



Report on an unannounced inspection of

HMP Lancaster Farms

by HM Chief Inspector of Prisons

15–26 August 2022



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Introduction

Built just outside the city of Lancaster in 1993, HMP Lancaster Farms has fulfilled several functions in its comparatively short history, and now serves as a category C resettlement prison, which has capacity for 560 adult men in a modern and reasonably well-appointed prison campus with six residential units. In keeping with the very reasonable built environment, the grounds are also open and very well maintained, something which boosts prisoners' sense of well-being.

Overall, this was an encouraging inspection. Although outcomes in purposeful activity needed to improve radically, our findings showed that a score of 'reasonably good' had been sustained in our two of our healthy prison tests, safety and respect, while outcomes in rehabilitation and release planning had improved and were now also 'reasonably good'.

We described the prison culture as positive, safe, and respectful, and one which encouraged good behaviour. In our survey, for example, prisoners expressed positive views about their treatment by staff, which was confirmed in our observations of relaxed and friendly staff-prisoner interactions. Such relationships were clearly a strength of the prison, although there was room for further improvement through more effective key work arrangements and the opportunities that will emerge with a less restrictive regime and greater time unlocked.

Many safety indicators were similarly positive. Prisoners told us they felt well-treated on arrival and incidents of violence had fallen, as had use of segregation and use of force. Access to illicit substances remained problematic, and there had been an uptick in incidents of self-harm, although many of these were attributable to a very small number of individuals. Prisoners we spoke to who had experienced a self-harm crisis reported receiving good care.

Prison leaders argued that the main threat to safety and well-being was debt-related bullying, and although some work had been done to address the problem of debt, initiatives lacked rigour. The limited regime and boredom were also likely to be contributory factors which threatened safety; nearly a quarter of prisoners locked up during the working day and there were only sufficient activity places for about a third of the population. Our colleagues in Ofsted judged the provision of education learning and skills as 'requires improvement'. Building and sustaining an active and challenging regime – arguably the central purpose of a resettlement prison – is a key priority for this establishment.

Leadership in the prison was reasonably good. The prison had a settled staff group and leaders put great store by the imminent introduction of proposed new staffing profiles which they said would better target resources as a first step toward regime improvement. Senior management had also encouraged several interesting and creative initiatives aimed at supporting more vulnerable prisoners. Similarly, the recent appointment of a manager with responsibility for the promotion of an equality was a necessary first step if this important agenda was to be energised going forward. Leaders perhaps needed to be slightly more self-analytical, even self-critical, in their assessment of delivery, and we

suggested an approach that included greater ambition and more robust and measurable targets for improvement.

As a prison, Lancaster farms has a number of impressive qualities, including clarity of purpose, a reasonable environment and infrastructure, and an engaged staff group. Our sense was that the prison very much had the potential to be a high performing institution and this report highlights the priorities and concerns which we hope will encourage that potential.

Charlie Taylor

HM Chief Inspector of Prisons

October 2022

What needs to improve at HMP Lancaster Farms

During this inspection we identified 13 key concerns, of which three should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

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

Priority concerns

1. **There was not enough purposeful activity for prisoners and too many prisoners were locked up for too long.**
2. **Work to promote fairness and equality had not been prioritised.** There was insufficient oversight of outcomes for prisoners in protected characteristic groups.
3. **Leaders and managers did not deliver consistently well-planned education, skills and work that linked directly to prisoners' future ambitions and career goals.** There were no release on temporary licence (ROTL) work opportunities or high-quality careers information, advice and guidance, throughout prisoners' sentences.

Key concerns

4. **Body-worn video cameras were often not used, which undermined oversight, accountability and learning with respect to the application of force.**
5. **The availability of illicit substances remained a considerable threat.**
6. **Incidents of recorded self-harm were increasing.** Leaders were not doing enough to address underlying reasons for self-harming such as improving access to purposeful activity or actively managing issues around debt.
7. **Too many prisoners were living in overcrowded conditions that did not afford sufficient living space or adequate privacy.**
8. **Some cells were shabby and showing signs of wear.** Repairs to flooring, for example, took too long and ventilation in many cells was poor.
9. **Too few escorts were provided for the required number of hospital appointments, many of which were routinely cancelled.**
10. **Prisoners did not have reasonable access to a dentist and waiting times remained high.**

11. **The quality of education, skills and work provision was inconsistent.** Teaching staff did not plan learning or training that took full account of prisoners' starting points and future aspirations. They did not develop prisoners' employability skills sufficiently, including English and mathematical skills.
12. **Leaders and managers had been slow to improve the quality of learning and skills provision.** Quality improvement actions often focused on processes rather than improving the quality of prisoners' learning and training experiences. Leaders did not provide suitable training and development activities to improve tutors' and trainers' teaching and training skills quickly.
13. **Leaders and managers had failed to ensure the effectiveness of allocation arrangements to education, skills, and work and had similarly failed to ensure consistent attendance at such activities.** Many prisoners were allocated to courses that they had not chosen or remained on courses beyond the planned end date. Too many prisoners were unable to attend their face-to-face education and skills activities when staff were on leave.

About HMP Lancaster Farms

Task of the prison/establishment

Category C resettlement prison

Certified normal accommodation and operational capacity (see Glossary)

Prisoners held at the time of inspection: 544

Baseline certified normal capacity: 495

In-use certified normal capacity: 495

Operational capacity: 560

Population of the prison

- 1,145 new prisoners received each year
- Almost 80% of arrivals are transfers from HMP Preston
- All prisoners are sentenced; 25% are on licence recall
- 12% of prisoners from black and minority ethnic backgrounds
- 70 prisoners released into the community each month

Prison status (public or private) and key providers

Public

Physical health provider: Spectrum Community Health CIC

Mental health provider: Tees, Esk and Wear NHS Foundation Trust

Substance misuse treatment provider: Spectrum Community Health CIC

Prison education framework provider: Novus

Escort contractor: GeoAmey

Prison group/Department

Cumbria and Lancashire

Brief history

The prison opened in 1993 as a remand centre and young offender institution (YOI). In 2011, it changed from a category B YOI to a category C YOI training prison. In 2014, it became a category C resettlement prison for adults.

Short description of residential units

The prison has four main residential units, each split into two wings. Each wing has two landings.

Grizedale – First night centre

Coniston 1 – Incentivised substance free living unit

Coniston 2 – General population

Derwent – General population

Windermere – General population

Buttermere – General population

Ullswater – Segregation unit

Name of governor and date in post

Peter Francis, January 2019 – present

Change of governor since the last inspection

Derek Harrison, March 2013 – January 2019

Prison Group Director

John Illingsworth

Independent Monitoring Board chair

Robin Talbot

Date of last inspection

October/November 2018

Section 1 Summary of key findings

- 1.1 We last inspected HMP Lancaster Farms in 2018 and made 53 recommendations, three of which were about areas of key concern. The prison fully accepted 38 of the recommendations and partially (or subject to resources) accepted seven. It rejected eight of the recommendations.
- 1.2 Section 8 contains a full list of recommendations made at the last full inspection [and scrutiny visit] and the progress against them.

Progress on key concerns and recommendations

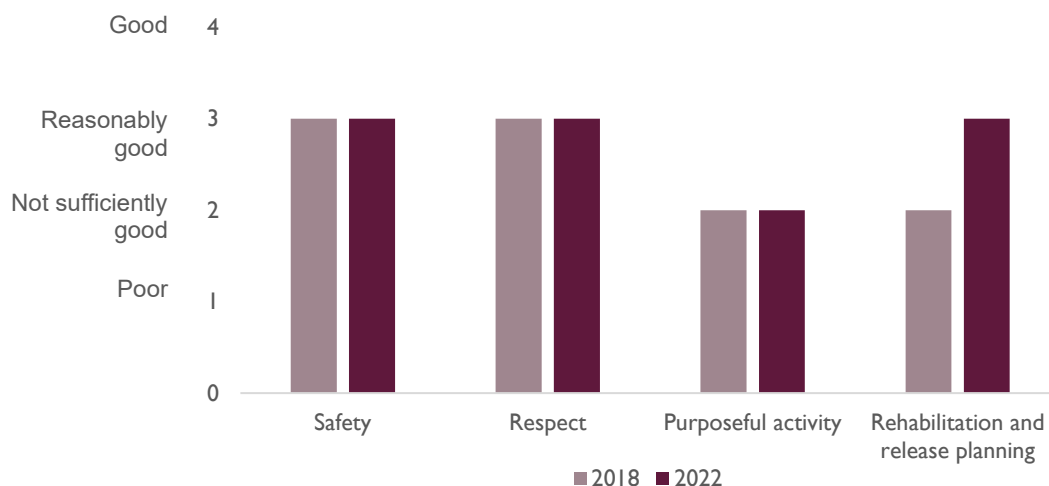
- 1.3 Our last inspection of HMP Lancaster Farms took place before the COVID-19 pandemic and the recommendations in that report focused on areas of concern affecting outcomes for prisoners at the time. Although we recognise that the challenges of keeping prisoners safe during COVID-19 will have changed 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 one recommendation about key concerns in the area of safety. At this inspection we found that this recommendation had been achieved.
- 1.5 We made one recommendation about key concerns in the area of purposeful activity. At this inspection we found that this recommendation had not been achieved.
- 1.6 We made one recommendation about key concerns in the area of rehabilitation and release planning. At this inspection we found that this recommendation had been achieved.
- 1.7 Most progress had been made in the area of rehabilitation and release planning, where six of the nine recommendations had been achieved. The area of least progress in the area of purposeful activity where only 36% of the recommendations had been achieved. For a full summary of the recommendations achieved, partially achieved and not achieved, please see Section 8.

Outcomes for prisoners

- 1.8 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).
- 1.9 At this inspection of HMP Lancaster Farms, we found that outcomes for prisoners had stayed the same in three healthy prison areas and improved in one.

1.10 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 Lancaster Farms healthy prison outcomes 2018 and 2022



Safety

At the last inspection of HMP Lancaster Farms 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 remained reasonably good.

1.11 Work to support prisoners following their arrival was reasonably good. Staff were welcoming and prisoners received a private and thorough initial safety interview which explored potential vulnerability. The induction programme covered what prisoners needed to know about the prison, but peer mentors could have been used more effectively. Some prisoners waited too long to be allocated to purposeful activity.

1.12 The rate of violence had reduced since the last inspection. The culture of the prison was generally positive, safe, and respectful which encouraged most prisoners to behave well. The prison had identified bullying, and debt related to vapes as primary factors impacting violence and perceptions of safety. Some measures had been introduced to reduce the risk of prisoners accumulating debt, but these were not sufficiently robust. Violent incidents were investigated promptly and thoroughly, and challenge, support, and intervention plans (CSIPs) were used well to monitor both perpetrators and victims. The range of follow-up interventions designed to improve bad behaviour was, however, too limited.

- 1.13 The use of segregation had more than halved since our last inspection and following their period of segregation most prisoners were reintegrated into the prison. Relationships between staff and prisoners on the unit were positive, but the regime was basic.
- 1.14 The use of force had reduced since the last inspection. The footage we were able to access and documentation that we reviewed demonstrated good de-escalation, but the limited footage provided from body-worn cameras made it difficult for leaders to be confident that all use of force was justified, proportionate, and accountable.
- 1.15 Security arrangements were generally proportionate for a category C prison. Leaders had identified their main threats and had plans to address them. Illicit substances were, however, still too prevalent around the prison. Although measures were in place to reduce the supply of drugs and substance misuse services were good, there was a need for a more integrated multidisciplinary response to the problem.
- 1.16 Recorded levels of self-harm were beginning to increase. Leaders had identified that debt and boredom were the main drivers, but the response to this problem was not yet effective and too many prisoners at risk of self-harm spent long periods locked up. There was some good multidisciplinary work with individuals with high levels of need, for example through the safety intervention meeting, and prisoners who had been on ACCTs (case management of prisoners at risk of suicide or self-harm) reported a good level of care.

Respect

At the last inspection of HMP Lancaster Farms 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 remained reasonably good.

- 1.17 Relationships between staff and prisoners were positive and most prisoners said they had a member of staff they could turn to. The delivery of key work to offer more meaningful support and challenge was, however, inconsistent, and the prevailing regime limited opportunities for engagement and interaction.
- 1.18 Outside areas were pleasant, well-maintained, and promoted well-being. Most prisoners lived in single cells, but 70 were doubled up and therefore overcrowded. We were told that supply issues in HMPPS affected the provision of basic items, such as clothing. There had been welcome improvements to showers and most were now adequately screened. A continuing programme of refurbishment was in progress to make further improvements across the prison.
- 1.19 In our survey, prisoners were positive about the food, most of which was cooked fresh on site. Prisoners could buy a reasonable range of

products through the canteen, although increased costs had made some items difficult to afford, particularly amongst those who did not receive money from family.

- 1.20 Consultation arrangements were in place but there was little evidence that these led to positive changes. There were some weaknesses in the applications and complaints systems. Access to suitable private legal visit facilities did not meet the need, with delays of up to several weeks.
- 1.21 The promotion of equality had been weak until recently, when a newly appointed diversity and inclusion manager had started to make improvements. Senior management leads had been identified for each protected and minority group but they were not yet proactively progressing this agenda. In our survey, black and minority ethnic prisoners responded more negatively in some important areas which needed further exploration and response. Support for foreign national prisoners was inadequate and some prisoners with physical disabilities were overlooked and not given suitable care. Further work was needed to improve confidence in the discrimination reporting system and to develop the role of equality peer support workers.
- 1.22 The chaplaincy continued to provide valuable help to prisoners and the provision of communal worship was good.
- 1.23 Health providers were delivering a reasonable level of patient care but faced some challenges. Staff turnover was considerable, and aspects of governance needed to improve. A good primary care service was in place despite this and access to GPs and other primary care specialists had been prioritised. Waits for most clinics were reasonable. Dental waiting lists were, however, unacceptably long at 26 weeks.
- 1.24 Prisoners with long-term conditions were identified and received good care. Too many hospital appointments were cancelled due to a shortage of prison officer escorts. Social care arrangements and medicines management services were adequate.
- 1.25 Prisoners with addiction problems received good clinical support, although staff in this area were too stretched and arrangements were quite fragile. There was a good range of psychosocial support but there were some waits for non-urgent support.
- 1.26 Overall, mental health services offered reasonable support but waiting times for psychological interventions remained too long.

Purposeful activity

At the last inspection of HMP Lancaster Farms 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.

- 1.27 Most prisoners who went to work or education every day had good time out of cell. However, the provision of work and education was limited and we found too many prisoners locked up. During the week of the inspection there was only enough full-time education and vocational training for about a third of the population.
- 1.28 It was impressive to find that all prisoners could eat together which not only encouraged socialising but meant that they did not have to eat their meals in cells next to their toilets. The regime had also been enhanced with the introduction of various recreational and enrichment activities. Gym facilities were good and an impressive partnership initiative was being piloted with the community 180 Project, targeting prisoners at risk of substance misuse or violence.
- 1.29 The quality of education was inconsistent across the prison. Tutors and instructors did not assess prisoners' starting points sufficiently to make sure that they tailored learning and work activities to prisoners' previous knowledge and experience and future goals.
- 1.30 Progress monitoring paperwork and some assessment processes were too unwieldy, focusing on process rather than on helping prisoners to achieve their long-term goals. In a minority of vocational and prison work, instructors planned learning and training to build prisoners' knowledge, skills and behaviours logically.
- 1.31 Most prisoners enjoyed their vocational and prison work sessions and most produced work of the expected standard. Tutors and instructors were appropriately qualified and had relevant educational and/or industrial experience.
- 1.32 Too many prisoners could not attend education, skills and work activities because sessions were cancelled through staff absence and inadequate cover arrangements. In addition, problems with the allocation system meant that too many prisoners failed to attend the lessons that were delivered.
- 1.33 When they did get to their activities, prisoners benefited from calm and respectful learning and working environments. They formed good working relationships with staff and each other. Most prisoners, particularly in vocational training and prison work, were keen to learn and took pride in their achievements. Tutors and instructors challenged low-level disruption and inappropriate language swiftly and effectively.

- 1.34 Prisoners working in a few prison industries did not receive realistic targets that reflected commercial practices to enable them to develop a professional work ethic. The development of prisoners' employability skills, including English and mathematics, was inconsistent across the provision. Prisoners did not have release on temporary licence opportunities to help them to develop their skills further in realistic workplaces or other environments.
- 1.35 Careers information, advice and guidance was limited until prisoners were 12 weeks from release. Peer mentors had completed accredited training and were used effectively.
- 1.36 Leaders and managers had recently introduced a new approach to delivering the curriculum which was logical and ambitious. It was currently too soon to judge the effectiveness of this change.
- 1.37 Leaders did not provide enough places in education, skills and work activities to ensure that all prisoners had access to learning and/or training. Far too many prisoners were unable to attend sessions because of staff shortages and when prison education framework staff were on leave. This affected their progress negatively.
- 1.38 Managers had very recently established external partnerships with companies who were willing to provide employment opportunities for prisoners on release. It was too early to judge the impact of this initiative.
- 1.39 Managers across education, skills and work worked effectively together to improve the quality of the provision. However, improvements in quality were not always rapid enough.

Rehabilitation and release planning

At the last inspection of HMP Lancaster Farms 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 reasonably good.

- 1.40 Work to help prisoners maintain contact with their families was good. Visiting arrangements had improved and family days had resumed. Partners of Prisoners (POPS, see Glossary) provided good support for families and prisoners could access numerous courses aimed at improving family ties.
- 1.41 There was effective joint working among the teams supporting resettlement. Prisoners had reasonable contact with their prison offender manager (POM) and most had had an offender assessment (OASys) completed within the previous 12 months. Prisoners were frustrated that they could not access some of the interventions that had

been identified to reduce their risk. The prison did not use release on temporary licence (RoTL) to support resettlement.

- 1.42 There were some weaknesses in public protection arrangements, but in most cases there was good communication between POMs and community offender managers (COMs) in preparation for release, including an appropriate focus on managing risk. Categorisation reviews were completed in a timely manner and most prisoners were transferred to category D prisons promptly.
- 1.43 The prison was commissioned to deliver the thinking skills programme but did not have enough staff to deliver it to all prisoners who needed it. There was no accredited programme for the many prisoners convicted of domestic abuse. Some prisoners had benefited from the Kainos programme (to develop pro-social thinking and behaviour) and a good range of non-accredited interventions.
- 1.44 Good systems were in place to assess and address prisoners' needs on release.

Notable positive practice

- 1.45 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.
- 1.46 Inspectors found three examples of notable positive practice during this inspection.
- 1.47 The opportunity for all prisoners to eat together improved well-being and brought a sense of normality to daily life. (See paragraph 4.5)
- 1.48 Through-care arrangements included close working ties with specialist housing providers who offered bespoke support to prisoners adhering to drug abstinence or maintenance regimes. Providers visited the prison regularly and actively engaged with prisoners to motivate them and reduce their likelihood of re-offending. (See paragraph 4.76)
- 1.49 The 180 Project offered opportunities to prisoners at risk of substance misuse or violence to improve their well-being and self-confidence through access to a fitness programme (CrossFit) while in custody and on release. (See paragraph 5.7)

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 Leaders had created a positive culture at Lancaster Farms. The atmosphere was calm, staff were respectful and the design of the establishment and grounds was conducive to safety and well-being.
- 2.3 Our prisoner survey was positive in some important areas of safety, respect and work to support family ties. The negative perceptions of the black and minority ethnic prisoners who responded to the survey and our findings on foreign nationals and prisoners with disabilities highlighted a need for leaders to drive the equality agenda more proactively.
- 2.4 Most staff who responded to our survey were positive and felt they had the skills necessary to do their job. However, a considerable majority of respondents thought that prisoners had enough time out of cell which conflicted with our findings. Leaders needed to raise staff expectations in this area if the purpose of the prison was to be fully realised.
- 2.5 Leaders had identified appropriate priorities in their self-assessment report, although work to deliver them, such as improving safety and key work, required more ambitious planning, targets and pace.
- 2.6 One of the priorities focused on providing a rehabilitative regime. Leaders collaborated well with most of their key partners, However, frequent staff shortages and inadequate cover arrangements prevented the delivery of regular and consistent education and training. There were limited accredited offending behaviour programmes, although this was partially mitigated by a number of imaginative non-accredited interventions and one-to-one work. It was disappointing that leaders in a category C prison did not support and encourage the use of ROTL to motivate prisoners and support their progression.
- 2.7 Leaders had introduced a range of creative initiatives, including the 180 Project which engaged small numbers of prisoners, including some with complex case histories. There were plans to extend the range of evening clubs and recreational activities to enrich the regime.
- 2.8 The level of officer vacancies was lower than at some prisons and staff sickness was at a low level, which was good. Despite this, some profiled work could not be delivered because of restricted duties, temporary promotion and new officers still in training. A new staff profile

was due to be implemented in September 2022 which, we were told, would extend key work and time out of cell.

- 2.9 Leaders were making improvements in a number of areas, such as promoting diversity and inclusion, rehabilitation and release planning, and decency. However, the self-assessment report needed to be more rigorous and self-analytical. There were, for example too few measurable targets, which could potentially undermine focus or continuous improvement. Leaders' perceptions were more positive than our findings in a number of areas. Given the opportunities presented by the design of the prison, the relative safety of the institution and an engaged workforce, it was in the gift of leaders to deliver swifter progress and a more ambitious, broader rehabilitative regime for their population.

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 Prisoners alighted from escort vans without handcuffs and were greeted by approachable reception staff. The reception area was dated and bare. The holding room where prisoners waited for their body scan was drab with little information and a television that did not work. There were no emergency call bells in the holding rooms and officers had limited oversight of prisoners during busy periods.



Reception waiting room

- 3.2 Most prisoners arrived at about 11am. They were searched on the body scanner and were not routinely strip-searched, which was proportionate. Reception shut down over the lunchtime period so prisoners arriving before lunchtime were moved into cells on the first night centre because there was nobody to supervise them in reception. However, there were no formal safeguards during the reception process to make sure that the safety of these prisoners was adequately assessed before they were locked up over lunch. This was more

prevalent on very busy days when staff had less time to identify concerns in their early conversations with prisoners.

- 3.3 There was no organised peer mentoring to support newly arrived prisoners. One prisoner worked in reception who was also a Listener (prisoners trained by the Samaritans to provide emotional support to fellow prisoners) but his job in reception was to assist with cleaning and organising kit rather than to provide welfare support systematically to each prisoner.
- 3.4 Prisoners returned to reception after the lunch period. They then received a private and thorough initial safety interview with a member of staff from the first night centre, who explored potential vulnerability with sensitivity. Prisoners could buy basic necessities from the prison shop and have a shower on their day of arrival.
- 3.5 Staff involved in the early days process had a welcoming manner and put prisoners at their ease. In our survey, 92% of prisoners said they were treated well in reception and 48% said that staff helped them with problems on arrival compared with 26% at similar prisons.
- 3.6 The first night centre was a small unit with a calm environment. Cells were clean but shabby. There was an association room for prisoners to use when out of their cells. Prisoners were checked four times during their first night and more frequently if necessary. In our survey, 91% of prisoners said they felt safe on their first night against the comparator of 78%.
- 3.7 Induction was delivered by a prison officer. Other departments were not involved and the lack of peer mentors during induction was a missed opportunity. A member of the chaplaincy and the substance misuse team visited all new arrivals. In our survey, 62% of prisoners said induction covered what they needed to know compared with 48% in similar prisons.
- 3.8 The regime on the first night centre was limited. Prisoners were unlocked for only an hour to exercise and complete domestic chores. Most prisoners were moved off the first night centre on their second day but those who had to wait longer had too little time out of cell.
- 3.9 After moving to a main residential unit, prisoners integrated with the existing population and there was little oversight of new arrivals as a cohort. Many new arrivals waited for weeks before being allocated to an activity and experienced a limited regime for a prolonged period.

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

- 3.10 During the 12 months leading up to the inspection, levels of violence had been 31% lower than at the previous inspection and were average for a category C prison. In our survey, 14% of prisoners told us that they felt unsafe and significantly fewer prisoners than at the previous inspection said they had been threatened, verbally abused or assaulted by other prisoners.
- 3.11 Incidents of violence had, however, been on a gradual upward trajectory since COVID restrictions had been lifted and the number of assaults on staff, albeit a small proportion of the total, had increased. Leaders had recently made more effort to understand the causes of violence, but had not taken sufficiently robust action in response to bullying and debt, identified as key drivers.
- 3.12 The culture of the prison was positive, safe and respectful and most prisoners behaved well. Relationships between staff and prisoners were good and reflected the ethos of keeping prisoners safe while recognising their individual needs and circumstances. However, improved access to work and education (see paragraph 5.12) and more effective use of traditional HMPPS processes, such as the formal incentives scheme, could provide yet more opportunities to motivate good behaviour.
- 3.13 A Prisons and Probation Ombudsman (PPO) investigation into a homicide at Lancaster Farms in 2019 had concluded that violence linked to debt was a contributory factor. Leaders had appropriately identified some measures to reduce the likelihood of prisoners building up debt, such as money management guidance and the ability to make emergency canteen purchases (including vapes) on arrival. These measures were not, however, robust or sufficiently innovative enough to address such a longstanding problem (see paragraph 3.34).
- 3.14 All violent incidents and allegations of bullying were investigated promptly and thoroughly using the challenge, support and intervention plan (CSIP, see Glossary). Appropriate prisoners were also discussed at weekly safety intervention meetings where good multidisciplinary attendance meant that staff from across the prison were aware of prisoners with the most complex or urgent needs.
- 3.15 Although CSIPs were used well to identify and monitor perpetrators and victims, the range of follow-up interventions to challenge poor behaviour or help those under threat to engage with the regime was too limited. Victims of violence were kept safe but did not receive support to help them address underlying problems or engage safely in the regime. Similarly, although perpetrators of violence and bullying were appropriately disciplined, the targets in their CSIPs were superficial and not sufficiently focused on changing their behaviour.

Adjudications

- 3.16 During the previous six months, there had been 978 adjudications compared with 2,171 in 2018. The adjudication process now appeared to be used appropriately. It was no longer routinely used to deal with minor infringements but focused on more serious issues. It was also to leaders' credit that very few adjudications did not proceed through to final conclusion (only 2%), which suggested that charges were legitimate and the process was timely.
- 3.17 Oversight of adjudications was reasonable and focused on improvement. Following the resumption of mandatory drug testing, rehabilitative adjudications had recently been introduced to offer support to prisoners who tested positive for illicit substances. Adjudicating governors were also encouraged to move away from issuing punishments that could worsen a prisoner's debt problems. Leaders had identified that too many referrals for the most serious offences were not followed through, which undermined their effectiveness as a deterrent. The safety department had sought the views of the police and independent adjudicator on how to improve the quality of referrals and were taking steps to address this.
- 3.18 The deputy governor quality assured 10% of adjudications and gave feedback to individual adjudicating governors as well as presenting her findings at the quarterly adjudication standards meeting.

Use of force

- 3.19 The use of force had reduced from the very high levels that we saw at the previous inspection. During the previous six months, there had been 129 incidents of use of force, about one-third of which involved low-level guiding holds.
- 3.20 Oversight had improved in most areas. A proactive use of force coordinator reviewed any video footage that was available, along with other records. Incidents were examined at well-attended monthly scrutiny meetings. Good practice was identified and shared, and most poor practice was addressed. The coordinator had updated the training programme to encourage more de-escalation and use of guiding holds for incidents occurring on the wings.
- 3.21 Despite some notable improvements in the oversight of force, the limited use by staff of body-worn cameras remained a serious problem for leaders. Prison records showed that body-worn video camera footage was available for only half the incidents over the past 12 months. Neither CCTV nor body-worn camera footage was available for any of the four occasions on which batons had been drawn, which was poor. Some of the footage was of poor quality, with the cameras facing in the wrong direction or incidents not fully captured. Leaders had not taken strong enough action to resolve this issue and could not be confident that all use of force was proportionate and necessary.

- 3.22 It was notable that special accommodation had been used five times in the previous 12 months given that some other similar prisons rarely relied on this austere form of custody. The uses recorded at Lancaster Farms had been appropriately authorised and prisoners were only kept in special accommodation for a short time.

Segregation

- 3.23 Despite efforts to improve the segregation unit, cells were stark. Murals had been painted on the communal landing area in the segregation unit and in the exercise yards, but the yards were small and resembled cages. Cells were reasonably equipped and prisoners were provided with a radio. In-cell telephones could only be used for a limited time in the afternoon and did not remain in prisoners' cells.



Segregation unit exercise yards

- 3.24 Prisoners had access to a basic regime including a shower and time in the fresh air, and they could collect all three meals from the servery. Prisoners did not engage in any meaningful activity on the unit, but they had access to books and distraction packs.
- 3.25 Staff had built a good rapport with prisoners. We observed friendly and informal interactions and, in our survey, all prisoners who said they had been segregated said that they were treated well by the staff.
- 3.26 During the previous six months, segregation had been used on 80 occasions compared with 200 at our previous inspection. The average length of stay was just under six days. Although written reintegration plans lacked detail, few prisoners were transferred out of segregation to other establishments, which was positive, and 88% were reintegrated into the prison.

- 3.27 Governance of segregation was improving with a refreshed safety team and better use of data. The meeting that provided oversight of segregation had recently been revised but was yet to generate improvement actions. There were weaknesses in documentation including unclear justification for continued segregation, reintegration plans that did not set meaningful targets, and records of reviews that suggested meetings lacked depth.

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.

- 3.28 Security arrangements were broadly proportionate for a category C prison, although there were still too few prisoners unlocked on wings, given the number of staff available to supervise them (see paragraph 4.3).
- 3.29 Positive staff-prisoner relationships and good investigations into violent incidents and allegations of bullying contributed to maintaining good order and ensuring a good flow of intelligence from wings to the security department (see paragraphs 4.1 and 3.14). A backlog of about 50 intelligence reports were awaiting processing at the time of the inspection while new staff were still in training. However, a triage system that identified the most urgent reports and generated a swift response mitigated this to some extent. Prison records indicated that most urgent reports were acted on within a day.
- 3.30 Leaders had identified the main threats and had plans to address them. For example, the security department had identified that a large number of new staff who were employed during COVID restrictions were unfamiliar with the operation of a full regime, which could present a risk. They had consulted staff on their training needs and ran short training sessions on topics including corruption prevention, searching, preservation of evidence and prisoner movement. Security department staff had recently undertaken training in how to improve the analysis of intelligence to assist leaders in identifying key risks and threats.
- 3.31 Since the last inspection, additional measures had been introduced to prevent the ingress of contraband, including enhanced gate security, additional netting and an upgraded CCTV system. Despite this, illicit substances were still too prevalent around the prison. In our survey, 24% of prisoners said it was easy to get illicit drugs at the prison and 25% of mandatory random drug tests in the month before the inspection were positive for illicit substances. Leaders from across the prison were responding to this continuing threat (see paragraph 4.75). There were reasonably good links between security and the substance misuse service. Rehabilitative adjudications (see paragraph 3.17) and

suspicion drug testing had resumed shortly before the inspection and there was a dedicated corruption prevention staff member in the security department. However, there remained a need for continued multidisciplinary work to identify gaps, coordinate work and find robust solutions to the continuing threat of drugs.

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

- 3.32 There had been five deaths since our last inspection, three from natural causes, one non-natural and one which had been classed as a homicide. A prisoner had been charged with manslaughter following a fatal assault which the Prison and Probation Ombudsman's report had found to be associated with debt and bullying (see paragraph 3.13). There had been no self-inflicted deaths since our last inspection.
- 3.33 Recorded levels of self-harm were similar to the previous inspection. However, during the previous six months there had been an increase in self-harm incidents, 42% of which were attributable to three individuals. Not all incidents of serious self-harm had been investigated, although more recent investigations had improved in quality and depth.
- 3.34 Debt and boredom had been identified as the main reasons for self-harm, but the current action plan did not address this adequately. The strategy to address debt problems was too limited to be effective and consisted mainly of information sharing and building awareness of money management. We reviewed a sample of prisoners who had been on ACCTs (assessment, care in custody and teamwork case management of prisoners at risk of suicide and self-harm) and found that one-third of these prisoners had not been allocated to an activity. This was compounded by the poor regime and too many prisoners at risk of self-harm spent long periods locked up.
- 3.35 Leaders used ACCT case management as the primary tool to work with prisoners at risk of self-harm or suicide. Prisoners with experience of ACCTs spoke of a good level of care and compassion from staff. ACCT documentation was not, however, of a good enough standard, with too many care plans missing or poorly completed. If targets were recorded, they did not address the underlying reasons for self-harming behaviour. The quality assurance process had identified this but had not yet been effective in improving the quality of ACCTs. Despite the introduction of positive initiatives such as the 180 Project (see paragraph 5.7), we found no evidence of case managers using such initiatives creatively with prisoners at risk of self-harm.

- 3.36 There were some good examples of multidisciplinary work for individuals with higher levels of need, for example through the weekly safety intervention meeting. In two cases, leaders had arranged separate multidisciplinary meetings to discuss prisoners with particularly complex cases.
- 3.37 At the time of our inspection, four prisoners had been trained as Listeners (trained by the Samaritans to provide emotional support to fellow prisoners) and five more were due to complete their training in the near future. Listeners told us they felt well supported by prison leaders and the Samaritans. There was one Listeners' suite on the first night centre, but Listeners often made use of other spaces on the wings. The Samaritans free hotline had been used an average of 92 times a month and was well signposted across the prison.
- 3.38 The monthly meeting designed to devise and drive the safety agenda included a better use of data in recent months, although it was too early to identify trends to inform a more effective strategy to reduce self-harm. A safety summit had taken place in June 2022 which included focus groups with staff and prisoners to explore the reasons for violence and self-harm. Two months later, leaders were still in the process of drafting an action plan in response to this. Lessons learned through the investigation of incidents were not shared comprehensively with operational staff.

Protection of adults at risk (see Glossary)

- 3.39 There was no local safeguarding policy or detailed guidance on how to raise safeguarding concerns. The nominated manager responsible for adult safeguarding was not well known by staff. A representative from a nearby prison had attended previous local adult safeguarding board meetings but leaders could not access minutes easily and information was not effectively cascaded. Most staff we spoke to said they would escalate safeguarding concerns through safer custody. No advice had been sought or referrals made to the local adult safeguarding board.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

- 4.1 In our survey, 80% of prisoners said that staff treated them with respect and 83% that they had a member of staff they could turn to with a problem, compared with 70% and 68% respectively in similar prisons. We saw interactions that were polite, friendly, and helpful. Prisoners and staff worked positively together on the 180 Project (see paragraph 5.7). There were some missed opportunities to develop relationships or to assist prisoners. We frequently found staff on chairs outside offices supervising small groups of cleaners while too many prisoners remained locked in their cells.
- 4.2 The benefits and opportunities offered through structured peer support were not exploited to their full potential. Some traditional peer support roles were in place to motivate and engage prisoners, including education mentors, equality representatives and prisoner information support workers, but the scheme had not been extended to early days work or support for safety. Some unpaid roles such as helping to care for prisoners with disabilities or social care needs were not sufficiently structured or monitored.
- 4.3 In our survey, 84% of respondents said that they had a named key worker compared with 68% at comparator prisons. However, the actual delivery of key work to develop relationships and provide more meaningful support was inconsistent. Key work interactions did take place, but not always in a private location, and they were often limited to short conversations on landings. There were times during the day when many prisoners were locked in cells while there appeared to be sufficient staff available to deliver key work. Senior leaders were aware of the shortfalls in this area and a designated manager was due to take up post in the near future to oversee delivery improvement.

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

- 4.4 The grounds were spacious, well maintained and promoted well-being. Some exercise yards were small, but they contained fixed exercise equipment which was welcomed by prisoners.



Pleasant outside areas

- 4.5 Residential areas were well designed with large, open, well-equipped association atriums and good ingress of natural light. Prisoners could eat their meals together which encouraged socialisation and supported a community ethos. It also meant that prisoners did not have to eat in their cells next to their toilets.



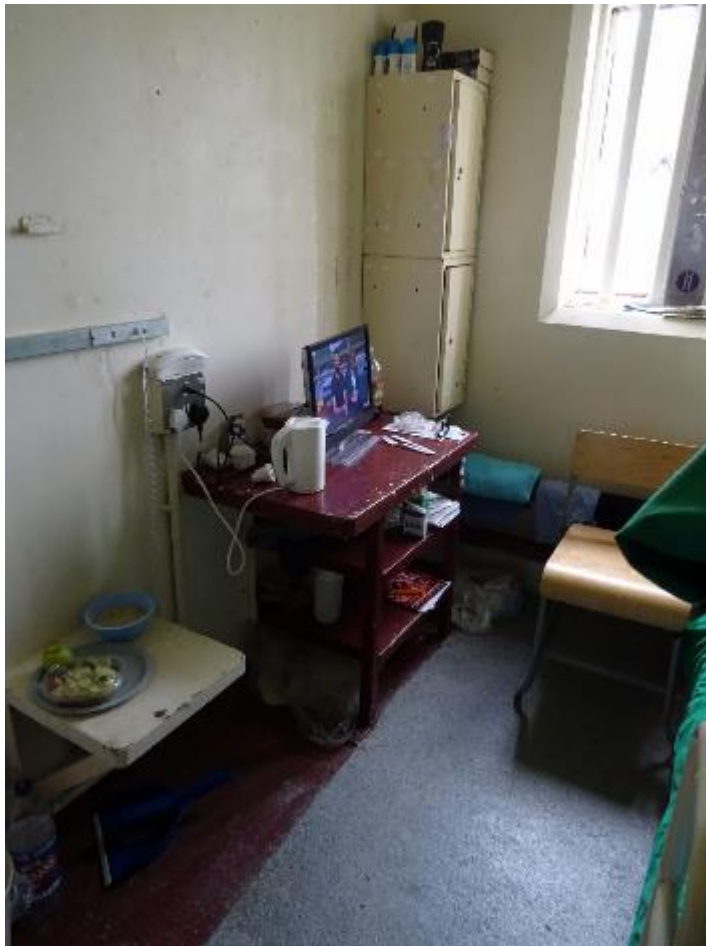
Association/dining out area

- 4.6 Most prisoners lived in single cells that were adequately equipped, although we did find some with no cupboards or chairs. Many windows did not open which made conditions very hot during the hot summer and protracted periods of lock-up. Fans were not issued to alleviate these poor conditions, although prisoners with sufficient funds could buy their own. The linoleum flooring in some cells was damaged, often due to water ingress.



Poor flooring in cell

- 4.7 About 70 cells (approximately 14% of the population) continued to be used to house two prisoners. These cells remained inadequate for two people, as we reported at previous inspections. The cells offered no privacy, very few had screening around the toilet and some prisoners were using bedding to improvise. Prisoners sharing a single cell often had to choose between furniture or space as there was not enough room for both in the cell.



Crowded double cell

- 4.8 There had been welcome improvements to the showers and most were now adequately screened. A programme of refurbishment was in progress to make further improvements to shower areas across the prison. Most cells had benefited from in-cell telephones which helped prisoners to maintain family contact.
- 4.9 Supply issues in HMPPS had affected the provision of some basic items, such as clothing. Most prisoners had access to sufficient items, but certain items such as larger tracksuit tops had not been available for several weeks. This had been exacerbated by staff shortages at HMP Haverigg which provided the laundry service. There had been no laundry exchange during the two weeks before our inspection, which was not acceptable.

Residential services

- 4.10 In our survey, 61% of prisoners were positive about the food against the comparator of 41%. Much of the food was produced and cooked fresh on site, including freshly made bread rolls.
- 4.11 Food choices catered for all dietary requirements. A hot choice at lunch time was welcomed and included homemade soup and pasties. With the exception of the standard HMPPS breakfast pack, the quantity and quality of the food was reasonably good. The catering manager and an

experienced team welcomed consultation with prisoners to influence the menu.

- 4.12 The main prison kitchen was clean with adequate equipment, although two of the three boilers had been out of service for several weeks.
- 4.13 Prisoners serving food did not always wear the correct personal protective clothing and wing serveries were not always cleaned before evening lock-up. Staff had not been completing basic food hygiene procedures, such as temperature checks, for several weeks.
- 4.14 Prisoners had access to only very limited grills and microwaves on each wing to enable some self-catering, which was disappointing in a category C prison.
- 4.15 Most prisoners could buy a reasonable range of products through the canteen (but see paragraph 4.31), although increased costs had made some items difficult to afford, particularly for those who did not receive money from family. Shop orders were delivered to cell doors to remove the opportunity for bullying and, when catalogue orders arrived, they were issued promptly.

Prisoner consultation, applications and redress

- 4.16 Consultation arrangements with prisoners had restarted in March 2022. Wing forums were irregular and the quality was inconsistent, but the main prison-wide consultation forum was more established. Each wing had appointed a prisoner representative who contributed to the meeting where a range of topics were discussed. There was good attendance by prisoners and managers, but the records of the meeting were poor and did not demonstrate meaningful progress on the issues raised. Although prisoners valued the opportunity to have their voices heard, they could not articulate how this led to positive change.
- 4.17 Leaders had also consulted prisoners through a survey and more recently a safety summit, although the outcome of this was yet to be shared, two months after the event (see paragraph 3.38).
- 4.18 Application forms were readily available on all wings. In our survey, 86% of prisoners said it was easy for them to make an application compared with 73% at similar prisons. Incoming application forms were logged, but they were not tracked or monitored to completion which undermined the process. There was no formal quality assurance of the applications process.
- 4.19 The number of complaints was declining but still high compared to other resettlement prisons. During the previous 12 months, there had been 1,560 complaints compared with 1,790 at the previous inspection.
- 4.20 Prisoners had little confidence in the complaints system. In our survey only 33% felt that complaints were usually dealt with fairly. Responses were usually adequate, although some failed to address all the issues raised. In a number of cases, prisoners had submitted a complaint under the category 'discrimination', but the prison rerouted it to the

general complaint process because it was not deemed to fit the 'discrimination' criteria. Unfortunately, due to failures in the general complaint system, they were not subsequently investigated or responded to.

- 4.21 Complaints were tracked to monitor completion and reviewed by managers each month, with feedback provided to the investigating officer. A brief record of complaints data was provided at senior management meetings, but it was not clear how this was analysed or used to reduce the high number of complaints or to improve the quality of responses.
- 4.22 Legal rights arrangements were not good enough. Access to suitable private legal visit facilities did not meet the needs of the population. With only six booths and two afternoons a week allocated for legal visits, there were delays of up to several weeks for legal visit bookings. This was reflected in our survey where only 47% of prisoners said that it was easy to attend legal visits. A range of legal texts were available in the prison library, but there were no dedicated laptops or computers to access information on legal rights.

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 Work to ensure equality and fairness at Lancaster Farms had not been prioritised until very recently. Senior management leads had been identified for each of the protected characteristic groups (see Glossary) and for veterans but there was little evidence that they had taken any meaningful action in their roles or made any significant progress. A new diversity and inclusion manager had recently been appointed and had begun to introduce measures with the potential to improve outcomes if leaders demonstrated appropriate commitment and support to the equality agenda.
- 4.24 A local policy in draft form provided detailed guidance on processes and set out expectations and action to take in the event of discrimination. The policy had yet to be published and there was no current plan for the promotion of equality.
- 4.25 The first multidisciplinary equality meeting of 2022 had been held in June, but only three had occurred since the start of 2021 which was not frequent enough to drive the equality agenda effectively. Some up-to-date equality monitoring data were now reviewed in this forum, but

there was no systematic monitoring of access to work for prisoners in protected groups which was a concerning omission.

- 4.26 A very limited number of consultation forums for prisoners in some of the protected groups had restarted only very recently. Attendance had been good, a broad range of topics were discussed, and there was appropriate action planning.
- 4.27 Prisoners expressed very little confidence in the process of submitting discrimination incident reporting forms (DIRFs). During the 12 months to June 2022, 23 DIRFs had been submitted, of which only four had been upheld. Responses were detailed and polite but did not always address the issues raised. DIRFs that had been recategorised as complaints during initial processing were not routinely investigated under the complaints process (see paragraph 4.20).
- 4.28 Some equality peer representatives had recently been appointed, but more were needed. The equality representatives had not been provided with any training to understand their remit.
- 4.29 In our survey, with the exception of prisoners from a black and minority ethnic background, prisoners from protected groups reported few significant differences in perceptions of life at Lancaster Farms. However, given the weaknesses in the structural safeguards described above, this could not be relied on as an assurance of fairness and equality.

Protected characteristics

- 4.30 Approximately 12% of the population were from a black and minority ethnic background. In our survey, these prisoners responded more negatively in some important areas: Significantly fewer black and minority ethnic prisoners said they could lead a healthy lifestyle in relation to their physical, mental, emotional and social well-being: 32% compared to 68% of white prisoners.
- 4.31 Anecdotally we were told about racist language from a small number of prisoners and a member of staff. The vast majority of prison staff were white, but when we spoke to managers and staff about this, there appeared to be a lack of understanding of how this could make black and minority ethnic prisoners feel marginalized. Only one consultation forum had been held with this group (see paragraph 4.26) and, while this meeting was quite productive, a more robust response was needed to understand the experiences and perceptions of black and minority ethnic prisoners living at Lancaster Farms.
- 4.32 The prison held a small number of foreign national prisoners at the time of the inspection. Interpreting services had been used for non-English speaking prisoners on 37 occasions over the last 12 months, demonstrating a need for targeted support. Despite this, access to free independent immigration advice was poor and there were no Home Office immigration surgeries. The prison had not appointed a dedicated

lead and there had been no consultation with this small group to explore the issues they might face.

- 4.33 There were some weaknesses in the identification and treatment of prisoners with physical disabilities. Some prisoners with mobility problems who required physical support to complete daily tasks were overlooked. Suitable care plans had not been drawn up and prisoners who acted as carers were not trained appropriately (see paragraph 4.65). We encountered two prisoners who had taken it upon themselves to provide support to their peers because it had not been provided by the prison. There was little support on the wings for prisoners with less visible disabilities, such as autism and ADHD. Wing staff did not always know which prisoners had a personal emergency evacuation plan (PEEP) and during our night visit none of the staff could identify prisoners with a PEEP.
- 4.34 Only a small number of prisoners had identified themselves as being from a Gypsy, Roma or Traveller community, and support for this group was very limited. Similarly, very few prisoners had declared their sexuality and there was no proactive effort to challenge homophobia or to create an atmosphere where prisoners could be open about their sexuality. Work to understand the behaviour and needs of the young adult population was in its infancy.

Faith and religion

- 4.35 The chaplaincy had continued to provide valuable face-to-face support to prisoners of all faiths. Communal worship was now running appropriately following the lifting of COVID regime restrictions and attendance was good. In our survey, 88% of prisoners said they could attend religious services compared with 65% at similar prisons. Prisoners who were harder to reach, such as those in segregation, were granted permission to attend on a case-by-case basis. Weekly study classes enabled more targeted discussion and exploration of faith.
- 4.36 A large, well-decorated chapel was used for a range of services and an equally spacious multi-faith room could be divided into three separate rooms for services of different faiths to take place at the same time.



Chapel

- 4.37 Chaplaincy staff provided valuable pastoral care to all prisoners, including those who had experienced significant life events, such as a bereavement. During the previous 12 months, 220 prisoners had received bereavement support and counselling.
- 4.38 The chaplaincy was well integrated into the prison and members of the team attended key meetings such as ACCT reviews. The managing chaplain attended senior management meetings, provided support to other departments and was keen to find ways to work collaboratively to improve chaplaincy services. There was evidence of good partnership working with community agencies.

Health, well-being and social care

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

- 4.39 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies.

Strategy, clinical governance and partnerships

- 4.40 NHS England (NHSE) commissioned Spectrum Community Health CIC to deliver health care services. They were supported by Tees, Esk and

Wear NHS Foundation Trust who provided specialist mental health services and Redbridge Associates Ltd who delivered dental services.

- 4.41 Quarterly partnership boards took place at a regional level and local delivery board meetings were well attended and included local authority representation. The health care service provider had a good relationship with the prison and worked closely with the prison health governor. However, local operational issues such as delays in getting prisoners to appointments were a long-standing problem. Other concerns, such as the long wait to see a dentist, were not always clearly reported to the delivery board, for example in August 2022 a 26-week wait was reported as a 26-day wait.
- 4.42 Governance structures were in place, but some local oversight needed strengthening (see paragraphs 4.52 and 4.53).
- 4.43 Access to and the quality of health care services were reasonably good. Staff were on site during the day and on-call arrangements were available at night for advice. Funding had been secured for additional staff who were being recruited. There were considerable staff shortages in the administrative team which affected the completion of some tasks, but these were prioritised based on patient need.
- 4.44 There was oversight of gaps in training and learning activity was scheduled into staff rosters. Supervision sessions enabled reviews of case loads and reflective practice and most staff were visible and accessible to prisoners.
- 4.45 The health care unit was clean, but clinical space was limited and staff were using rooms without sinks during busy periods. The infection and prevention control audit required review and a local outbreak control policy dated 2018 needed updating.
- 4.46 Daily handovers and fortnightly safety huddles provided an opportunity for sharing priority patient information and service updates. Clinical records were of a reasonable standard and all services used a single clinical record on SystemOne (the electronic clinical information system).
- 4.47 The reporting and investigation of clinical incidents was robust. Learning from this was shared with staff, including through a newsletter produced by the health service provider.
- 4.48 There was evidence of progress with implementing the health recommendations in Prisons and Probation Ombudsman death-in-custody reports (see paragraph 3.32).
- 4.49 Nursing staff were trained to deliver immediate life support and two paramedics enhanced the arrangements for emergency response. Resuscitation equipment was suitable, although not all equipment checks were recorded each day which carried risks. The emergency bag weighed 14.5kg which was heavy to carry upstairs.
- 4.50 There was a confidential complaints system, but not all wings had easy access to complaint forms. The responses that we sampled had an

average response time of 30 days which was too long. Responses were not patient centred and some complaints were not upheld even when the health provider felt the complaint was valid but had not been their direct responsibility.

- 4.51 There was no patient consultation but an advocacy service was advertised, which was positive.

Promoting health and well-being

- 4.52 There was no whole-prison health promotion strategy and no health promotion events linked to the national health awareness calendar. Health service information was displayed across the prison, although not enough was displayed in languages other than English.
- 4.53 A comprehensive outbreak control plan supported the management of COVID-19 outbreaks. Blood-borne virus testing, vaccination and screening programmes were available, including age-related health checks and smoking cessation services. Health education resources could be accessed in the library and the gym delivered two to three remedial gym classes for prisoners with additional needs.
- 4.54 Professional telephone interpreting services were available for health care appointments, but use of interpretation was not monitored.
- 4.55 Prisoners had access to a sexual health nurse and barrier protection was available, but not well advertised.

Primary care and inpatient services

- 4.56 The introduction of the template on SystmOne had strengthened reception screening processes. Assessments that we reviewed identified prisoners' individual needs and onward referrals were made where necessary. A secondary health screen was completed within seven days.
- 4.57 Prisoners used a paper application to request health appointments and the clinical triage of applications and onward allocation to an appropriate clinic were effective. However, confirmation of the outcome of an application was often not received until one or two days before a scheduled appointment, which caused prisoners some frustration.
- 4.58 Effective oversight of triage processes and waiting lists had contributed to a reduction in wait times for the GP to less than three weeks which was an improvement on our last inspection. Wait times for most clinics were reasonable. There were short delays in re-prescribing medicines when prescribers were not available. Spectrum Community Health CIC had started to address the shortfall using remote regional support.
- 4.59 The number of prisoners who did not attend appointments had considerably improved following the relaxation of COVID restrictions, although other regime restrictions continued to contribute to delays in prisoners arriving for their appointments. The limited number of

appropriate clinical areas and over-running of clinics meant that some prisoners' appointments had to be rebooked.

- 4.60 Health administrators managed external health care appointments well, although considerable staff shortages sometimes prevented a timely follow-up of results. Only two escort slots were available each day which was not enough. About 44% of appointments had been cancelled by the prison, health care department or the prisoner between April and July 2022. The high ratio of cancelled clinics presented a risk that access to external services would not always meet community-equivalent waiting times and could affect a prisoner's health.
- 4.61 Patients with long-term conditions received person-centred, holistic care which was regularly reviewed. At the time of our inspection, no prisoner was receiving palliative care. A formal pathway for joint working with the local hospice had still not been established but a meeting was planned to develop a pathway following the identification of a patient who was likely to meet the end-of-life care criteria.
- 4.62 Pre-discharge clinics run by pharmacy technicians were good. With a prisoner's consent, health records were transferred to their previous GP or they were given information on how to register with a local GP. Appropriate prisoners were booked to see their substance misuse key worker before release and they received a reasonable supply of medication to take with them.

Social care

- 4.63 There was a memorandum of understanding between HMP Lancaster Farms, Spectrum Community Health CIC and Lancashire City Council which was due for review in 2022. Partners met regularly to discuss service provision and any concerns.
- 4.64 Health care staff made appropriate referrals and most assessments were carried out in a timely manner. Some referrals were not made immediately when needs were identified, although health care staff supported patients in the interim. Administration staff monitored the local authority response times from initial referral to assessment. At the time of the inspection no patients were receiving a package of social care (see Glossary).
- 4.65 Peer workers (known as carers) supported some prisoners with non-personal care needs, although one prisoner was found to be receiving informal personal care from another prisoner. This information had not been shared effectively and there was no formal recruitment, training or oversight of peer workers to ensure they understood their responsibilities, which posed a risk. A bid had been placed with a local charity to deliver training and support to peer workers.
- 4.66 Equipment was obtained efficiently from the occupational therapy service or the provider. Prisoners with restricted mobility or impaired communication could summon assistance in an emergency if required.

- 4.67 The local authority social worker and health care staff provided liaison and support to patients and continuing social care needs were communicated effectively before transfer or release.

Mental health care

- 4.68 Tees, Esk and Wear NHS Foundation Trust (TEWs) delivered specialist mental health services on weekdays, supported by a Spectrum CIC primary care nurse, Rethink (mental health charity) psychological therapy services and 'Outspoken', a trauma-focused support service.
- 4.69 About 80 referrals were received each month who were routinely seen within four working days. Urgent cases were reviewed on the day by a duty worker, which included attending all initial ACCT reviews. A multidisciplinary team reviewed new cases each week and patients were assigned to practitioners based on need and risk. However, not all services were represented at this meeting (including psychiatry).
- 4.70 Additional resources had been made available in recognition of the pressure on mental health staff. This investment had started to make an impact but still had some way to go. Services available to prisoners included directed self-help, workbooks, counselling, specialist psychology support and access to psychiatry and mental health nurses. Group work had ceased during the pandemic and it was recognised that greater collaboration between TEWs, Rethink and the Spectrum substance misuse team would help to re-establish this support. The clinical psychologist had made a considerable impact, but there were still long waits for therapeutic support for prisoners with common mental health problems such as anxiety and mood disorders. There was space for therapeutic services in Coniston 2 and in the health care department, but facilities on the wings were poor.
- 4.71 There were no exclusion criteria, although support for prisoners with a learning disability and personality disorder was more limited, while medical intervention and prescribing medication for prisoners with ADHD had improved. Differences between psychiatry and GPs over shared care arrangements and prescribing practice were being addressed through a review of the existing 'shared-care' protocol.
- 4.72 Patient records were of a good standard, with assessments, care plans and regular reviews evident in all the samples that we examined. Few patients were subject to formal care programme approach arrangements, but this support was delivered and included routine physical health care checks. Few patients had required transfer to hospital for treatment under the Mental Health Act, but during the previous six months two individuals had been moved to Manchester and Preston prisons pending such transfer, which was no substitute for prompt transfer to hospital. Pre-release support was provided and links with the offender management unit and community agencies were well established.

Substance misuse treatment

- 4.73 Spectrum Community Health CIC delivered clinical treatment and psychosocial support to prisoners with addiction problems. Joint working with the prison had resulted in the introduction of rehabilitative adjudications (see paragraph 3.17). Coniston 1, designated as an incentivised drug-free living unit, was valued by prisoners, although further work was required to develop this environment, including enhancing the selection and training of officers.
- 4.74 Prisoners arriving on opiate substitution treatment had benefited from earlier detoxification and stabilisation. These prisoners were all seen and re-assessed by a single clinical lead to review the existing treatment plan. Clinical staff were stretched and this one post holder had a heavy caseload of 74 patients while also undertaking general medicine administration. Nevertheless, care was evidence based and tailored to individual patients who were involved in decisions about their care. At the time of the inspection, prescribing was facilitated by a single GP with a specialist interest, with potential for delays in implementing recommended changes in treatment. Notably, patients could receive Buvidal (a slow-release opiate substitute injection), which was a positive initiative curtailing the need to take daily oral medicines.
- 4.75 Every prisoner was offered support with substance misuse problems by the psychosocial team and advised how they could self-refer. At the time of the inspection, support was being provided to 202 prisoners and included harm minimisation advice, self-directed help including use of workbooks, one-to-one work, group sessions (including programmes designed to enhance individual competence in managing family relationships) and pre-release targeted support. There were a small number of vacancies in the psychosocial team. Caseloads were high and priority was given to patients receiving treatment and/or preparing for release. This had led to some short waits for non-urgent care, but these were reducing and support for prisoners was good. The team was competent and motivated and prisoners we spoke to valued this support. Mutual aid such as Alcoholics Anonymous and Narcotics Anonymous had ceased during the pandemic but was being reintroduced. Peer mentors were enthusiastic and committed but there were not enough to deliver a full service to all prisoners.
- 4.76 Pre-release planning was well coordinated by case workers and arrangements were made to make sure that treatment was maintained after release. Naloxone treatment (to prevent opiate overdose) was routinely provided and included basic life support, which was impressive. In addition, a through-care practitioner was working with specialist housing providers to offer bespoke support to prisoners adhering to abstinence or maintenance regimes.

Medicines optimisation and pharmacy services

- 4.77 The pharmacy delivered an adequate level of service. Medicines were dispensed remotely by Lloyds Pharmacy as patient named items and were appropriately labelled. However, some non-in-possession

medicines were administered from stock because of high costs. This was not good practice.

- 4.78 Medicines were stored adequately and transported securely and temperature sensitive medicines were kept in a fridge, which was monitored. Controlled drugs were generally well managed and audited at regular intervals and the prescribing of tradeable medicines was well controlled and appropriate to need. A range of emergency medicines were available to allow patients access to medicines out of hours, but there were no reconciliation procedures on the wings for stock medicines. There were some pharmacy-led clinics such as smoking cessation and discharge clinics, but medicine reviews were on hold due to staff shortages. Staff reported and reviewed incidents appropriately.
- 4.79 Prescribing and administration was completed on SystmOne and risk assessments were attached. About 77% of patients received their medicines in possession but 25% of them had not had their in-possession risk assessment reviewed. Medicines were administered twice a day but there was no provision for night-time administration, which was either given in possession or at 4pm which negated therapeutic benefit. Supervision by officers of the medicine queues was inconsistent and we observed poor control in the health care department. The number and proximity of patients in the queues compromised dignity and privacy. ID cards were checked when patients presented for their medicines.
- 4.80 Not all patients were supplied with lockable storage boxes for their medicines. Pharmacy technicians supported officers in carrying out intelligence-led cell checks. There were procedures to monitor patient compliance and patients who did not attend for medication were followed up appropriately. Medication was provided appropriately for patients being discharged or transferred.
- 4.81 A health care partnership meeting was held regularly with representation from pharmacy staff. The team also contributed to drug and therapeutic meetings at a local and regional level.

Dental services and oral health

- 4.82 Redbridge Associates Ltd was commissioned to deliver dental services. At the time of the inspection, the waiting list for an appointment was 26 weeks with 124 patients on the list, which was unacceptable. Wait times had been compounded by COVID restrictions and a faulty dental chair. Since June 2022, an additional one-day session had been added to address the backlog and a slight reduction had been achieved.
- 4.83 Urgent care was provided within 48 hours and the triage of prisoners with suspected abscess or infection led to timely prescribing of antibiotics to minimise the risk of delay in their treatment and care. Nevertheless, in our survey, only 12% of prisoners said it was easy to see a dentist which reflected our observations.

- 4.84 Oral health promotion was delivered during appointments and oral health packs were given to prisoners on reception together with a range of leaflets to support self-management.
- 4.85 The dental surgery was equipped and maintained to community NHS standards, with separate decontamination facilities. Governance was sound. Equipment was fully maintained and all safety certificates were up to date. The dental clinic largely met infection control standards, although the floor required repair and was added to the health care infection and prevention control action plan during our inspection.

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 Most prisoners who went to work or education every day received good time out of cell, but the provision of work and education was limited and too many prisoners remained locked up for longer than necessary. In our roll checks, we found that 24% of prisoners were locked in their cells and just 27% were off the wings in some form of training or education. During the week of the inspection there was only enough full-time education and vocational training for about a third of the population, which was poor for a category C training prison (see paragraph 5.13).
- 5.2 Prisoners could have additional time out of cell for what was termed structured on wing activities but, in reality, this just meant that staff unlocked fewer prisoners for shorter periods to associate with their peers.
- 5.3 At weekends, time out of cell was poor with just under four hours a day if there were no regime curtailments.
- 5.4 Despite this, in our survey, 16% of respondents compared with 40% in similar prisons said they usually spent less than two hours out of their cell on a typical weekday. Prisoners were unlocked for longer periods at mealtimes than we find in some other prisons and they could eat together at communal tables (see paragraph 4.5).
- 5.5 In addition to time out to socialise with peers (see paragraph 5.2), a small number of prisoners could take part in some newly introduced enrichment activities. For example, the prison was piloting an impressive partnership initiative with the community 180 Project, targeting a small number of prisoners at risk of substance misuse or violence to create a transition pathway for their release (see paragraph 6.29). Leaders had also launched The Duke of Edinburgh Award scheme, which was encouraging (see paragraph 6.32).
- 5.6 PE provision was adequate and most prisoners were able to use the gym at least once a week. PE staff had started to deliver accredited training such as the Active IQ healthy living programme at level one and emergency first aid. There were positive links with Morecombe Football Club through the community Football Association Twinning

project. Data on accredited training were available, but there was not enough analysis of routine attendance to ensure equality of access. There was no consultation with prisoners to inform gym provision.

- 5.7 The sports hall and weights area were well equipped, and the prison had benefited from substantial investment from the 180 Project. Access to outdoor activities was disappointing. There was no record of the AstroTurf pitch being used in the last 12 months and the outdoor running activity was no longer offered.



Gym equipment supplied by 180 Project

- 5.8 Seventy-two percent of prisoners in our survey said they could access the library at least once a week compared with 31% in similar prisons. We found that employed prisoners had regular access to a well-stocked library but those who were not engaged in activity did not. The introduction of peer-led wing libraries was designed to mitigate this, but not all were of an adequate standard and they were no substitute for the community ethos and value provided by a central library with trained librarians.
- 5.9 The library was managed by Lancaster County Council library services and was a bright, pleasant and well stocked facility. Library staff offered a range of services such as access to HMPPS frameworks and instructions, but there were still not enough computers for prisoners to undertake private study or research.
- 5.10 The library still supported a weekly Storybook Dads course (for prisoners to record stories to send to their children) which produced about 10 recordings each month. The registered charity, the Prison Reading Group, also supported the Raising Readers campaign, where prisoners could send a book to their children and use the same book to

read stories over the phone or during visits. HMPPS budget restraints had affected some aspects of library services. For example, the Reading Ahead six book challenge had been paused and there was no prison officer cover on Saturday mornings which further restricted access to the library for prisoners who were unemployed.

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:	Requires improvement
Quality of education:	Requires improvement
Behaviour and attitudes:	Requires improvement
Personal development:	Requires improvement
Leadership and management:	Requires improvement

5.12 Leaders had recently re-designed the curriculum to better meet the needs of the prison population. The purpose of these changes was to make sure that education, skills and work activities were a priority across the prison and that they fully supported prisoners to gain employment on release. The newly constructed curriculum was logical and ambitious. It linked directly to a new pay structure that was fair and equitable and aimed to incentivise prisoners to progress through levels of learning and training and to aspire to qualify as peer mentors. However, it was too soon to judge the effectiveness of the new

curriculum. A significant minority of prisoners and prison staff had yet to understand this new approach fully.

- 5.13 The number of education, skills and work activity places was too low for a resettlement prison. About a third of prisoners were unemployed and remained locked in their cells during the working day. While prison managers had planned to increase the number of prison workshops and the volume of work over the next few months, there was not enough work at the time of the inspection. Too many vocational training and prison workshops were closed, mostly due to staff shortages or leave.
- 5.14 Due to transitional arrangements, the allocations process was not yet aligned to the new curriculum model. Too many prisoners remained on programmes beyond the planned end date, particularly in vocational training. Consequently, other prisoners were prevented from attending education and training opportunities that would help them to gain employment or further learning/training on release or transfer. Too few prisoners gained employment on release.
- 5.15 Leaders and managers across education, skills and work activities collaborated effectively to manage and improve the quality of the curriculum. They had identified accurately most of the strengths and weaknesses in the provision. Leaders ensured that all staff understood the importance of prisoners' attendance at education, skills and work activities and contributed to the quality meetings. However, quality improvements were not always implemented rapidly enough and often focused on improving processes rather than prisoners' learning and training experiences. Leaders had only partially implemented a significant minority of recommendations from the previous inspection and had not achieved some of them.
- 5.16 The virtual campus (prisoner access to community education, training and employment opportunities via the internet) was not used sufficiently to broaden prisoners' wider knowledge or to help them to identify employment options for their release. Prisoners used the virtual campus mostly to develop their digital learning plans during their induction or in the newly created employment hub (see paragraph 6.32). However, this facility was only available to prisoners who were 12 weeks away from release.
- 5.17 Prisoners did not benefit from effective careers information, advice and guidance during their education, skills and work programmes. Initial information, advice and guidance did not help prisoners to understand fully the activities available to them and how these linked to their future ambitions and career goals. In too many instances, prisoners waited more than three weeks for their induction.
- 5.18 The majority of teaching staff planned and sequenced the vocational and work curricula logically to build prisoners' knowledge, skills and behaviours over time. In catering, prisoners benefited from a level 2 barista qualification that provided them with a greater breadth of catering skills and helped them to be better prepared for future

employment. However, in motor vehicles, leaders had taken far too long to arrange the servicing of key specialist equipment. Consequently, prisoners repeated the same activities while waiting to develop the broader skills they needed to achieve the light vehicle maintenance qualification.

- 5.19 Most teaching staff identified appropriately what prisoners already knew and could do at the start of their programmes. However, they did not use this information to develop individualised learning for prisoners. In English and mathematics, most tutors used these assessments to determine the level of the course that prisoners were allocated to rather than personalise learning to rectify prisoners' knowledge gaps in these subjects.
- 5.20 The majority of teaching staff taught and explained their subject in a clear, easy-to-understand manner. They checked on learning frequently and took appropriate opportunities to reinforce key factors and concepts. Tutors and trainers challenged prisoners to explain and justify what they were doing and why. For example, in catering, trainers questioned prisoners on their understanding of why they made a 'velouté' rather than a sauce with milk. In bench joinery, prisoners used the knowledge and skills that they had learned to produce high-quality furniture for their families and prison officers. However, too many tutors and trainers focused on teaching to a test or qualification. The continuous use of workbooks and practice tests did not enthuse or engage prisoners enough, particularly in core subjects such as English and mathematics. They could not remember or apply fluently what they had read or done.
- 5.21 The majority of trainers and instructors in vocational training and prison work used assessment effectively to help prisoners demonstrate and apply their new knowledge, skills and behaviours. They helped to prepare prisoners thoroughly for assessments through well-planned practice activities. Trainers and instructors encouraged prisoners to reflect on their learning and to self-critique the work they produced. In a very few mathematics lessons, tutors used assessment effectively to consolidate learning and to check for any misconceptions. As a result, prisoners developed their confidence and competence quickly. However, in English, tutors did not prepare prisoners sufficiently to work independently. Consequently, prisoners made slow progress and required significant support to complete tasks.
- 5.22 In education and vocational training, assessment processes focused too much on the completion of documentation rather than the monitoring of prisoners' individual progress. Tutors and trainers used a variety of progress trackers to record what prisoners had completed. However, they did not use these specifically to identify prisoners' next steps. Consequently, most tutors and instructors did not set appropriate, individualised targets for prisoners. In vocational subjects, too many trainers used unit criteria from the qualification as prisoners' targets. This impeded their progress.

- 5.23 The development of prisoners' employability skills was inconsistent across the education, skills and work provision. Prisoners working in a few prison industries did not engage in realistic productivity targets that mirrored commercial practices to enable them to develop a professional work ethic. Trainers and instructors in vocational training and prison work did not do enough to ensure that English and mathematics were sufficiently integrated in sessions to enable prisoners to improve their skills in these subjects. In motor vehicle sessions, prisoners were not provided with appropriate personal protective equipment such as overalls. Trainers and instructors did not record the employability skills that prisoners developed in workshops. While leaders had started to make appropriate links with external employers, such as restaurant chains and construction companies, prison leaders did not provide opportunities for prisoners to be released on temporary licence (ROTL) in preparation for employment on release (see paragraph 6.18).
- 5.24 Trainers and instructors gave useful developmental feedback to prisoners on the quality of their practical work that identified the progress they had made and helped them to improve the quality of their work. For example, prisoners in farms and gardens could articulate clearly what they had learned and what they could do that they could not do before. They used professional terminology such as sowing, transplanting and harvesting with increasing confidence. However, most teaching staff did not provide constructive feedback or routinely correct errors in prisoners' written work. As a result, a significant minority of prisoners made the same mistakes repeatedly, particularly in their spelling, punctuation and grammar.
- 5.25 All teaching staff were appropriately qualified and experienced in their subjects. However, leaders did not provide routine training and development activities to improve their pedagogical skills. Quality improvement processes such as lesson observations did not identify sufficiently the weaknesses in tutors' and trainers' teaching practices or provide them with structured feedback to help them to understand how they could improve quickly.
- 5.26 Most prisoners benefited from calm and respectful learning and working environments. They formed effective working relationships with staff and each other. All teaching staff challenged low-level disruption and inappropriate language swiftly and effectively.
- 5.27 Most prisoners, particularly in vocational training and prison work, were keen to learn. They arrived at their activities on time and took pride in their achievements. However, a minority of prisoners were allocated to education lessons that did not align with their education, skills and work choices. This affected their attendance and attitude towards their learning. Too many prisoners did not attend education, skills and work activities because leaders had agreed with the education provider not to provide alternative cover sessions when staff were on leave.
- 5.28 British values were promoted via posters in classrooms and workshops and referred to in the induction presentation. However, too many

prisoners did not understand these key concepts fully. Teaching staff did not reinforce these values explicitly across education, vocational training or prison work.

- 5.29 Tutors and trainers received accurate information about prisoners who had special educational needs and/or disabilities. They implemented appropriate support strategies and adaptations to teaching and training to ensure that these prisoners were not disadvantaged. All teaching staff deployed peer mentors effectively across education, skills and work activities. Prisoners valued highly the support they received. Peer mentors developed their confidence and communication skills through the support work that they carried out.
- 5.30 Leaders ensured that prisoners were safe when attending education, skills and work activities. Trainers and instructors enforced health and safety requirements in workshops.

Section 6 Rehabilitation and release planning

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

Children and families and contact with the outside world

Expected outcomes: The prison supports prisoners' contact with their families and friends. Programmes aimed at developing parenting and relationship skills are facilitated by the prison. Prisoners not receiving visits are supported in other ways to establish or maintain family support.

- 6.1 The importance of encouraging prisoners to maintain contact with their families was recognised and a senior manager had been identified to focus solely on this issue. We observed the promotion of family work by various teams, including the offender management unit, the programme team and the substance misuse service.
- 6.2 In our survey, 36% of prisoners said that staff had encouraged them to keep in touch with their family and friends compared with 23% in similar prisons. Significantly more prisoners than at similar prisons were positive about visiting arrangements, including opportunities to see family and friends more than once in the last month (40% compared to 17%) and visitors being treated with respect by staff (51% compared to 32%).
- 6.3 The number of visits available each day had recently been increased and prisoners could now receive their full entitlement. Additional visits were available to prisoners on the enhanced level of the reward scheme.
- 6.4 The fixed furniture in the visits hall had been replaced and improved since the previous inspection, although the décor remained bland. The creche facility had been removed and additional chairs added. Toys and other distraction materials were available in the hall for children to use at the visits table. Visitors accompanied by small children told us they were happy with this arrangement.



Visits hall

- 6.5 All the visitors we spoke to told us they had been treated with respect by staff when they arrived. However, they still had to return to the gate to be searched before using the toilet during a visit, which was excessive.
- 6.6 Staff from the charity Partners of Prisoners (POPS) provided good support to families, including arranging a regular family forum for visitors to raise questions and make suggestions. The charity provided individual support for prisoners, including at the family court. They also arranged special visits for prisoners, for example in the case of a new baby or a visitor who could not readily access the visits hall. POPS staff had also attended reviews for prisoners on ACCTs.
- 6.7 Extended family visits had recently resumed and were scheduled to take place each month. There were also a number of opportunities for prisoners to undertake family courses. The education department offered a parent craft course and other courses included family content, such as the Strength Inside programme (delivered by the local violence reduction unit) and the Kainos programme (see paragraph 6.26).

Reducing risk, rehabilitation and progression

Expected outcomes: Planning for a prisoner's release starts on their arrival at the prison. Each prisoner has an allocated case manager and a custody plan designed to address their specific needs, manage risk of harm and reduce the risk of reoffending.

- 6.8 Oversight of arrangements to monitor and improve the effectiveness of reducing reoffending work were not robust. The reducing reoffending management meeting that had been suspended during COVID restrictions had only just resumed at the time of the inspection. Data on prisoner outcomes had not been systematically analysed to determine what worked and what needed to improve.
- 6.9 Despite this, we saw effective joint working among the teams supporting resettlement. Some of the teams were co-located in the resettlement hub, including representatives from the Department for Work and Pensions (DWP), Achieve North West Connect (education, training and employment services) and the resettlement team. These teams regularly shared information with prison offender managers (POMs) in the offender management unit (OMU) but felt that this would be enhanced if they were located within the OMU.
- 6.10 The OMU was fully resourced and there was a clear focus on quality in the department. The recently appointed head of offender management delivery provided casework supervision to probation and prison officer POMs and regular team meetings included guest speakers from other departments to raise awareness of how they could work more effectively with the OMU.
- 6.11 Prison officer POMs held a maximum of 65 prisoners on their caseload and probation POMs a maximum of 44. Prisoners who were assessed as high risk were correctly assigned to the probation POMs. The caseloads for prison and probation offender managers were manageable, primarily because none of the prison POMs were operational and didn't get cross-deployed to other duties in the detrimental way we often see in other prisons.
- 6.12 The frequency of contact between POMs and prisoners on their caseloads varied, but in our review we found that contacts were generally appropriate to the level of risk and the stage of the prisoner's sentence, for example during the parole process. Some POMs told us that it could be difficult to find a private place on the wings to speak to a prisoner, in which case contact was brief. Managers in the OMU regularly monitored contact between POMs and prisoners to make sure that it took place at least every three months.
- 6.13 Despite this, many prisoners felt they did not have enough contact with their POMs. Managers in the OMU maintained a record of applications from prisoners asking to speak to a POM and there had been more than 60 so far during 2022. A weekly POM surgery had been

introduced on the residential units to improve access to POMs. There were posters on the wings advertising the surgeries, but they were not in prominent positions. Records indicated that very few appointments had been made in recent months and some prisoners told us they were not aware of the surgeries. No steps had been taken to explore the reasons for the low uptake of the surgeries, but it was clear the demand was there so promotion or access had to be improved.

- 6.14 Some key workers attended the OMU to talk to POMs about prisoners' targets before key work sessions, which was positive. A manager in the OMU had been identified to lead the recovery of key working following COVID restrictions.
- 6.15 At the time of the previous inspection, many prisoners did not have an up-to-date offender assessment (OASys), but managers in the OMU had addressed this and the backlog of overdue initial assessments had been reduced to about 30. In a few of these 30 cases, the responsibility for completion of the assessment rested with the community offender manager (COM) and we saw evidence that prison staff encouraged community colleagues to speed up completion. However, there remained a small number of prisoners who had been at Lancaster Farms for more than six months and did not have a documented plan to help them progress through their sentence.
- 6.16 Data suggested that most prisoners had an OASys that had been completed within the last 12 months, many by the COM. This was reflected in the cases that we reviewed.
- 6.17 In our survey, 65% of respondents said they had a custody plan. In some cases, the objectives set were either generic or could not be achieved at Lancaster Farms, such as recommending a specific offending behaviour course. This was a source of frustration for these prisoners, particularly when it had affected their progression, such as not being recommended for open conditions (see paragraph 6.24). Few of the prisoners whom we interviewed had received a copy of their sentence plan, but most were aware of the areas they needed to work on. In our survey, only 43% of prisoners who had a plan said that staff were helping them to achieve their targets.
- 6.18 Prisoners had no opportunity to demonstrate the skills they had developed in real workplaces or test the work they had done to reduce their risk in environments outside the prison through release on temporary licence (ROTL).

Public protection

- 6.19 There were some weaknesses in public protection arrangements. Not all high-risk prisoners were routinely considered before release by the monthly interdepartmental risk management team (IRMT) meeting. In addition, the IRMT did not make sure that COMs had set or recorded the appropriate level for prisoners who were to be managed under multi-agency public protection arrangements (MAPPA) on release.

When we alerted managers, they responded promptly to address these concerns.

- 6.20 Despite the limitations of the IRMT, we saw good examples of POMs and COMs sharing information about risk in planning the release of each prisoner, including making sure that address checks were completed by the police and safeguarding checks by children's services where necessary. Referrals were made in a timely manner for high-risk prisoners to reside in approved premises for a period on release. We also saw good examples of POMs and COMs discussing and agreeing the appropriate licence conditions and making sure that prisoners were aware of them.
- 6.21 Arrangements to identify prisoners who were suitable for mail and phone monitoring were proportionate, but staff tasked with carrying out the monitoring told us they could not manage the volume of calls and many prisoners selected for monitoring had not had their calls listened to for more than a month.

Categorisation and transfers

- 6.22 Prisoners had their categorisation reviewed at regular intervals and almost all reviews at Lancaster Farms were completed on time. However, some reviews lacked the necessary evidence to demonstrate the thoroughness of the review. Prisoners were not routinely offered the opportunity to contribute to their review and the lack of documented evidence used to decide the outcome undermined prisoners' perceptions of procedural justice in recategorisation.
- 6.23 During the previous 12 months, more than 60 prisoners had been recommended as suitable for open conditions and most of them had been transferred promptly. Some prisoners were not recommended for open conditions because they had not completed specific offender behaviour programmes (OBPs) included in their sentence plans, which they had little chance of doing at Lancaster Farms (see paragraph 6.18).
- 6.24 Very few prisoners were recategorised and removed to Category B conditions, which was encouraging.

Interventions

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

- 6.25 The prison was commissioned to deliver the accredited thinking skills programme to help prisoners manage their own risks. A shortage of facilitators meant it had not been available to all those who needed it, although it had been delivered to a small number of priority cases on a one-to-one basis.

- 6.26 A good range of non-accredited interventions was offered to help prisoners rehabilitate and lead a crime-free life, for example, the Kainos programme was a six-month course to develop pro-social thinking and behaviour.
- 6.27 Most prisoners were offered in-cell workbooks by their POM and appropriate referrals were made to a community partner who attended the prison to deliver a victim awareness course. The prison did not collate data on the number of prisoners who had completed this work which was an omission.
- 6.28 The OMU had recently introduced a young adult hub for younger prisoners. The maturity level of all newly arrived younger prisoners was assessed and those with low maturity were invited to attend a weekly session to work with POMs on the Choices and Changes workbooks, addressing issues such as the influence of peers.
- 6.29 The prison had recently started working with the 180 Project, a local charity that used fitness training to encourage personal development and desistance. After release, participants were paired to a mentor in the community with the potential for careers opportunities.
- 6.30 Achieve North West Connect offered practical advice on a range of subjects, including CV writing and disclosure. Some prisoners benefited from personal development sessions with a mentor from Salford Foundation to prepare them for on release.
- 6.31 Some of the prisoners who could access work and training said it had raised their expectations and aspirations for their future. One prisoner commented: 'The staff have been brilliant. They want to see you have a bright future and to succeed in life...they don't judge you for your past. In catering it's a bit like a little family'.
- 6.32 The recently introduced employment hub showed promise. Prisoners were contacted by careers staff 12 weeks before their release and invited to the hub where jobs were advertised. However, this was not yet fully integrated with induction to make sure that prisoners had all the information they needed after arrival to make choices about their work and education.
- 6.33 DWP staff worked on site to advise on benefits and a member of prison staff assisted with identity documents and opening bank accounts. There were no money management courses.

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.

- 6.34 Measures to assess and address prisoners' needs on release were good.

- 6.35 Resettlement workers contacted all low- and medium-risk prisoners 12 weeks before release to confirm their resettlement needs, albeit this was done remotely using a form with no face-to-face contact.
- 6.36 Prisoners were released to many different areas across the north. Staff had good knowledge of these areas and the options for support.
- 6.37 In the cases that we examined, concerted efforts by POMs, resettlement staff and COMs had resulted in accommodation being arranged for most of the prisoners who needed it.
- 6.38 However, arrangements were sometimes finalised at the last minute and there were examples of prisoners not being kept up to date with plans, which left them anxious about their imminent release. In our survey, 59% of prisoners expecting to be released in the next three months said that someone was helping them to prepare for this.
- 6.39 There were good examples of practical help for prisoners on release. In one case where a prisoner was in need of a high level of support, arrangements were made for transport him to the initial appointment with the COM and then to approved premises. There had also been contact with the DWP to make sure that he had immediate help to arrange his benefits.

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. **Work to promote fairness and equality had not been prioritised.** There was insufficient oversight of outcomes for prisoners in protected characteristic groups.
2. **There was not enough purposeful activity for all prisoners and too many were locked up for too long.**
3. **Leaders and managers did not deliver consistently well-planned education, skills and work that linked directly to prisoners' future ambitions and career goals.** There were no release on temporary licence (ROTL) work opportunities or high-quality careers information, advice, and guidance, throughout prisoners' sentences.

Key concerns

4. **Body-worn video cameras were often not used, which undermined oversight, accountability and learning with respect to the application of force.**
5. **The availability of illicit substances remained a considerable threat.**
6. **Incidents of recorded self-harm were increasing.** Leaders were not doing enough to address underlying reasons for self-harming such as improving access to purposeful activity or actively managing issues around debt.
7. **Too many prisoners were living in overcrowded conditions that did not afford sufficient living space or adequate privacy.**
8. **Some cells were shabby and showing signs of wear.** Repairs to flooring, for example, took too long and ventilation in many cells was poor.
9. **Too few escorts were provided for the required number of hospital appointments, many of which were routinely cancelled.**
10. **Prisoners did not have reasonable access to a dentist and waiting times remained high.**
11. **The quality of education, skills and work provision was inconsistent.** Teaching staff did not plan learning or training that took full

account of prisoners' starting points and future aspirations. They did not develop prisoners' employability skills sufficiently, including English and mathematical skills.

12. **Leaders and managers had been slow to improve the quality of learning and skills provision.** Quality improvement actions often focused on processes rather than improving the quality of prisoners' learning and training experiences. Leaders did not provide suitable training and development activities to improve tutors' and trainers' teaching and training skills quickly.
13. **Leaders and managers had failed to ensure the effectiveness of allocations arrangements to education, skills, and work and had similarly failed to ensure consistent attendance at such activities.** Many prisoners were allocated to courses that they had not chosen or remained on courses beyond the planned end date. Too many prisoners were unable to attend their face-to-face education and skills activities when staff were on leave.

Section 8 Progress on recommendations from the last full inspection report

Recommendations from the last full inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection in 2018, procedures during prisoners' arrival and early days were good. The prison was reasonably calm and most prisoners felt safe. A sizeable number of prisoners isolated themselves and violence reduction work was still developing. Use of force had increased and governance was weak. The segregation unit provided a reasonable environment and relationships with staff were good, but some prisoners spent too long in the unit. Security was generally proportionate, but there were some procedural weaknesses. The supply of drugs had been reduced but remained too high. Care for those at risk of self-harm was generally good.

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

Key recommendation

The prison should robustly govern the use of force, including special accommodation, to help ensure force is employed proportionately and only as a last resort. (S34)

Achieved

Recommendations

Strip-searching of prisoners on escorted journeys from the prison should be based on a well-evidenced assessment of the risks posed by the individual. (1.9)

Achieved

Prisoners in the first night centre should have access to a full regime. (1.10)

Not achieved

Vulnerable prisoners, particularly those who isolate themselves, should receive individual support that seeks to understand and respond to the causes of their fears, and that enables them to participate in a range of activities out of their cells. (1.18)

Partially achieved

Disciplinary charges should be thoroughly investigated and minor infringements of prison rules should be dealt with informally. (1.22)

Not achieved

Segregation reviews should be meaningful and should involve the prisoner in a forum consisting of staff from relevant departments and their unit. Reintegration plans should be actively promoted. (1.32, repeated recommendation 1.72)

Not achieved

Action to address security objectives should be specific and respond to up-to-date intelligence. (1.44)

Achieved

Intelligence reports should be acted on swiftly and recommended action, including intelligence-led searches, target and suspicion drug tests, conducted promptly. (1.45)

Partially achieved

A comprehensive decision log should be completed following the segregation of a prisoner who is at risk of self-harm. It should include sufficient information and justify their segregation. (1.51)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection in 2018, staff-prisoner relationships were good and were being further enhanced by the keyworker scheme. Living conditions were generally good. Food was above average. Consultation was reasonable. There were ongoing weaknesses in the applications procedure. Responses to complaints were good but most were late. Equality and diversity work was improving but underdeveloped. Faith provision was very good. Health services were reasonably good, but there were some shortfalls and waiting lists were too long.

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

Recommendations

Cells designed to hold one prisoner should not be used to hold two. (2.7, repeated recommendation 2.10)

Not achieved

All showers should be in good working order and adequately screened. (2.8)

Achieved

Breakfast should be provided on the day it is to be eaten, lunch should not be served before noon and the evening meal not before 5pm. (2.16)

Not achieved

Prison officers should supervise serveries effectively to ensure all prisoners receive equitable portions. (2.17)

Achieved

The application process should be efficiently tracked and managed. (2.26, repeated recommendation 2.12)

Not achieved

Responses to all complaints should be timely. (2.27)

Not achieved

Legal representatives should be able to book legal visits reasonably promptly. (2.28)

Not achieved

The prison should broaden the use of the video link facility to include court hearings and other legal consultations. (2.29)

Achieved

The needs of prisoners with protected characteristics should be identified and met promptly through monitoring, regular and direct consultation and effective use of prisoner representatives. (2.36)

Not achieved

All disabled prisoners who need them should have a multidisciplinary support plan and a paid carer. (2.42)

Not achieved

Unit staff, including those on night duty, should be familiar with support and evacuation plans for disabled prisoners. (2.43)

Not achieved

Barrier protection such as condoms and sexual advice should be available to prisoners while in prison and on release. (2.55)

Non-attendance rates and waiting times should be assertively managed; the wait for a routine GP appointment should not exceed two weeks. (2.65)

Achieved

A local pathway should be developed for patients requiring end of life care. (2.66)

Not achieved

The prison should develop a memorandum of understanding for social care with the local authority and social care provider. (2.71)

Achieved

Prisoners' social care and occupational therapy needs should be assessed promptly. (2.72)

Achieved

Prisoners requiring care in a mental health hospital should be transferred within the current transfer guideline. (2.78)

Not achieved

Sufficient, flexible clinical substance use treatment services should be available to provide regular treatment reviews and coordinate the care of prisoners with complex needs. (2.86)

Achieved

Prison officers should supervise prisoners effectively while medication is being administered and collected in the health centre to minimise potential bullying and the diversion of supplies. (2.97)

Not achieved

Professional pharmacist services should be extended to include pharmacist-led clinics and medicine use reviews, and access to the pharmacist should be advertised. (2.98)

Achieved

Prisoners should have access to routine dental appointments within six weeks. (2.101, repeated recommendation 2.91)

Not 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 was reasonable during week days but not at weekends. The library provided a good service and the gym provision was reasonable. There were now enough activity places. However, many weaknesses in the leadership and management of activities remained, especially in the Novus provision. Too many prisoners were unoccupied during the working day. Attendance and punctuality were poor. Education was at too low a level, and teaching was not sufficiently good. Vocational training and industries workshops taught useful skills. Achievement of qualifications was good for those who completed courses.

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

Key recommendation

Prison and Novus leaders and managers should exercise robust leadership and management of education, skills and work, to ensure that identified weaknesses are addressed, especially ongoing problems with prisoners attending their allocated activities regularly and on time. Reliable arrangements should be

introduced to ensure that prisoners' learning is not interrupted when tutors are absent. (S35)

Not achieved

Recommendations

All prisoners, including those on the basic level of the IEP scheme, should have access to a full and consistently delivered regime with sufficient time out of their cells, including on weekends. They should also be able to take an hour's exercise every day. (3.14)

Not achieved

An appropriate area should be re-established for outdoor sports and games. (3.15, repeated recommendation 3.46)

Not achieved

A wide range of accredited gym courses should be available. (3.16)

Achieved

Novus managers should evaluate accurately the standard of teaching and learning and ensure that the self-assessment report is accurate. They should concentrate on teaching practices that improve individual prisoners' learning. (3.26)

Not achieved

Learning opportunities should be available for segregated prisoners. (3.27)

Partially achieved

Managers should develop prisoners' computer skills to enhance their learning and help them find a job on release. (3.28)

Partially achieved

Tutors should use relevant and good quality resources and handouts that build on prisoners' existing skills and knowledge. (3.38)

Achieved

Tutors and instructors should use information about prisoners' existing skills and employment plans to set them challenging targets. They should review their progress against these targets. (3.39)

Not achieved

The extra support that peer mentors provide should be planned effectively so that prisoners who require it always receive effective support. (3.40)

Achieved

Feedback on prisoners' work should be accurate and show prisoners how to improve. (3.41)

Partially achieved

Tutors and instructors should use tasks and activities that will improve prisoners' skills in English and maths. (3.42)

Partially achieved

Instructors should recognise and record accurately the skills that prisoners develop in prison work. (3.51)

Achieved

Prisoners should always be able to gain qualifications when engaged in work activities. (3.52)

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, family support was improving and visiting arrangements were reasonably good. Offender supervisors did not have enough contact with prisoners. Too many high-risk cases were managed by staff without sufficient training. There was a large offender assessment system (OASys) report backlog, which hindered sentence planning and progression. Public protection procedures had improved, but some weaknesses remained. Re-categorisation and home detention curfew (HDC) processes were completed efficiently. Resettlement services were good.

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

Key recommendation

Local and regional managers should ensure that weaknesses in sentence planning and risk management are effectively addressed. All prisoners should have an up-to-date assessment report to inform sentence planning and risk reduction work, and only staff with the necessary skills and training should manage high risk cases. (S36)

Achieved

Recommendations

Visitors should be permitted to use the toilet in the visits hall, subject to suitable security measures. (4.5)

Not achieved

Family support and a parenting programme should be developed to ensure the needs of the population are met. (4.6)

Achieved

The itemiser should be used routinely to scan personal mail so that prisoners do not have to receive photocopies. (4.7)

Achieved

Offender supervisors should have regular contact with prisoners proportionate to their level of risk and needs. (4.17, repeated recommendation 4.21)

Achieved

Effective use should be made of ROTL for suitable prisoners. (4.18, repeated recommendation 4.9)

Not achieved

Probation officers should screen all newly arrived prisoners to identify risks to the public. (4.21)

Achieved

MAPPA levels should be identified substantially in advance of release. (4.22)

Not achieved

A range of interventions should be developed to meet the assessed offending behaviour needs of the prison population. (4.30, repeated recommendation 4.65)

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.justiceinspectors.gov.uk/hmiprison/our-expectations/prison-expectations/>). Section 7 summarises the areas of concern

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

Findings from the survey of prisoners and a detailed description of the survey methodology can be found on our website (see Further resources). Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant. The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Inspection team

This inspection was carried out by:

Martin Lomas	Deputy chief inspector
Deborah Butler	Team leader
David Owens	Inspector
Ian Dickens	Inspector
Lindsay Jones	Inspector
Nadia Syed	Inspector
Sumayyah Hassam	Inspector
Charlotte Betts	Researcher
Emma King	Researcher
Shannon Sahni	Researcher
Heather Acornley	Researcher
Steve Eley	Lead health and social care inspector
Tania Osborne	Health and social care inspector
Noor Mohamed	Pharmacist
Craig Whitelock	Pharmacist
Helen Lloyd	Care Quality Commission inspector
Suzanne Wainwright	Ofsted inspector
Alistair Mollon	Ofsted inspector
Cath Jackson	Ofsted inspector
Martin Ward	Ofsted inspector
Sally Lester	Offender management inspector

Appendix II Glossary

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

Care Quality Commission (CQC)

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

Certified normal accommodation (CNA) and operational capacity

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

Challenge, support and intervention plan (CSIP)

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

Key worker scheme

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

Leader

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

Partners of Prisoners (POPs)

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

Protected characteristics

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

Protection of adults at risk

Safeguarding duties apply to an adult who:

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

Secure video calls

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

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).

Special purpose licence ROTL

Special purpose licence allows prisoners to respond to exceptional, personal circumstances, for example, for medical treatment and other criminal justice needs. Release is usually for a few hours.

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

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