes for prisoners against four healthy prison tests (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.6 At this inspection of HMP/YOI Isis, we found that outcomes for prisoners had stayed the same in one healthy prison area, improved in one and declined in two.
- 1.7 These judgements seek to make an objective assessment of the outcomes experienced by those detained and have taken into account the prison's recovery from COVID-19 as well as the 'regime stage' at which the prison was operating, as outlined in the HM Prison and Probation (HMPPS) National Framework for prison regimes and services.

**Figure 1: HMP/YOI Isis healthy prison outcomes 2018 and 2022**



## Safety

At the last inspection of Isis in 2018 we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

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

- 1.8 The early days experience for prisoners was reasonable but several aspects required greater oversight and thought from prison leaders. In our survey, 60% of prisoners said they spent longer than two hours in reception, where the process was too slow. Cells used for the prisoner's early days were appropriately equipped but not always sufficiently clean. Safety screening of new arrivals focused suitably on risk but, despite recent improvements, some aspects of the prisoner induction did not cover on all the essential aspects of life at Isis. Interviews with new arrivals were not always in private. The use of peer support for new arrivals was positive and helped put prisoners at ease.
- 1.9 While few incidents of violence were serious, the rate of violence remained too high. Despite this, prisoner perceptions of safety had improved; 14% said that they currently felt unsafe at the prison compared with 26% in 2018. While leaders reviewed relevant data to understand the drivers of violence, the prison lacked a longer-term plan to improve safety. The use of challenge, support and intervention plans (CSIPs, see Glossary) and local behaviour management plans were confusing to both staff and prisoners: prisoners were often unaware of their individual targets and staff lacked understanding of how they should contribute to improve prisoner's behaviour. Prisoners appreciated some of the prison's incentives for positive behaviour, such as the enhanced wing and peer support roles, but the giving out of immediate low-value rewards lacked oversight and was a missed opportunity to encourage positive behaviour.
- 1.10 As at our previous inspection, use of force continued to be high. It was positive that the governor reviewed all use of force incidents weekly,

and there was prompt action to address identified concerns. Staffing shortfalls had affected the numbers receiving use of force refresher training.

- 1.11 Prisoner stays in segregation were mostly short and they told us that most staff provided good care. However, the use of unofficial sanctions against segregated prisoners was not appropriate.
- 1.12 Leaders had worked hard to address the supply of illicit items. The introduction of technology, including a body scanner and enhanced gate security, were welcome initiatives and in our survey far fewer prisoners said that it was easy to get drugs than at our last inspection. Intelligence was well managed, although the security committee did not give sufficient focus to the high levels of violence even though this had been identified as a priority for the governor.
- 1.13 Recorded levels of self-harm had reduced since 2018 and were lower than similar prisons. There had been one self-inflicted death since the last inspection. While Prisons and Probation Ombudsman (PPO) recommendations from their investigations were monitored, the safety meeting did not fully analyse the drivers of self-harm to improve outcomes further. Most at-risk prisoners who had been on self-harm case management plans were positive about the care they received.

## Respect

At the last inspection of Isis in 2018 we found that outcomes for prisoners were reasonably good against this healthy prison test.

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

- 1.14 Staff were often visible on the residential units and accessible to prisoners. While most relationships that we observed were reasonable, opportunities for more meaningful conversations were hampered by the relatively short time that prisoners spent out of their cells. Few prisoners had regular key work sessions, which was a major gap in provision for a young population.
- 1.15 Too many prisoners continued to live in crowded conditions. While most cells were reasonably equipped, some were grubby and required redecoration. Cell toilets were still heavily stained, but leaders had identified a solution to address this issue. Leaders had implemented systems to improve cleanliness across the residential units, but arrangements for prisoners to wash their own clothes were inadequate and lacked decency.
- 1.16 Prisoners' perceptions of food were more positive than at similar prisons and the meals we saw were mostly good, but basic food hygiene across residential services needed improvement.
- 1.17 There was evidence that the prison had taken action arising from consultation with prisoners, demonstrating a commitment to learn from

and improve the experience of prisoners. There was good quality assurance of prisoner complaints, but a similar approach was needed for the oversight of applications made through the electronic kiosks.

- 1.18 The focus by senior leaders on equality work had improved since the last inspection and was now a real strength, despite the frequent redeployment of the equality officer. Equality data were discussed monthly and there was evidence that disproportionate outcomes were investigated. Prisoner complaints about discrimination were well managed with external quality assurance from the Zahid Mubarak Trust.
- 1.19 Governance and oversight of health delivery were well embedded to make sure services were delivered and operational challenges were managed. The primary care team provided an effective service and waiting times for most aspects of care were reasonable. Arrangements for social care were efficient and we observed exemplary social support. The substance misuse interventions team provided psychosocial interventions to tackle addictions. A comprehensive range of mental health interventions were available but initial assessments took too long. The supply and oversight of medicines was mostly good, but the practice of delivering medicines to prisoners at their cell door was not in line with professional standards and was unacceptable.

### **Purposeful activity**

At the last inspection of Isis in 2018 we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

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

- 1.20 The decision to keep prisoners in set cohorts to avoid gang and other conflicts affected their time out of cell and attendance at activities. Most prisoners received as little as two-and-a-half hours a day out of cell on weekdays and even less at weekends.
- 1.21 Too few prisoners were encouraged to attend the library. Enrichment activities provided by Kinetic Youth were welcomed by prisoners and promoted positive behaviour. Sports facilities were good but there was insufficient analysis of attendance to improve access.
- 1.22 Leaders offered a novel approach to teaching education and skills, using a mixture of in-cell packs and wing and classroom teaching. Where prisoners received one-to-one support alongside their in-cell packs, they gained new knowledge and skills. However, the skills and work on offer were limited to essential prison work and courses that prisoners wanted to engage with, rather than those that prepared them for employment on release.
- 1.23 The quality of teaching was not consistently good enough and too few prisoners achieved their qualifications. Leaders did not make sure that prisoners who were allocated in-cell learning were completing it to the

required level, and too many were given packs without enough support to complete them. There was not enough planned time for prisoners to achieve the practical elements of skills courses. This resulted in prisoners passing the theory element of the course, but not the practical. Progression between courses was also mostly limited to low-level attainment. While there were sufficient activity places for the population, prisoners were not always allocated to them in a suitable sequence to build their knowledge and skills and move them towards their career goals.

## Rehabilitation and release planning

At the last inspection of Isis in 2018 we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

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

- 1.24 Support for prisoners to build and maintain family relationships was good. The social visits provision met demand and the visits hall was a welcoming environment. The introduction of in-cell phones further supported family contact.
- 1.25 Work to reduce reoffending was not well evidenced or coordinated, and leaders had not identified the major gaps in offender management and release planning as a priority. The work of the offender management unit (OMU) had been affected by staff vacancies and absences, which were exacerbated by the frequent cross-deployment of operational prison offender managers (POMs). Sentence plans were not always sufficiently focused on the work prisoners needed to do to reduce their risks and did not make enough use of the interventions offered at Isis. Some sentence plans set no objectives at all. These concerns affected the progression of prisoners, with some stuck at Isis unable to complete relevant programmes to address risk or progress to open conditions.
- 1.26 Although a third of prisoners were identified as high risk of harm to others, many did not have a community offender manager (COM) or confirmed MAPPA (multi-agency public protection arrangements) level until much too close to release. The cases discussed at the monthly risk management meeting were of good quality, but many high-risk prisoners approaching release were not reviewed to address potential shortfalls in planning. We were not assured that relevant restrictions were in place for prisoners who presented potential risk to children.
- 1.27 Resettlement work had deteriorated since our last inspection. Basic support interventions, such as managing finance and debt, lacked rigor and consistency, failing many prisoners before their release. A lack of staff to complete resettlement plans, very little key work, frequent cross-deployment and lack of COMs in London all combined to prevent reliable, prompt and effective release planning.

## Notable positive practice

- 1.28 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.
- 1.29 Inspectors found six examples of notable positive practice during this inspection.
- 1.30 The daily morning briefing meeting was interactive and encouraged good knowledge of individual prisoners and their circumstances. (See paragraph 4.2.)
- 1.31 Leaders were developing a trauma-informed approach to manage the needs of the population; while this work was early in development, it was a positive initiative. (See paragraphs 2.7 and 4.71.)
- 1.32 Prisoner consultation arrangements were robust; the prison shared meeting minutes through electronic kiosks as well as on wing notice boards to reach all prisoners. (See paragraph 4.19.)
- 1.33 Leaders had considered the diverse needs of children during social visits and had provided a range of toys, books and games to suit those needs. (See paragraph 4.27).
- 1.34 Prisoners moving out of area on release were offered support to transfer their health care to their local area to improve continuity of care and health outcomes. (See paragraph 4.61.)
- 1.35 An exceptionally good range of family engagement work helped prisoners rebuild or maintain contact with their families and friends. (See paragraph 6.4.)

## 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 There was visible leadership from the governor who remained passionate about driving improvement for the young adults in her care. She had been in post since 2016, allowing the prison to maintain and build on some of the improvements, particularly in respect, reported at the last inspection.
- 2.3 The priorities in the governor's self-assessment report were broadly in line with our findings, but some key aspects, such as frailties regarding public protection and release planning, were not readily identified as areas of significant risk or a priority to be addressed.
- 2.4 The governor had reviewed and modified the cap on the age of prisoners admitted to the prison to create an establishment that focused on the needs of 18–25-year-old young adults. The aim was to serve a large number of young adult men in the London area within one prison to improve practice. The decision was considered and commendable, as it was not without the risk that entry from this cohort could result in greater conflict and increased violence.
- 2.5 The insufficient operational staff hampered the pace of recovery in some key areas, particularly safer custody, offender management and release planning. The level of staffing was affected by several pressures, such as difficulties with recruitment and retention, restricted duties, temporary promotion and officers still under training. It was not unusual for just 75% of prison officers to be available for duty. The attrition rate for basic grade officers was around five a month, and around 68% of staff at Isis had less than two years' experience while over a third were still on probation.
- 2.6 Leaders were fully aware of the impact of these difficulties on the delivery of positive outcomes. The appointment of 'new colleague mentors' and the development of reflective practice to support staff showed promise. We also observed good communication at key operational meetings to support staff and improve managers' knowledge of prisoners.
- 2.7 Leaders had taken decisive action to improve safety, including the introduction of technology that had reduced the supply of illicit items. Leaders were also working with health professionals to develop a more considered approach to trauma-informed practice across key areas of

the prison. While leaders understood the drivers of violence and there were pockets of good work, there was no detailed long-term strategy to reduce the persistently high levels.

- 2.8 The approach of keeping prisoners in set groups of cohorts was aimed at avoiding gang and other conflicts, but greatly affected the ability of prisoners to spend time out of their cells and attend activities. Leaders had developed a new approach to education, learning and skills using a mix of in-cell packs and classroom teaching. However, teaching was not consistently good enough and prisoners did not always receive sufficient support to complete the in-cell packs. The result was prisoners had little face-to-face education and there was not much evidence of in-cell learning taking place.
- 2.9 Leaders had developed some good analysis and use of data. Nevertheless, in critical areas of delivery, such as safety and reducing reoffending, there were no current needs-based strategies or identified action plans that identified risk or made effective use of the data to drive improvement.
- 2.10 The prison had addressed some basic aspects of decency previously identified by our findings, and a programme to improve stained in-cell toilets was now in place. Strong leadership by the governor and the appointment of a designated lead had led to improvements in equality work, which was now a strength of the prison, but as with other areas, the cross-deployment of key staff delayed some positive aspects of this work.
- 2.11 Health partnership working and leadership were generally strong. Health care staff had direction, understood the brief, and were supported and motivated to provide a decent and effective service.
- 2.12 Insufficient oversight by leaders of the offender management unit had resulted in major gaps of provision in several aspects of offender management, including public protection and release planning. Staffing shortfalls led to frequent cross-deployment which, combined with the shortage of community offender managers across London, resulted in a poorly functioning department.



## 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 There was an average of 80 new arrivals each month. The prison was part of a pilot, led by the governor, to take in convicted and a small number (24 at the time of inspection) of unsentenced prisoners who met its age criteria of 18-25. Most prisoners were transferred in from London prisons; their journeys were relatively short.

3.2 In our survey, 74% of prisoners said that they were treated well in reception, compared with 83% in similar prisons. The reception area was clean and staff were polite. We observed prisoners going through various process, such as searching, without being given a full explanation, and an assumption that prisoners knew what they were supposed to do next.



**Reception holding room**

- 3.3 In our survey, only 35% of prisoners said that they spent less than two hours in reception, which was far lower than similar prisons. Leaders did not routinely monitor or gather information on the time new arrivals spent in reception.
- 3.4 Peer workers were used throughout the first few days in custody. In reception there were prisoner representatives from the induction wing and offender management unit (OMU), and a Listener (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). We observed good support from key workers who engaged with prisoners and put them at ease, particularly on their transition on to the wing.
- 3.5 A member of induction staff routinely assessed new arrivals for any immediate need, and a secondary interview by a member of the safety team on day two focused on both the prisoner's risk to self and risk posed by and to others (see paragraph 3.7). There were hourly first night welfare checks.
- 3.6 Once on the induction unit, prisoners were routinely locked into their cells until the next day with no access to showers and with meals served behind their door, which was poor practice. First night cells were adequately equipped but they were not sufficiently clean; we

observed one recent arrival who spent hours cleaning his cell so that it was fit for occupancy.



**First night cell**

- 3.7 Leaders had recently improved induction, but some information was out of date. It began the day after arrival, which was good, and prisoners met staff from some key departments for an individual interview to assess and understand their needs. Most interviews, however, took place in an inappropriate setting, such as open areas of the chapel, where they could be observed and overheard by other prisoners, which potentially limited the disclosure of immediate concerns. In our survey, fewer prisoners than at the previous inspection said they had received an induction, of whom only 40% said it covered everything they needed to know.

## **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

- 3.8 The rate of assaults was similar to our last inspection and violence remained too high and higher than similar prisons. There had been 257 prisoner-on-prisoner assaults and 115 assaults on staff recorded in the last 12 months; 12 were reported as serious and assaults on staff were rising. Leaders did not have an overarching plan to reduce the persistent high levels of violence.
- 3.9 Despite the high rates of violence, fewer prisoners who responded to our survey said that they felt unsafe at the time of the inspection compared with 2018 (14% against 26%).
- 3.10 The atmosphere around the prison was generally calm; this was in part due to the decision by leaders to unlock only small groups of prisoners to minimise the risk of conflict. There were several incidents involving violence during our inspection despite these measures. The practice of unlocking small cohorts of prisoners at a time was unlikely to be sustainable in the long term because it severely restricted the regimes for most (see paragraph 5.1)
- 3.11 There was improved oversight of the recording of violence. The safety team logged all incidents, and most were investigated with appropriate depth. The monthly safety meeting reviewed relevant data and leaders were aware that gang affiliation and illicit items were the main drivers of violence. There had been a recent quarterly safety survey of prisoners' views and the charity Belong provided two onsite managers to deliver conflict resolution and restorative justice work to prisoners involved in violence. Although this was a good initiative that had helped a few prisoners, it could not meet demand due to the ongoing high levels of violence.
- 3.12 Incentives to motivate good behaviour were too limited. While it was positive that prisoners could progress to an enhanced unit, which offered more time out of cell, greater access to the fresh air and the chance to take on peer support roles, there was little else to differentiate it from other levels of the scheme and prisoners had lost confidence in it. In our survey, only about one in four prisoners said they had been treated fairly in the behaviour management scheme.
- 3.13 There was an immediate reward scheme where prisoners could be promptly rewarded for positive behaviour with relatively low-value items, but many staff and prisoners we spoke to were unaware of it, and usage was not monitored by leaders, meaning it was a missed opportunity to promote positive behaviour.
- 3.14 There were 18 prisoners on the basic level of the incentives scheme at the time of our inspection. Despite regular reviews, prisoners often remained on basic for too long, which caused frustration and did not meet the reward-based approach advocated in the prison's incentives policy. We identified two prisoners who had not been correctly upgraded from the basic level and whose weekly canteen purchases had been negatively affected as a result.

- 3.15 Behaviour compacts and challenge, support and intervention plans (CSIPs, see Glossary) were used, but were badly managed. Most prisoners on a plan were unaware of what it was for and some staff did not understand their role in contributing to its delivery. The plans we looked at did not contain specific individual targets to help prisoners address their behaviour.

### **Adjudications**

- 3.16 The number of adjudications had reduced during the previous 12 months. They were managed well with only a very small backlog.
- 3.17 Most adjudications were for the most serious offences, such as assaults or illicit items, and hearings had been conducted thoroughly. Thirty per cent had been dismissed appropriately and we observed good record keeping. Prisoners were encouraged to advocate for themselves, which was positive. There was good oversight of relevant adjudication data to ensure consistency and fairness.

### **Use of force**

- 3.18 The number of times that force had been used against prisoners continued to be high and was much higher than similar prisons. It had been used 568 times in the last 12 months, mostly in response to spontaneous incidents, such as preventing violence.
- 3.19 The footage of incidents that we reviewed showed good use of de-escalation and incident management, but far too many written statements from staff had not been completed, some dating as far back as 2017.
- 3.20 The monthly safety meeting reviewed relevant use of force data, and scrutiny of recorded footage was excellent. A weekly panel chaired by the governor reviewed all use of force, and prompt action was taken to address force that was not justified or proportionate. Staff who managed incidents well were given appropriate recognition.
- 3.21 Most staff wore body-worn cameras but these were not always turned on, which meant that not all incidents were recorded. Leaders were monitoring this and addressing it with individual staff.

### **Segregation**

- 3.22 Since the last inspection, the number of prisoners segregated had increased, and in our survey, 23% said they had spent one or more nights in segregation. The average stay had reduced to around five days.
- 3.23 Three prisoners were segregated during our inspection. Their records did not show any reintegration planning, but this was offset by the short duration of their segregation, and most prisoners returned to their wings. Records of initial authority to segregate prisoners were up to date, although not all reviews indicated attendance from a multidisciplinary team or participation from the prisoner.

- 3.24 The regime in the unit was very basic. Most prisoners received only half an hour a day in the fresh air in one of the two cage-like exercise yards and 15 minutes to have a shower, which was poor.



**Segregation unit exercise yard**

- 3.25 In our survey, more prisoners than at the previous inspection who said they had been segregated felt they were treated well in segregation (81% against 46 %). However, staff responded to poor behaviour in the unit by choosing to apply unofficial punishments; prisoners were placed on a further restricted regime with reduced access to fresh air, shower and prison shop entitlements for a minimum of 48 hours. This was a significant concern and had been allowed to continue due to the lack of oversight from leaders. Additional punishment was further extended if staff felt it was warranted, which was also unacceptable.
- 3.26 The condition of most of the cells in the unit had improved and was reasonable, but the toilets did not have seats. Some cells were heavily graffitied, but an ongoing painting programme was addressing this.

## **Security**

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

- 3.27 There was now enhanced gate security, a body scanner and itemiser to test for illicit substances, and this welcome technology had helped to

reduce the entry of contraband into the prison. In our survey, only 8% of prisoners now said that it was easy to get drugs in the prison, which was an improvement on our previous inspection and better than we find at similar prisons.

- 3.28 The security team dealt promptly with a high volume of intelligence reports, most of which were about disorder, violence and unauthorised items. Intelligence-led searches arising from these reports had recovered illicit items in 45% of cases.
- 3.29 The drug strategy was up to date and the well-attended committee met frequently to share information. However, there was no mandatory or suspicion drug testing and no plans to restart it due to staff shortages; this meant that leaders had little reliable data on actual drug use. There were plans to introduce voluntary compact based testing for prisoners addressing their substance misuse.
- 3.30 Although the high levels of violence had been identified as a key risk and priority in the prison's self-assessment report, which was underpinned by intelligence, this had not been highlighted as a key threat for the security committee to focus on.
- 3.31 There were good links to share intelligence with the police, who provided good support to help the prison understand gang affiliations. However, processes to report prison crimes, such as breach of a restraining order (see paragraph 6.14), were not robust enough.
- 3.32 Staff corruption was managed well and a few staff had been removed from post in the last 12 months.

## Safeguarding

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

### Suicide and self-harm prevention

- 3.33 There had been one self-inflicted death since the last inspection; leaders had implemented actions arising from the Prisons and Probation Ombudsman investigation. The recorded rate of self-harm had reduced by 10% since our last inspection, with 268 incidents in the last 12 months. Rates of self-harm was lower than the average for similar prisons.
- 3.34 There had been 98 prisoners subject to assessment, care in custody and teamwork (ACCT) case management for risk of suicide or self-harm in the last 12 months. Over half of these documents had been opened actively, before a prisoner self-harmed, which demonstrated that staff had a good understanding and recognised prisoners who



needed additional support. In our survey, 64% of prisoners on an ACCT said they felt cared for by staff. A well-attended, biweekly safety intervention meeting monitored prisoners with a high level of risk to themselves or who were particularly vulnerable.

- 3.35 The quality of ACCT documentation varied. In the cases we reviewed there was a lack of consistency of case managers chairing reviews with prisoners, sources of support were not fully identified, and care plans did not always address all relevant triggers and were not regularly updated. Positively, most reviews were of good quality and attended by a health professional. The prison provided some quality assurance, but this was not systematic and was a missed opportunity to drive improvements.
- 3.36 The monthly safer custody meeting reviewed a useful range of data, but it did not collect or understand the drivers for self-harm, and there were limited actions to improve outcomes in this area.
- 3.37 The Listener scheme was operating effectively. There were eight in post; they responded to calls from other prisoners, and actively walked around the prison to check on prisoners' welfare and promote the scheme.
- 3.38 The help given to prisoners identified as needing additional support was not delivered consistently due to high levels of staff cross-deployment and vacancies in the safety team.
- 3.39 There was a safer custody 'hotline' for families concerned about a prisoner. Prison staff were meant to check this twice a day and take action on any concerns, but we were not assured that this always took place, as during the inspection we left a message on the system but got no response.

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

- 3.40 The prison had a designated safeguarding lead, but attendance at the local safeguarding adults board has lapsed since the pandemic. Few staff had received formal safeguarding training and not all who we spoke to understood how to refer prisoners if safeguarding issues arose, but they were aware of how to report potential concerns to the safer custody department.



## Section 4 Respect

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

### Staff-prisoner relationships

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

- 4.1 Relationships between staff and prisoners and staff supervision of prisoners were mostly reasonable, but staff did not always challenge low-level poor behaviour, such as vaping on residential spurs.
- 4.2 Staff were visible and accessible to prisoners during their unlock times. They knew the prisoners on their residential spurs, and we heard some use of first names by staff and prisoners. The relatively short time some prisoners spent out of their cells each day limited the opportunity to have more meaningful conversations (see paragraph 5.1). Operational meetings, such as the daily briefing, were more participative than we often see, and supported staff and managers' knowledge of prisoners.
- 4.3 One consequence of staffing constraints (see paragraph 2.5) was a lack of key work to support prisoner progression. This was a notable gap for such a young population, particularly with the limited prisoner offender management engagement with prisoners (see paragraphs 6.9 and 6.28). Leaders were aware of this gap and were planning to address it.
- 4.4 Fewer prisoners than in our 2018 survey said they had experienced physical assault by staff. Leaders had taken steps to understand prisoners' views of staff through good consultation arrangements and electronic surveys about their life at Isis.
- 4.5 Prisoners could apply for peer support and representative roles which enabled them to help other prisoners and engage positively in community life. These roles were valued and were useful tools to incentivise good behaviour.



Poster showing different prisoner representative roles

## Daily life

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

## Living conditions

- 4.6 Residential areas were not always clean and areas such as cell doors, stairwells and showers were dirty. In our survey, only 58% of prisoners said that the shared areas of the wing were normally quite clean, against 68% at similar prisons. However, there was minimal graffiti and external areas were clean and tidy.



**Cell door**

- 4.7 Almost half of all prisoners were living doubled up in cells designed for one. Cells were reasonably well equipped, although some were missing items such as curtains and chairs, and were generally grubby and needed redecoration. In-cell telephones had been installed in late 2019; they supported contact with the outside world and to an extent offset some of the constraints in the regime and limited time out of cell.
- 4.8 Prisoners had good access to showers; in our survey, 92% said they had daily access. The showers were poorly ventilated and not sufficiently clean. The lack of deep cleaning schedules had resulted in a build-up of residue.
- 4.9 Toilets remained heavily stained, which had been an ongoing problem, but contractors were undertaking work and the governor was clearly committed to addressing this issue. Since the last inspection, leaders had ensured that each toilet now had a seat with a lid, and screening in double cells.



**Toilets before and after specialist cleaning**

- 4.10 Cleaning equipment was freely available on residential units and in our survey, 64% of prisoners now said that they had weekly access to cleaning material, compared with 40% at the previous inspection. Regular checks of the cleaning standards on residential units recorded self-criticism, but they did not routinely inspect conditions in cells and were ineffective in improving standards.
- 4.11 Prisoners had access to laundry facilities at least weekly. Their clean clothes were left in netted bags on the floor for collection, which lacked

oversight as well as being unhygienic and a risk that they were stolen or lost. Leaders were piloting an alternative system on the induction unit. Basic hygiene items such as toothpaste were not readily available on some wings.



**Laundry bags outside F spur**

- 4.12 Only 14% of respondents to our survey said that their cell bells were responded to within five minutes, against the comparator of 35%. The responses to cell bells that we observed were prompt, but there was no oversight to monitor or assure this system.

### **Residential services**

- 4.13 In our survey, 54% of prisoners said that food was good, against the comparator of 42%. They ordered food at the electronic kiosk from a four-weekly cycle of menus. The meals we observed were mostly of good quality, but prisoners on a special diet had smaller portions.
- 4.14 Meals were served too early, with lunch starting at 11.30am. While weekday lunches were a cold option, on weekends the hot food was also served at this time. Breakfast packs were still issued the evening before.
- 4.15 Prisoners working in the serveries were not always wearing personal protective equipment, the hot plate was not always turned on correctly. Serveries were not sufficiently clean and food was left out overnight. Trolleys to transport food from the main kitchen to the serveries were heavily stained and unhygienic.





#### **Dirty servery on Thames**

- 4.16 The main prison kitchen was clean and well organised, with attention to the preparation of special diets as several prisoners had nut allergies. Some freezers were out of use, but there were temporary arrangements to address this and the necessary work had been commissioned.
- 4.17 The shop provision was adequate. Prisoners could make weekly purchases through the kiosks and could also order from a range of catalogues. New arrivals could buy a pack with basic food and drink items but might have to wait up to 10 days before they received their first full order, which was too long.
- 4.18 At the time of our inspection, prisoners were frustrated that the amount of money they could spend had been reduced from the additional spending they were allowed through the COVID pandemic period, although many were still spending long periods locked behind their doors.

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

- 4.19 Prisoner consultation arrangements were good. Each wing had a representative, recruited through applications and interviews, who was well advertised. The council meeting, chaired by the governor, took place consistently and was well attended. It was an opportunity to discuss prison life, and prisoners could present areas of concern or ideas for improvement. A smaller more informal meeting took place before each council meeting to share data and information with representatives and give them time to gather a collective view. Prisoner representatives we spoke to were positive about the council meetings, and there was evidence of improvements following consultation.

Minutes of the meetings were displayed on notice boards and shared with prisoners via the electronic kiosks. The electronic kiosks were also used to complete surveys and for ad hoc consultation on specific topics.

- 4.20 The number of complaints had reduced by a third since our last inspection with an average of just over 100 submitted each month. Complaints boxes on the wings were stocked with the relevant forms, although they were not always labelled. The governor completed a robust quality assurance that was improving the response to complaints, with an expectation that prisoners received face-to-face communication with the respondent. Too many were still late, with a quarter not responded to on time in the last six months. Leaders were aware of this and had put in measures to improve timeliness.
- 4.21 Prisoners could use the electronic kiosks to make applications, and in the last year had submitted over 130,000. In our review, while most received an appropriate response, some were not adequate, particularly those requesting a transfer. Leaders did not have oversight of the applications system.
- 4.22 There were reasonable arrangements for prisoners to communicate with their legal representatives. The official visits facilities were open five days a week, and there was enough capacity to meet demand with a mix of private rooms and videos. The prison library held a range of legal texts and prison service instructions, although access required improvement (see paragraph 5.6).

## **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**

- 4.23 Equality and diversity work had been strengthened since the 2018 inspection with support and direction from the governor and regular input from the regional team. Day-to-day management of the function was the responsibility of a small team of an equality manager and an equality officer in safer custody. The latter was cross-deployed to mainstream prison officer duties, which was not supportive of the team's work and stalled some of the positive progress that had been made.
- 4.24 Each member of the senior leadership team was allocated responsibility for a protected characteristics group; some were more active than others in their role. This responsibility had been added to

bilateral discussions with the governor or deputy governor to underline the importance attached to the work. The prison's links to community agencies to support equality work continued to be developed.

- 4.25 Equality and diversity were discussed monthly in a forum that also covered safer custody and use of force. This approach was useful to enable leaders to understand the links between safety and the diverse and young population at Isis. Attendance usually included prisoner representatives and some external partners. Relevant prison data were discussed at this meeting, including areas of concern raised by prisoners, and there was evidence that disproportionate outcomes were investigated further. Actions from the meeting were progressed.
- 4.26 Some forums with protected characteristic groups had taken place in recent months, with follow-up actions taken, but there was scope to make sure there was a regular programme of consultation with each group represented in the population.
- 4.27 The equality team had good knowledge of their population and were known around the prison. They had taken some practical, but important, actions to improve outcomes, for example providing toys, books and games in the visits hall that reflected the diversity of the prisoner population and their visitors, which was notable positive practice.
- 4.28 Prisoner representatives were used well. Nearly all spurs had equality peer support and one house block had a Gypsy, Roma and Traveller (GRT) rep. The reps were clear about their roles, enthusiastic, felt supported and had regular meetings with the equality team.
- 4.29 Part of the reps' role was to support their peers with discrimination incident reporting forms (DIRFs). These were investigated to a good standard by the equality manager and included an interview with the prisoner who had submitted the DIRF. Quality assurance from the Zahid Mubarak Trust was valued and supported ongoing improvement through independent scrutiny.
- 4.30 A programme of diversity events through the year, including Black History month, LGBT+ week, Stephen Lawrence Day and Gypsy, Roma and Traveller history month, raised awareness and celebrated different cultures in the population.

### **Protected characteristics**

- 4.31 The proportion of black and minority ethnic prisoners had increased since the previous inspection to three-quarters of the population. In our prisoner survey, the one response showing divergence was that only 7% of minority ethnic prisoners said they currently felt unsafe compared with 32% of white prisoners.
- 4.32 The equality team had investigated concerns raised by prisoners – for example, the perception that white prisoners received more frequent positive comments from staff in their electronic case notes than black



and minority ethnic prisoners – and the results, which showed this not to be the case, were shared with prisoners. Areas of particular interest to prisoners were reviewed regularly to check for disproportionality; these included who gained the more prized jobs and who moved to the enhanced spur. Recent initiatives included a pilot of ‘Black Heroes Journey’, a life coaching programme for prisoners of African, Caribbean or dual-heritage backgrounds who were approaching release (see paragraph 6.21).

- 4.33 There had been good efforts to identify Gypsy, Roma and Traveller prisoners and the small population was supported well by the equality and chaplaincy teams. GRT history month had been celebrated, visits from the Irish chaplaincy were appreciated by prisoners, and a confidential helpline for people from Gypsy, Roma and Traveller backgrounds who were in crisis to seek support had been added to the free phone numbers available to prisoners. Despite this, 50% of Gypsy, Roma and Traveller prisoners in our survey said that they currently felt unsafe; the reasons for this needed further investigation.
- 4.34 Ten per cent of the population were foreign nationals or immigration detainees. A specialist worker from Genesis Advantage (a social enterprise) visited every three weeks to offer advice and support; referrals came from prisoners themselves, staff and immigration staff who were regularly in the prison. Foreign national reps had carried out one-to-one consultation with this group earlier in 2022 and found the main issue was prisoners wanting to transfer to a designated foreign national prison, which had been addressed; 84 prisoners had transferred to foreign national prisons over the previous 12 months.
- 4.35 Key prison documentation had been translated into foreign languages and the library had books in languages that met the needs of the population. However, there was no English for speakers of other languages (ESOL) provision, and leaders acknowledged the need to make sure there was more use of telephone interpreting services. Some staff spoke a range of languages, which helped with more informal translation and interpreting. Arrangements to assist eligible foreign national prisoners to access their entitlement to a free phone call each month had been strengthened.
- 4.36 Links between the education, health care and equality teams were developing to make sure that information about prisoners with disabilities was shared appropriately. The most prevalent disabilities were dyslexia, learning disabilities and mental health disorders. A neurodiversity manager was due to start work to support work with this population.
- 4.37 Communal facilities were accessible, and adapted cells on six of the spurs offered decent facilities for prisoners with mobility disabilities. Staff had good knowledge of prisoners with personal emergency evacuation plans and of the prisoner ‘assists’ who helped them with day-to-day tasks and would take the lead in supporting them in an emergency evacuation. Other initiatives had included in-cell equipment to meet specific needs, ADHD (attention deficit hyperactivity disorder)

packs, practical aids such as dyslexia rulers, and information about disability on the in-cell TVs. Pictorial food menus and regime illustrations had been designed to support prisoners with low literacy or for whom English was not their first language.

- 4.38 Few prisoners identified themselves as gay or bisexual to prison staff or in our survey. The equality team was aware of only one bisexual prisoner and knew of no transgender prisoners. Events to raise awareness had included a competition to design a badge for Pride week. Over 50 prisoner entries had been submitted and were displayed in the visits hall.

### **Faith and religion**

- 4.39 Faith provision was good for most prisoners and was returning to pre-pandemic arrangements. The managing chaplain led a team comprising nearly all the faiths within the prison population. Chaplains had maintained their statutory duties and provided good pastoral care during the pandemic, and continued to do so across the prison. In our survey, prisoners reported more positively than the comparators about respect for their religious faith and being able to attend religious services.
- 4.40 The multifaith room was suitably equipped for worship and had spaces for private conversations between chaplains and prisoners. Communal worship was available for most faiths but the multifaith room was not large enough to accommodate all Muslim prisoners together for Friday prayers. Instead, prisoners from the two house blocks attended on alternate weeks until a second venue for prayers was confirmed.
- 4.41 Chaplains provided in-cell work packs for prisoners who wanted to learn more about their faith. Sycamore Tree (a volunteer-led, non-accredited victim awareness programme) had yet to restart, which was slower than at some other prisons, but there were credible plans to do so in the near future.

### **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.

### **Strategy, clinical governance and partnerships**

- 4.42 Health partnerships met regularly at a local delivery board to make sure health services were delivered as required and operational challenges were managed. Strategic partnerships were evident from a regional partnership board meeting which allowed local issues to be escalated if required. Senior partners at Isis met regularly at local delivery board meetings to ensure governance and oversight and that operational challenges were managed.

- 4.43 Oxleas NHS Foundation Trust was the provider for primary health care services, mental health and now substance misuse services. Dental services were provided by prisoner-centred dental care, and optometry by the prison opticians trust. The overarching leadership and oversight of health provision were effective.
- 4.44 Incidents and complaints were recorded and reviewed. Lessons learned were shared and some work with Patient Voice (an outside organisation) informed service improvements. The administration manager monitored the complaints process robustly and made sure that the very short response targets were achieved. Complaint responses were prompt, clear and addressed the problem.
- 4.45 There was an audit programme which included external infection protection and control audits. The office set-up optimised communication and staff working in these close arrangements were respectful of one another.
- 4.46 Emergency responses were covered by staff trained in resuscitation procedures. There was a well-equipped emergency bag, but it was very heavy and a potential risk for staff.
- 4.47 Suitably qualified health staff were up to date with training requirements and were supported with management supervision and reflective practice opportunities. Prisoners were complimentary about the health staff they had contact with, both in our survey and during our inspection.
- 4.48 Clinical records were of a reasonable standard. All staff used the single electronic system for patients and all the records we reviewed had consent forms to share information.

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

- 4.49 The Oxleas health promotion strategy was comprehensive and encompassed the NHS national timetable of events. There were advanced plans to encompass a prison-wide approach, demonstrated by coordinated multi-departmental well-being events.
- 4.50 The occupational therapist was working with prisoners with developmental disorders and mental illnesses, with practical support to develop healthier eating and improve social coping skills.
- 4.51 Health promotion materials were highly visible in the prison, including impressive displays for a recent sickle cell disease campaign. The monthly *Oxleas News* was used well to promote themes such as exercise and its benefits, and how vaccines help.
- 4.52 There were two prisoner health representatives who promoted health and well-being among their peers, and recruitment under way for two further vacancies.
- 4.53 Reception health included taking a childhood immunisation history, chlamydia testing and screening for blood-borne viruses. Four staff had

recently trained to administer hearing tests and a clinic was due to begin.

- 4.54 Age-appropriate vaccinations were available as clinically indicated and included MMR and meningitis. Preparations for influenza immunisations were in hand. The uptake of COVID-19 vaccinations was low (about 20%), despite repeated efforts by staff from a variety of disciplines and ethnic backgrounds to engage with prisoners and encourage participation.
- 4.55 The sexual health service was administered by a visiting specialist nurse and was very good. It offered advice on harm minimisation, including the supply of condoms, the full range of diagnostic tests and treatments, and screening for monkey pox.
- 4.56 Smoking cessation treatment was available to prisoners, though uptake was rare.

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

- 4.57 Primary care provision was accessible through a range of GP and nurse clinics and waiting times for all health provision were acceptable, except for the optician where waits were protracted but we were assured they were triaged regularly.
- 4.58 A registered nurse saw all new arrivals but secondary screening was sometimes completed by a non-registered health care professional; this created some risk in recognising clinical presentations and appropriate onward referrals. The new early days in custody model for health was expected to bring this in line with national health guidelines. Blood-borne virus testing was also undertaken on arrival with high uptake rates.
- 4.59 Prisoners could make applications for health appointments through the electronic kiosks on the wings. Nurses were available in the morning to pick up urgent care or new ailments following the administration of medicines. Prisoners did not always have access to health appointments due to prison regime constraints, but health staff rebooked lost appointments promptly.
- 4.60 Prisoners with diagnosed long-term conditions were reviewed promptly following arrival and supported with plans and staff skilled in their care. It was positive that diabetes awareness training was available, and that health staff were increasing their skills to care for these complex conditions.
- 4.61 External hospital appointments were managed effectively. New arrivals with outstanding appointments had these honoured to ensure continuity of care. This was also the case on release, with patients provided with details of future hospital appointments. Some prisoners moving out of the area on release were also helped to transfer care if necessary, which was good practice. We saw good joint working between health services and partners.

- 4.62 There had not been any palliative care needs in the previous year and staff informed us that in these cases prisoners would be transferred to a nearby prison to access care.

### **Social care**

- 4.63 The prison had a memorandum of understanding with the Royal Borough of Greenwich and other signatories to enable social care of prisoners. The oversight of social care services and delivery by Greenwich was strong.
- 4.64 The social care referral pathway was easily accessible, yielding three referrals since April 2022. An open access approach was planned with new advertising posters to be displayed in the prison to encourage prisoners to seek assistance. Greenwich ensured that independent advocacy was available to applicants who required it.
- 4.65 Greenwich commissioned CGL (Change Grow Live charity) to provide social care to prisoners who met the threshold for local authority care. One recipient of social care we spoke to expressed satisfaction with the support he was receiving, and he had access to and understood his care plan.
- 4.66 Care plans and records of support in daily living delivery were available on SystemOne (clinical IT). The records we saw were excellent and indicated exemplary care. Equipment and aids to daily living were available as necessary.
- 4.67 There were no social care peer support workers but recruitment for them was under way, with clear guidance for recruitment, training and supervision.

### **Mental health care**

- 4.68 The mental health team consisted of psychological interventions, mental health in-reach, psychiatry, counselling (provided by Atrium) and occupational therapy. Staff were motivated and working hard to meet the needs of the population.
- 4.69 Patients with mental health needs were identified on arrival, and work was in progress to improve the identification of neurodiverse patients. In our survey, 45% of prisoners told us they had a mental health problem.
- 4.70 Waiting times for in-reach, psychiatry, counselling and psychological interventions were good, but it could take up to eight weeks for an initial triage for those requesting mental health input, which was too long for early intervention opportunities.
- 4.71 A weekly multidisciplinary team referral meeting made allocations. The meetings were brief and did not have complete oversight of the service, which created some uncoordinated working, such as separate team meetings and some repeat referrals. We saw trauma-informed consultation with the wider prison for complex cases, segregated

prisoners, assessment, care in custody and teamwork (ACCT) and challenge, support and intervention plans (CSIPs), which was good. Prison officers were receiving some training and opportunities for reflective practice from psychological services.

- 4.72 Post-traumatic stress disorder (PTSD) and learning disability pathways were in place, as were the stepped care model of psychological interventions, counselling and accessible psychiatry. Speech and language therapy (SALT) was expected in the new model, and social work was part of the skill mix to join the occupational therapist.
- 4.73 Clinical records were of a good standard, care plans were in place and it was evident which caseloads individual patients were on to prevent duplicate referrals.
- 4.74 Not all the very sick prisoners who needed to be transferred to hospital under the Mental Health Act were transferred within the national recommended timescales. Release plans were in place for mental health patients and contact made with community mental health services for those with continuing care needs.

#### **Substance misuse treatment**

- 4.75 The prison drugs strategy covered supply reduction and treatment, with Oxleas contributing to its implementation to enable patients to recover from addictions. The Oxleas team comprised clinical prescribers, drug recovery workers and family therapists. All were suitably qualified, trained and supervised in their work. The team offered specific training to prison officers, although uptake had ceased during the COVID-19 restrictions.
- 4.76 Two patients were in receipt of opiate substitution therapy (OST), which we observed to be professionally and safely administered. Prescribing was evidence-based and in line with national guidance. There were clinical reviews every two to four weeks, which included the clients' recovery workers.
- 4.77 The large team of psychosocial recovery workers were fully occupied in supporting 35-40% of the prison population at a time (233 when we visited). Good quality self-help and guided learning packs were used to support patients in recovery via one-to-one or group therapies. Each house block had a dedicated group room, which enabled efficient access to therapy. There was one peer mentor and recruitment to several vacancies was under way.
- 4.78 The behavioural change programme was unique as it was targeted at drug dealers to help them desist from future drug supply activities. The participant programme evaluation data was consistently positive. The programme had been running for several years but had not yet developed objective outcome data to prove its effectiveness.
- 4.79 We sampled several clinical records in migration from being paper-based to SystemOne, which would be more efficient. Care plans had

appropriate consenting arrangements and were tailored to individual circumstances. Working notes clearly indicated the current situation with the patient.

- 4.80 Pre-release coordination of care commenced three months before release, in association with the offender management team. Arrangements included advice on harm minimisation, through care with community drugs teams, and continuance of OST if required. Unusually, naloxone (to reverse the effects of opiate overdose) was not yet given to those in OST to take home, though it was due to become available.

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

- 4.81 Medicines were supplied by an in-house pharmacy promptly. Most were supplied as named-patient medicines with appropriate labelling and a dispensing audit trail. In-possession risk assessments were appropriate and attached to SystmOne. Around 64% of patients received medicines in possession, but few received more than just seven-days' supply. Cells did not have lockable cupboards for storing medicines and there were no regular cell checks, even though some tradable medicines were supplied in possession.
- 4.82 Medicines were administered by nurses from the wings three times a day, and officers managed collections suitably. Prescribing and administration were recorded on SystmOne. Nurses recorded when patients missed their medicines on SystmOne and the follow-up. Nurses took in-possession medicines to patients' cells accompanied by an officer; this practice carried risk to staff and patients and was not in line with professional best practice standards.
- 4.83 Medicines could also be supplied for minor ailments and through patient group directions (authorising appropriate health care professionals to supply and administer prescription-only medicine), but there was inconsistent practice. Prisoners could buy a range of medicines from the prison shop, which allowed them to take responsibility for minor health issues.
- 4.84 The pharmacist clinically reviewed all medicines to provide support and oversight, but there were no pharmacy-led clinics or services such as medicine use reviews. There was a formulary, incidents were recorded and reviewed, and written procedures and protocols were in place.
- 4.85 There was provision for the supply of medicines out of hours, but there was no robust auditing of use. Some prescription-only medicines were supplied without a label providing the legally required information; this meant patients did not have the information needed to take medicines safely and was illegal. There was appropriate provision of medicines for patients being transferred or released.
- 4.86 Medicine management on the two house blocks was generally good, but one had several in-possession medicines that should have been returned to the pharmacy because the patient had left the prison.

Controlled drugs management was generally robust. The medicines and therapeutics meetings were well attended. The prescribing of abusable and high-cost medicines was monitored.

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

- 4.87 Patients had access to a full range of NHS dental treatment based on their needs. A dedicated team of dental staff provided an effective dental service. Waiting times were now down to three weeks for treatment and routine care. Urgent care was provided on two days a week and Oxleas primary care service supplied pain relief and antibiotics at other times.
- 4.88 Oral health promotion was available. Although there were no hygienist sessions, some scale and polish were available for those with greatest need. Prisoners had access to medicines prescribed through SystemOne and emergency drugs were available in the surgery.
- 4.89 The dental surgery was very clean and met infection prevention and control standards, apart from a small tear in the dental chair which was due for repair. The disposal of contaminated waste and maintenance of equipment were in order.



## 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 Prison leaders had decided to place prisoners in cohorts to avoid gang and other conflicts (see paragraphs 2.8 and 3.10). This meant that on most spurs prisoners were divided into two groups for daily activities, which limited their time out of cell and frustrated many. This practice was unlikely to be sustainable in the long term due to the restrictions it placed on many prisoners. In our survey, only half of all respondents said they received more than two hours a day out of their cell.
- 5.2 The average daily time out of cell during the week varied from just under two-and-a-half hours on a weekday to up to six-and-three-quarter hours for prisoners living on the enhanced spur. Any appointments prisoners had with different agencies in the prison added to these average times. The weekend regime was poor with less than two hours out of cell each day, but increased with activities such as attending a religious service. Prisoners on the enhanced spur and those with spur-based jobs also had more time unlocked.
- 5.3 During our roll checks, we found over a third of prisoners were locked up and only 18% were taking part in purposeful activity outside their cells. The prison's education model (see paragraph 5.12) assumed that around half the population had some independent study to complete in cell each week. However, we found very few prisoners engaged in purposeful study during the day when they were in their cells (see paragraph 5.18).
- 5.4 In our survey, 81% of prisoners said they could go outside for exercise and 73% that they got association at least five times a week. Most exercise yards were bleak but had exercise equipment. Prisoners could use recreational equipment during their association periods, which provided opportunities to socialise.



#### **Exercise yard**

- 5.5 Prisoners appreciated the opportunity to take part in organised youth club-style activities, which included personal skills development run by the Kinetic Youth charity, whose staff were good role models to encourage positive behaviour and engagement.
- 5.6 The library, run by Greenwich council, was well stocked, and in our survey 63% of those who used it said it had a wide enough range of materials this was an improvement since the last inspection and reflected the efforts to offer resources that met the interests of the population. Prisoners could request books to be delivered to their spurs. For the duration of our visit, the library was either closed or had very few prisoners in attendance, and it was not open at weekends. There was no analysis of who used the library or the reasons why others did not, and in our survey, only 34% said they were able to access it once a week or more.
- 5.7 There were few initiatives to encourage reading. Library staff supported Storybook Dads, enabling prisoners to record a story for their children (see paragraph 6.4), and they had introduced a book club, but participants could not meet to discuss the book they were reading. Bookshelves had been introduced on to spurs during the pandemic, which was a good idea, but several were neglected and in a poor condition. Trained Shannon Trust reading mentors to support prisoners were yet to be reintroduced.



#### Spur bookshelf

- 5.8 The gym had good facilities but, in the survey, only 11% of prisoners said they could access it or play sports at least twice a week, which was worse than the comparator of 33%. Cross-deployment of the PE staff to other duties and regime issues had reduced access in recent months.
- 5.9 Limits on the numbers that could use some of the facilities meant not all prisoners were guaranteed to attend the two weekly sessions allocated to their cohort. PE staff had good systems to make sure prisoners who missed out got first opportunity to attend their next session. There were separate sessions for induction, full-time workers and prisoners referred by health care for remedial PE, but there was no analysis of which prisoners used the PE facilities or investigation into why others did not.
- 5.10 PE qualifications were not offered, although the PE team was working to reinstate these and they understood their value in enhancing opportunities for prisoners. Prisoners and staff were encouraged to take part in sports-based fundraising activities for charities, and the Duke of Edinburgh's Award scheme was supported. Two football coaching groups had been run as part of the Football Association twinning project, with a further one due to start.

## 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.

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

Overall effectiveness: inadequate

Quality of education: inadequate

Behaviour and attitudes: requires improvement

Personal development: inadequate

Leadership and management: inadequate

5.12 Prison leaders had taken a decisive step not to go back to their previous model of education, skills and work once the COVID-19 restricted regime was removed, and aimed to give prisoners greater responsibility for their learning. The prison education framework provider worked closely with prison leaders and managers to structure the curriculum to meet the new model of education, skills and work, which involved a mixture of in-cell packs and wing and classroom teaching. However, education staff had not supported prisoners to develop their independent learning skills well enough. As a result, too many prisoners struggled to manage their time to complete the work that tutors set.

5.13 Leaders and managers had not designed the curriculum well enough to meet the needs of prisoners. While they rightly emphasised helping them to achieve their qualifications in English and mathematics, the remainder of the curriculum focused on filling essential prison jobs or activities that would engage prisoners. These courses included scriptwriting, drama, music and radio production. The provision of

education, skills and work did not adequately meet the resettlement needs of prisoners due for release.

- 5.14 Leaders and managers had not ensured the curriculum was ambitious enough for the prisoners. There were insufficient opportunities for them to progress to higher-level courses. For example, prisoners working in waste management, and painting and decorating could not achieve higher than a level one qualification. In addition, no mentoring roles were available. As a result, prisoners did not gain the skills and qualifications needed to secure employment on release.
- 5.15 Upon arrival at the prison, prisoners were quickly provided with an introduction to the education, skills and work opportunities available to them. Staff thoroughly assessed their English and mathematics knowledge and any potential learning difficulties and/or disabilities. They also provided initial advice and guidance to prisoners to determine their career aspirations. However, the information presented to prisoners was not always comprehensive enough and up to date. This resulted in the prison staff struggling to recruit prisoners for work areas such as waste collection and recycling. In too many instances, staff did not use the information from induction and careers interviews adequately to allocate prisoners to the appropriate education, skills and work.
- 5.16 Prison leaders had provided enough activity places for all prisoners. However, staff did not consider prisoners' prior knowledge and skills or career aspirations when allocating them to activities. This led to a lack of motivation among prisoners when they were allocated to activities in which they had little interest.
- 5.17 A few prisoners who were allocated to education, skills and work developed practical skills to a high standard, which supported them to gain employment on release. Prisoners on the painting and decorating course and those in barbering received training to a high standard. Prisoners in painting and decorating learned how to crossline a wall with lining paper before they hung decorative wallpaper, while prisoners in barbering learned about different skin conditions. However, leaders and managers had not ensured that prisoners had sufficient time in the workshops to develop the full range of skills they needed to achieve their qualifications. This led to prisoners achieving the theory units of the qualification but not the practical units. This limited their ability to gain employment once released.
- 5.18 Tutors were not rigorous enough in making sure that prisoners completed the work set for them to do in their cells. They did not have a structured approach to timing their visits to the wings to support prisoners with their individual study. As a result, prisoners did not know when tutors would be on the accommodation wings to provide individual support. Tutors relied too heavily on prisoners requesting support, rather than proactively providing it. This resulted in prisoners making slow progress with their work.

- 5.19 Too many tutors did not use the information available on a prisoner's additional learning needs. For example, barbering and catering tutors did not have information on prisoners' additional support needs. Consequently, they did not provide any specific learning support to prisoners with their work and studies.
- 5.20 Tutors did not provide good enough feedback on prisoners' work to help them improve. In too many instances, they simply ticked their work rather than consistently correcting errors in their written work. There was little explanation that would help the prisoner to improve their work by understanding where they had gone wrong. In catering, there was no evidence of any marking beyond a tutor's signature.
- 5.21 Leaders and managers had struggled to recruit sufficient staff to teach English. They had prioritised teaching prisoners at pre-entry and entry-level. Prisoners on these courses had made better progress than those on level 1 and 2 courses, who did not receive sufficient support from teachers.
- 5.22 Leaders and managers did not have sufficient links with employers to support the high number of prisoners being released. This limited how effective staff could be in helping prisoners due for release to gain employment. Leaders and managers had plans to develop this, but they were still in their infancy and were yet to have an impact.
- 5.23 Leaders and managers understood the challenges faced by the model for education, skills and work they had implemented. They had some early plans of how they could improve the engagement of prisoners in education, skills and work, particularly when in their accommodation, but these were still in development. However, prison leaders and managers did not have a good enough understanding of the quality of activities provided by the prison. Existing quality assurance arrangements, primarily in education and skills, did not extend to prison activities. This resulted in a lack of focus on prison activities, and actions to improve the quality of education, skills and work did not happen quickly enough.
- 5.24 Tutors and instructors were suitably qualified and received frequent training. However, this training did not focus on the skills that tutors needed to better support prisoners with their learning in the wings. Where training had taken place, tutors were not always implementing what was expected of them. As a result, the quality of teaching was not good enough.
- 5.25 Most prisoners within education, skills and work understood what it was to be a responsible citizen. Prisoners were very polite and respectful to their peers and tutors, often thanking others when they helped them. They could discuss how they demonstrated tolerance with prisoners in lessons, and they were proud to help their peers on the wings. However, tutors and instructors did not plan into their lessons the importance of democratic values, both inside and on release from prison. As a result, prisoners had a limited understanding of these topics.

- 5.26 Prisoners did not have sufficient support during their sentence to understand the careers available to them on release. Where advice and guidance sessions took place, tutors did not help prisoners identify what steps to take to develop the skills and attributes needed to achieve their career goals. As a result, too many prisoners did not have adequate advice or guidance on selecting education, work and skills during their sentence. Prisoners did not recall receiving career advice, and most did not know how to access it.
- 5.27 Prison staff used education, skills and work well to support prisoners with their mental health needs. For example, prisoners with mental health needs accessed horticulture or other work as a priority to support them as they settled into the prison.

## 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 Social visits were proving popular again and most visitors had relatively short journeys. The number of visits met current demand and booking arrangements were sufficient.
- 6.2 There was no visitors' centre and the entrance to social visits was not a suitable alternative. There was more support at the nearby HMP Belmarsh visitors' centre, but this was a long walk from Isis. Visit sessions lasted for an hour and 45 minutes. The visits hall had been recently refurbished and provided a welcoming environment. A new playworker had been recruited to attend every other week, and the equality team had provided books and games for prisoners and their families that reflected the diversity of the population (see paragraph 4.27). Refreshments on sale during visits were limited to hot drinks, snacks and soft drinks.





#### Visits hall

- 6.3 There were four family visit days a year, but these lasted only 2.5 hours. Secure video calls (see Glossary) were very underused, with only about 10% of available daily sessions typically booked. Reasons for this included the resurgent popularity of social visits, the switch to a new provider, which confused visitors, and some unnecessary restrictions on access. In-cell phones had also been introduced since the last inspection and these had proved much more popular with prisoners.
- 6.4 There was an exceptionally good range of family engagement work to help prisoners rebuild or maintain their ties with family and friends. PACT (Prison Advice and Care Trust) provided a full-time family engagement worker and had recently introduced 'Routes 2 Change' workers who met prisoners on induction and provided practical guidance, emotional support and befriending throughout their time in prison. The team facilitated Storybook Dads sessions so that prisoners could record stories for their children in the library (see paragraph 5.7), and there were plans to hold therapeutic play sessions for prisoners and their children in the visits hall. They planned to offer post-release support for up to six months, but it was too soon to see this provision. Oxleas also employed a full-time family engagement worker who worked with prisoners accessing support for their alcohol or drug misuse (see paragraph 4.75). She coached prisoners in how to look after their babies and could also work with them post-release.

## 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.

- 6.5 The prison held a mix of young category C adults serving short and long sentences. Almost all came from London and about 80% had been at Isis for less than a year. It was becoming more common for prisoners to arrive near the end of their sentences.
- 6.6 Leaders had not identified the weaknesses in offender management, public protection and release planning as a priority in their self-assessment report (see also paragraph 2.3). Managers considered monthly data from the prison's OASys (offender assessment system) database that indicated the driving factors behind offending behaviour. However, there was no population needs analysis, strategy or action plan that clearly set out the priorities that would drive improvement. Prison offender managers (POMs) were not well integrated into the wider work aimed at reducing reoffending. For instance, POMs rarely added interventions unique to Isis to sentence plans.
- 6.7 About 10% of eligible prisoners did not have an initial assessment of their risk and needs or a sentence plan. The size of this backlog fluctuated, partly due to staffing challenges but also because too many prisoners arrived at Isis without a full OASys assessment.
- 6.8 The OMU was routinely short staffed. There had been no permanent senior probation officer for some months, which meant that POMs had not received professional supervision to manage their cases, and there were not enough case administrators. There were two probation officer vacancies and although prison staff had filled these, they did not have the same level of training to manage risk. Seven uniformed POMs held some high-risk cases but were frequently cross-deployed to other duties across the prison, for an average of 200 hours in each of the previous six months, which undermined the management of their cases.
- 6.9 POM contact levels with prisoners were poor in the cases we checked and hardly any key work was delivered by prison officers (see paragraph 4.3), which further undermined engagement and sentence progression. Prisoners felt unsupported and relied heavily on using the electronic kiosk to communicate with the OMU. There were no OMU staff at induction and prisoners often relied on other prisoners for information about the OMU's work.
- 6.10 Processes to release prisoners on home detention curfew (HDC) were largely well managed. However, in the last year 37% of prisoners had been released late on HDC, and in too many cases the release was many weeks late. The main reason had been a failure by the

Metropolitan Police to complete all their necessary checks on London releases.

## **Public protection**

- 6.11 At least a third of the population were assessed as a high risk of serious harm to others. The need for the monthly interdepartmental risk management meeting (IRMM) to provide assurance consistently was acute because there were too many frailties in the release of high-risk prisoners. When cases were brought to the IRMM, discussions were of good quality. However, the meeting did not review all the high-risk prisoners approaching release to address potential gaps in planning; only half of the 16 high-risk prisoners due for release in September 2022 had been reviewed at the IRMM.
- 6.12 Despite repeated phone calls and emails from POMs to local probation teams in the community, prisoners sometimes did not have an allocated community offender manager (COM) until much too close to release, which undermined multiagency planning. For example, prisoners were supposed to have an allocated COM six months before their release, but four due for release in the following month still did not have one.
- 6.13 Information exchange between the POM and the COM should include a discussion about current risks that would inform the agreed MAPPAs (multi-agency public protection arrangements) management level, but we found too many cases where this had not happened. Of the five MAPPAs cases we reviewed who were soon to be released, four still had no confirmed MAPPAs management level, and two would be released later that month. Where COMs had been allocated, POMs struggled to organise handover meetings in good time because of the COMs' high caseloads. Most prisoners at Isis came from London, where 25% of COM posts were vacant. When asked to contribute to MAPPAs meetings, POM contributions were generally of good quality.
- 6.14 Monitoring of prisoner phone calls did not always identify risks to the public reliably or promptly. Only one member of staff had responsibility for this and when he was away from work nobody else initiated offence-related monitoring. Some requests for monitoring to start had been actioned weeks late and many calls from the previous month had still not been listened to. Breaches of contact restrictions identified during monitoring did not always result in appropriate actions to minimise the risks. We found an example of a prisoner who had repeatedly breached a restraining order. Although their POM had raised serious concerns about this, the prisoner had never been interviewed by the police and had never been adjudicated.
- 6.15 We were not assured that all prisoners who potentially presented an ongoing risk to children had their contact restricted. Although 54 prisoners were recorded as domestic violence perpetrators, the OMU had identified only about 15 whose contact with children might need restricting, but the assessments had not yet been done. We found an example of a prisoner allowed contact with his child without the OMU

seeking advice from children's services to assess the risk that he might pose to his child.

## **Categorisation and transfers**

- 6.16 Prisoners' progression opportunities were limited. Where they were refused progression to category D because they had not completed sentence plan objectives, those sentence plans had sometimes only been created shortly before the review, which made it almost impossible to achieve. About 60 recategorisation reviews were overdue at the time of the inspection.
- 6.17 Prisoners who had been approved for category D waited far too long to transfer to an open prison and only 18 had transferred in the previous 12 months. Delays had been caused by cancelled escort vehicles and outstanding reviews of OASys assessments.
- 6.18 There were 51 prisoners waiting to complete Kaizen, a high-intensity programme for violent offending, but this was not available at Isis and prison staff found it difficult to move them on to a prison where it was delivered. It was a similar picture at the last inspection. This led to prisoners being released without having done the offending behaviour work on their sentence plan.

## **Interventions**

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

- 6.19 The provision of interventions was not informed by a needs analysis so it was hard for leaders to be sure that the right help was in place for prisoners. For example, there were still no interventions to help men address domestic violence, even though the prison currently held 54 perpetrators.
- 6.20 There were too few places on the Thinking Skills Programme (TSP). Although the programmes team planned to deliver 48 completions in the current financial year, 193 prisoners were eligible for the course. Given the short stays of many prisoners, most would not complete it before their release. One of the prisoners we interviewed said that it was 'easy to do nothing here'.
- 6.21 Isis offered other interventions but not all of them had been running recently. Spark Inside provided 'Heroes' Journey', a life-coaching programme that encouraged prisoners to change their associates and reconsider their choices. They had supported 48 prisoners since October 2021 and had also piloted Black Heroes' Journey (see paragraph 4.32). 'Changing the Game', a trauma-informed therapeutic group intervention for young black men, had stopped in March 2022 after losing funding. Positively, prison leaders planned to fund and restart the programme later in 2022. Sycamore Tree, a victim

awareness course, and Identity Matters, an individual gang-offending intervention, had both been paused.

- 6.22 There was no release on temporary licence to help prisoners gain employment or rebuild family ties.
- 6.23 There was no reliable support for all prisoners to manage their finances, benefits and debts. There had been no Department for Work and Pensions worker in the prison since the pandemic. There were no money management courses, specialist debt advice or help with opening a bank account. A minority of prisoners got some of this pre-release help as a result of being mentored by Switchback and Trailblazers, but this only applied to about 20% of all releases (see paragraph 6.29).
- 6.24 Outcomes for prisoners requiring housing on release had been adversely affected by a lack of resettlement staff (see paragraph 6.27). Since the Catch 22 resettlement team had left in summer 2021, HMPPS data showed that only about 70% of prisoners had been housed on their first night of release. These outcomes had begun to improve in the last three months but there was no reliable data collection to evidence the proportion of prisoners being released to sustainable housing.
- 6.25 When housing need was identified, a full-time worker from St Mungo's managed the referrals, and those she helped generally had good outcomes as their age and circumstances gave them higher priority. However, St Mungo's did not support the 10% of prisoners who were released outside London. Their phone or video link interview with a housing worker in their local area depended on the availability and facilitation of stretched POMs.

## 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.

- 6.26 About 600 prisoners had been released in the previous 12 months. Resettlement support had deteriorated considerably since the last inspection. Prisoners we interviewed who were approaching release were uncertain and anxious.
- 6.27 Catch 22's team of six staff had left Isis after the national redesign of resettlement support in June 2021. For months afterwards, there had been nobody in place to identify the resettlement needs of low- and medium-risk prisoners. In the previous month, a probation worker from HMP Thameside had started attending weekly to complete resettlement plans. Her plans were good but she had faced a large backlog and when we visited she was only able to assess prisoners six weeks ahead of release, which did not ensure effective planning.

- 6.28 Other problems combined to prevent reliable, prompt and effective release planning. POMs were supposed to liaise with COMs to deliver resettlement planning for high-risk prisoners, but they were frequently redeployed to other duties in the prison and COMs were sometimes allocated much too close to release to allow for proper planning and an effective handover with the POM. COMs were supposed to be solely responsible for making referrals for housing and other needs under the new resettlement model. However, managers at Isis had successfully argued for their POMs to make these referrals, which allowed them to initiate support for a prisoner.
- 6.29 There was some very good through-the-gate mentoring support from Switchback, Trailblazers and Routes 2 Change, which benefited about 20% of the released population a year. Switchback used four mentors to support up to 20 prisoners at a time from the London area. They received intensive, individual support for 12 weeks after release. Trailblazers had nine volunteer mentors who helped 40 prisoners a year for up to 12 months after release. It was too early to assess post-release support from Routes 2 Change as the scheme had only been running relatively recently (see paragraph 6.4).
- 6.30 Arrangements on the day of release were adequate, but there was no venue outside the gate where prisoners could charge mobile phones and get practical support.

## 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 level of violence was too high.** Measures to tackle violence were largely restricted to limiting the regime offer which was not sustainable.
2. **Most prisoners had too little time out of their cells.**
3. **The curriculum did not meet the resettlement needs of prisoners, with the range of activities too narrow to lead to sustainable employment on release.**
4. **Prisoners were not supported to progress through their sentence plans..** There was too little contact with prison offender managers, hardly any key work and not enough places on interventions to address offending behaviour
5. **Release planning was not reliable, timely or effective.**

### Key concerns

6. **Leaders did not have strategies or action plans to monitor progress in areas of key risk such as safety and reducing reoffending.**
7. **The incentives policy was not applied consistently, and many prisoners felt the scheme was unfair and had lost confidence in it.**
8. **Cleaning standards were poor in residential areas and cells needed redecoration.**
9. **Pharmacists were not available to consult with individual prisoners about their medication, oversight of stock medicines was insufficient, and delivery of in-possession medicines at the cell door was not in line with safe and effective practice guidance.**
10. **Too many prisoners did not achieve their qualifications, and workshop time was insufficient to achieve the practical aspects of their course.**
11. **Prisoners did not complete the education work set for them to do in their residential wings and tutors were not active in supporting them to progress with their learning.**

12. **Careers education, information advice and guidance for prisoners were insufficient.**
13. **There was too much variation in the quality of teaching across education, skills and work.**
14. **The public were not always protected from prisoners held at Isis.**  
Monitoring to identify risks was unreliable, breaches of court orders took place without consequences, and there were no routine assessments and restrictions on prisoners who potentially presented a risk to children.
15. **Not all prisoners had reliable support to manage their finances, benefits and debts.**



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

### Recommendations from the last full inspection

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

#### Safety

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

At the last inspection, in 2018, the reception process was swift and there had been some improvements to the way new arrivals were received. One in four prisoners felt unsafe and levels of violence were high. There were promising initiatives to reduce violence, but it was too early to judge their success. The introduction of the enhanced wing motivated some prisoners to behave, but prisoners remained on the basic level of the scheme for too long. The use of force was high and not always needed or proportionate. The management of segregated prisoners had improved. A comprehensive and well-coordinated drug strategy was not yet fully effective in reducing drug misuse. Support for prisoners in self-harm crisis was generally good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

#### **Key recommendation**

Use of force incidents should be subject to rigorous scrutiny to ensure that force is used only as a last resort and not in response to non-compliance. Failure to de-escalate an incident, activate body-worn video cameras or complete essential paperwork in a timely manner should be challenged robustly. (S38)

#### **Partially achieved**

#### **Recommendations**

There should be a robust process to locate prisoners' property that is missing or lost from other prisons. (1.10)

#### **Not achieved**

The safer custody screening assessment should ensure that relevant information about new arrivals is passed on to first night and induction staff, and there should be enhanced checks of all new arrivals during their first night in custody. (1.11)

#### **Achieved**

New arrivals should be given all essential basic items and offered a shower before they are locked up on their first night. (1.12)

#### **Not achieved**

The induction programme should provide sufficient information to cover key aspects of life at Isis, and be regularly reviewed by staff and managers. (1.13)

**Not achieved**

Managers should ensure that the behaviour management process is properly utilised to address poor behaviour and motivate good behaviour. (1.22)

**Not achieved**

The use of any form of special accommodation should be subject to appropriate governance. (1.33)

**Achieved**

Action should be taken to reduce the disproportionate number of segregated prisoners aged under 21. (1.39)

**Achieved**

Assessment, care in custody and teamwork (ACCT) case managers should ensure that all relevant incidents and case notes are considered at each review. (1.51)

**Achieved**

The number of trained Listeners should be increased. (1.52)

**Achieved**

The local safeguarding policy should be communicated to ensure that all staff understand their responsibilities for adult safeguarding at Isis. (1.55)

**Not achieved**

## **Respect**

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

At the last inspection, in 2018, staff-prisoner relationships were mostly good. The prison was cleaner than at our last inspection, but standards in some cells were still inadequate. Most prisoners were very positive about the food. Consultation arrangements and the use of peer support were reasonable. Prisoners lacked confidence in the complaints system. Equality work was not prioritised by prison managers, and there were weaknesses in the support for foreign national prisoners and understanding of young adults. The chaplaincy provided good pastoral and spiritual support to prisoners. Health services remained reasonably good. Outcomes for prisoners were reasonably good against this healthy prison test.

### **Key recommendation**

Work to promote equality and diversity should be given a higher priority throughout the prison. Prisoners with protected characteristics should be identified early and their needs met. A priority is the improvement in support offered to foreign national prisoners and prisoners under 25. (S39)

**Achieved**

## **Recommendations**

The prison should explore further and consult with prisoners to understand and address their negative perceptions of staff reported in our survey. (2.4)

**Partially achieved**

Staff should answer cell bells correctly and respond to prisoners within five minutes. (2.13, repeated recommendation 2.10)

**Not achieved**

Breakfast packs should be issued on the day they are to be eaten. (2.19)

**Not achieved**

Meals should be served at standard meal times. (2.20)

**Not achieved**

Wing serveries and food trolleys should be clean and well maintained, serveries should be properly supervised and monitored by staff, and servery workers should wear appropriate protective clothing. (2.21)

**Not achieved**

Prison staff should work with health care to identify all prisoners with disabilities, including mental health and learning disabilities. Residential staff should receive appropriate training, and support for these groups should be coordinated. (2.44)

**Achieved**

All officers supervising faith services should wear earpieces and keep noise to a minimum. (2.50)

**Achieved**

There should be effective monitoring to ensure that all emergency resuscitation equipment is in good order, and emergency medication should be stored appropriately. (2.61)

**Achieved**

All custody officers should receive regular mental health awareness training to enable them to recognise and support prisoners with mental health problems. (2.83)

**Achieved**

Nurses should be reminded of the correct way to carry out basic processes and techniques to ensure effective hygienic administration of medication. (2.99)

**Achieved**

The administration of all medication, including opiate substitution therapy, should ensure patient confidentiality, and officer supervision of administration should enable compliance and minimise the risk of diversion. (2.100)

**Achieved**

There should be robust procedures to ensure that heat-sensitive medicines are appropriately stored and fridge temperatures are recorded regularly, with remedial actions recorded when temperatures fall out of the required range of 2-8°C. (2.101, repeated recommendation 2.69)

**Achieved**

## **Purposeful activity**

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

At the last inspection, in 2018, time out of cell had improved significantly but prisoners had too little time in purposeful activity. The overall effectiveness of education, skills and work required improvement. There were sufficient activity spaces for all prisoners to work part time. Partnership working between the governor and college managers had made some improvements to provision since the last inspection. Links with employers offered the opportunity for a small number of prisoners to gain employment on release. Attendance and punctuality at education and skills activities required improvement. Teaching and learning were not consistently good. Too few prisoners participated in activities that led to recognised qualifications but those who did usually achieved them. Prisoners behaved well in activities. Outcomes for prisoners were not sufficiently good against this healthy prison test.

### **Key recommendation**

Leaders and managers should ensure that prisoners attend education and training regularly and on time. Opportunities to take accredited qualifications should be increased. (S40)

**Partially achieved**

### **Recommendations**

Prisoners should have a minimum of 10 hours a day out of their cell. (3.1)

**Not achieved**

The prison should work with the library staff to increase prisoner attendance and maximise the benefit of this valuable resource. (3.12)

**Not achieved**

Observations of teaching and learning and tutors' professional development should lead to consistently good teaching. (3.22)

**Not achieved**

Novus managers should monitor the progress prisoners make during their courses, and intervene when this is not as expected. (3.23)

**Not achieved**

Tutors and trainers should plan learning activities more effectively to ensure that all prisoners make good progress. (3.29)

**Partially achieved**

Tutors should ensure that prisoners are challenged sufficiently to reach their potential, and are able to retain their new knowledge and skills. (3.30)

**Not achieved**

Tutors should routinely mark prisoners' work to ensure they know how to improve their work and do so. (3.31)

**Not achieved**

Prison leaders and managers should promote prisoner learning and positive attitudes to work through ensuring a high rate of attendance and punctuality in education and training. (3.35)

**Not achieved**

Novus managers should further improve prisoners' achievement of level 2 English qualifications to increase their chances of gaining sustained employment or training on release. (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 2018, prisoners were supported to build and maintain family ties, but too many experienced problems keeping in contact by mail and telephone. A lack of offender assessment system (OASys) assessments for too many prisoners had affected their ability to access interventions or progress through their sentence. There was good management of prisoners who presented a high risk of serious harm, but the management of those assessed as medium and low risk was not sufficiently robust. Some prisoners had minimal contact with offender supervisors. There were weaknesses in public protection arrangements. Home detention curfew (HDC) was well managed. Support for care leavers was good. Resettlement planning was sound. Outcomes for prisoners were not sufficiently good against this healthy prison test.

### **Key recommendation**

All prisoners who present a medium or higher risk of serious harm to others should be subject to robust oversight as they approach release to ensure there are adequate risk management arrangements in place. This includes, where appropriate, confirmation of multi-agency public protection arrangements (MAPPA) management levels. (S41)

**Not achieved**

## **Recommendations**

Prisoners who require an offender assessment system (OASys) assessment should not be transferred to Isis without one that is up to date (4.23)

**Not achieved**

Casework, professional supervision and personal development should be provided to all offender supervisors, whatever their professional background. (4.24)

**Not achieved**

All prisoners should have a sentence plan with targets and objectives to reduce their risk and likelihood of reoffending, and receive regular support and encouragement to achieve these. (4.25)

**Not achieved**

The number of Bail Accommodation and Support Services hostel places should be increased to enable the prompt release of prisoners on home detention curfew. (4.26)

**Achieved**

Prisoners should be transferred to other prisons for their progression or to complete sentence plan targets as early as possible. (4.27)

**Not achieved**

The prison should provide sufficient resources, including offending behaviour programmes, for prisoners to address all of their offending behaviour while at Isis. (4.34)

**Not achieved**

## Appendix I About our inspections and reports

Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this Inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. For men's prisons the tests are:

### **Safety**

Prisoners, particularly the most vulnerable, are held safely.

### **Respect**

Prisoners are treated with respect for their human dignity.

### **Purposeful activity**

Prisoners are able, and expected, to engage in activity that is likely to 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:

Charlie Taylor	Chief inspector
Ian Dickens	Team leader
Angela Johnson	Inspector
Esra Sari	Inspector
Jonathan Tickner	Inspector
Dionne Walker	Inspector
Donna Ward	Inspector
Grace Edwards	Researcher
Emma King	Researcher
Joe Simmonds	Researcher
Tania Osborne	Lead health and social care inspector
Lynne Glassup	Health and social care inspector
Paul Tarbuck	Health and social care inspector
Richard Chapman	Pharmacist
Rieks Drijver	Ofsted inspector
Rebecca Jennings	Ofsted inspector
Steve Lambert	Ofsted inspector
Debbie Leach	Ofsted inspector
Saher Nijabat	Ofsted inspector

## Appendix II Glossary

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

### **Certified normal accommodation (CNA) and operational capacity**

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

### **Challenge, support and intervention plan (CSIP)**

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

### **Key worker scheme**

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

### **Leader**

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

### **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.

**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 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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