



Report on an unannounced inspection of

HMP Holme House

by HM Chief Inspector of Prisons

6–16 March 2023



Contents

Introduction.....	3
What needs to improve at HMP Holme House	5
About HMP Holme House	6
Section 1 Summary of key findings.....	8
Section 2 Leadership.....	11
Section 3 Safety	13
Section 4 Respect.....	21
Section 5 Purposeful activity.....	41
Section 6 Rehabilitation and release planning.....	49
Section 7 Progress on recommendations from the last full inspection report	58
Appendix I About our inspections and reports	64
Appendix II Glossary	67
Appendix III Further resources	69

Introduction

Much has changed at Holme House, a large category C training and resettlement prison, in the last three years. In early 2020, we judged outcomes to be insufficiently good across all four of our healthy prison tests. In 2023 only in one test, purposeful activity, did we repeat that judgment. Leaders engaged staff and prisoners through meaningful consultation, and by encouraging them to contribute creative ideas to solve problems. The governor had enlisted the support of his managers in pursuing a style that was visible, committed and driven by a real desire to improve the experience of prisoners and staff alike.

The greatest improvements were in respectful treatment of prisoners by staff. Behind the positive perceptions of most prisoners lay better key work than we usually see, good use of prisoners in peer support roles, and especially a programme of wide-ranging consultation.

It was now also a considerably safer prison. More support was given to those newly arrived. There were fewer violent incidents, and leaders had responded with new initiatives to a recent rise in violence among young adults. The incentives framework and use of adjudications and of segregation had improved. Security measures were proportionate, allowing prisoners to move around the prison for work and activities without undue delay. In all these areas we identify potential for further improvement, but the achievements were real. Self-harm, however, had risen, and there was scope to make better use of data to understand and address any persistent factors behind this rise.

Too many prisoners lived in overcrowded conditions, some cells being very cramped indeed, although much flair and effort had gone into brightening the wider environment. There was widespread and justified dissatisfaction with food – the main topic of complaints made to inspectors. The generally positive climate of consultation and inclusion benefited minority groups, as our survey attested, but some minority groups received much more consistent support than others.

Good health care delivery was strengthened by first-rate collaboration between a number of teams and organisations; this included an exceptionally high standard of social care, strong mental health delivery, with good joint working also between health care workers and prison staff.

Prisoners appreciated a predictable regime, with more time unlocked on the wing than at many similar prisons; but there was still not enough time spent in constructive activity. The education curriculum lacked sufficient depth and breadth, attendance was too low and too few could gain qualifications. Leaders had made a start on promoting reading, and there was some good help to prepare for employment on release.

Work to reduce reoffending had improved and was now well coordinated. Contact between prisoners and their offender managers had improved since 2020 but was still inconsistent, as was the quality of assessment of the prisoner's risks and needs. The provision of accredited programmes to reduce

the risk of reoffending was at a low level, although the specialist unit for people on the national offender personality disorder pathway was impressive. There was also an extensive range of non-accredited interventions.

There were some staffing pressures, but we found that staff morale and staff retention were better than in many prisons. If the quality of leadership at Holme House can be maintained, working hard to foster a shared, participative and rehabilitative culture, the prospects for further improvement must be good.

Charlie Taylor

HM Chief Inspector of Prisons

April 2023

What needs to improve at HMP Holme House

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

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

Priority concerns

1. **The quality and quantity of food were inadequate.** Too many prisoners did not get the meal they had ordered, some portions were small and some food was undercooked.
2. **Prisoner attendance in education, skills and work was too low, despite recent improvements and leaders' actions to try to improve attendance.**

Key concerns

3. **Over a third of prisoners shared a cell designed for one, with insufficient space to live in decent conditions.**
4. **Tutors in functional English and mathematics did not implement the curriculum consistently well.** Too many prisoners on these courses did not complete their studies and did not gain qualifications.
5. **There were currently too few full-time opportunities in prison industries.** Too much of the provision did not support prisoners to gain recognition for their skills development.
6. **Vulnerable prisoners did not have access to sufficient accredited vocational training.**
7. **Too many prisoners, including those convicted of sexual offences, left Holme House without targeted treatment or accredited interventions to address their offending behaviour.** A lack of staff had greatly reduced the number of accredited offending behaviour programmes and the provision did not now meet the needs of the population.

About HMP Holme House

Task of the prison/establishment

HMP Holme House is a category C training and resettlement prison for male prisoners.

Certified normal accommodation and operational capacity (see Glossary)

Prisoners held at the time of inspection: 1,160

Baseline certified normal capacity: 1,036

In-use certified normal capacity: 985

Operational capacity: 1,179

Population of the prison

- 1,600 new prisoners received each year (around 135 per month).
- 63% presented a high or very high risk of harm.
- 64 prisoners were 21 or under.
- 25 prisoners were foreign national.
- 104 prisoners were discharged each month.
- 507 prisoners (44% of the population) were receiving support for substance misuse.
- 150 prisoners were referred for mental health assessment 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 Valleys NHS Foundation Trust

Substance misuse treatment providers: Spectrum; Humankind

Dental health provider: Burgess & Hyder Dental Group

Prison education framework provider: Novus

Escort contractor: GEOAmev

Prison group

North East

Prison Group Director

Simon Walters from March 2023

Brief history

The prison opened in May 1992. In June 2016, it was announced that HMP Holme House would be one of six reform prisons. In 2017, it transitioned from a purpose-built category B prison to its current role. In June 2022, house block 5 became a PIPE (psychologically informed planned environment) unit.

Short description of residential units

House block 1 – sentenced prisoners

House block 2 – sentenced prisoners

House block 3: A wing – sentenced prisoners, B wing – first night, C wing - veterans

House block 4 – sentenced prisoners

House block 5 – psychological informed planned environment (PIPE)

House block 6 A wing – substance misuse therapeutic community
House block 6 B wing – substance free living
House block 7 – vulnerable prisoners; sex offenders
Health care unit – including palliative care suite
Support and integration unit – segregation unit

Name of governor and date in post

Sean Ormerod, December 2020

Changes of governor/director since the last inspection

Chris Dyer, May 2016 to June 2020

Tim Healey, acting governor, June to December 2020

Independent Monitoring Board chair

Brenda Kirby

Date of last inspection

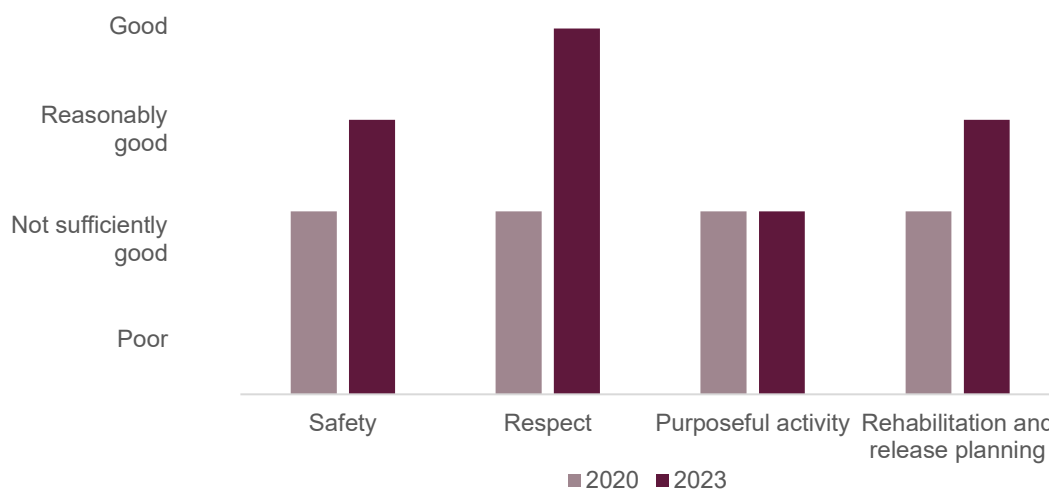
24 February – 6 March 2020

Section 1 Summary of key findings

Outcomes for prisoners

- 1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and rehabilitation and release planning (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.2 At this inspection of Holme House, we found that outcomes for prisoners were:
- reasonably good for safety
 - good for respect
 - not sufficiently good for purposeful activity
 - reasonably good for rehabilitation and release planning.
- 1.3 We last inspected Holme House in 2020. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Holme House prisoner outcomes by healthy prison area, 2020 and 2023



Progress on key concerns and recommendations

- 1.4 At our last inspection in 2020 we made 35 recommendations, 15 of which were about areas of key concern. The prison fully accepted 32 of the recommendations and partially (or subject to resources) accepted one. It rejected two of the recommendations.
- 1.5 At this inspection we found that five of our recommendations about areas of key concern had been achieved, three had been partially achieved and seven had not been achieved. Three of the six recommendations made in the area of safety had been achieved, two partially achieved and one had not been achieved. Two of the three recommendations made in respect had been achieved and one had not. In the area of purposeful activity, one recommendation had been

achieved and three had not been achieved. The two recommendations in rehabilitation and release planning had not been achieved. For a full list of the progress against the recommendations, please see Section 7.

Notable positive practice

- 1.6 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.
- 1.7 Inspectors found 11 examples of notable positive practice during this inspection.
- 1.8 The creative use of coloured Perspex on windows and depictions of local beauty spots transformed the otherwise dull concrete walkways. Murals and painted fabrics adorned the walls and corridors, brightening and softening the environment. A menagerie of animals on the therapeutic wing and the innovative deployment of a prisoner working as a busker during main movements provided further symbols of community and a positive prison culture. (See paragraphs 2.5 and 4.6–4.7.)
- 1.9 Security arrangements supported the prison’s progressive culture. Managers made sound and proportionate judgements in response to the intelligence they received. For example, they had deployed the prison drone at a recent Parkrun event to deter throwovers (the throwing of illegal items into the prison from outside the perimeter), rather than taking a more risk-averse decision to cancel the event. (See paragraph 3.31.)
- 1.10 Prisoners attended key strategic meetings, including the main safety and diversity meetings. They were actively encouraged to contribute to discussions of emerging trends and themes, and their suggestions for change were given due consideration. There was evidence that they had been able to influence positive change in the prison, and attendees told us they felt valued. (See paragraphs 3.16, 3.24, 4.5, 4.22, 4.27.)
- 1.11 The prison had introduced targeted interventions for its young adult population, including PADS (personal achievement development scheme), a military-style course using physical and mental activities to enhance personal well-being. (See paragraph 4.36.)
- 1.12 Impressive partnership working between a broad range of health care teams and organisations provided a seamless patient-centred service. Strategic and local governance structures were used effectively to monitor the quality of the service, and drive improvement and innovation. (See paragraph 4.44.)

- 1.13 Stockton-on-Tees Borough Council training services provided unique training to enable prison officers to identify prisoners who required social care, which demonstrated mature multiagency working. (See paragraph 4.66.)
- 1.14 The embedded use of Buprenorphine (see Glossary) as a treatment option for opiate dependency had given patients choice in their treatment programme and recovery. Providers had shared learning and training in its use across the North East prison cluster to promote its uptake. (See paragraph 4.86.)
- 1.15 The introduction of intranasal naloxone to tackle potential drug overdose was a positive and proactive initiative that gave prisoners better choice. (See paragraph 4.89.)
- 1.16 The prison and dental team had been flexible in offering treatment over lunchtimes and Saturdays to reduce long waiting lists, demonstrating close and effective partnership working and tangible compassionate care. (See paragraph 4.100.)
- 1.17 A regular calendar of excellent family days, often for specific populations in the prison, such as new fathers or prisoners from the LGBT community, helped prisoners to build and maintain important family relationships. The events were planned thoughtfully and creatively to engage prisoners and their families, particularly children. For example, sessions included a 'petting zoo' using the animals from the prison, and competitions such as best-dressed child on Halloween. (See paragraph 6.1.)
- 1.18 The video call facilities (see Glossary) were impressive. Each house block had individual rooms where prisoners could speak with their families in a private space. The rooms had brightly painted backgrounds, some designed for children, which again demonstrated thoughtful consideration of how the environment impacted on prisoners and their families. (See paragraph 6.6.)

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 The impressive leadership team at Holme House were visible and approachable. The governor's leadership style, which filtered through the management line, demonstrated passion, commitment and a genuine desire to improve outcomes for prisoners and staff.
- 2.3 Consultation was meaningful and effective; collaboration with prisoners, partners and staff at all levels generated energy and engagement across most functions, which empowered them to find creative and effective solutions to problems. This positive and inclusive culture was at the heart of the significant improvements we found at Holme House.
- 2.4 Our survey of staff indicated higher morale and a better understanding of the prison's priorities than we usually find, and staff retention was better than in most prisons we have visited recently. Because of this, leaders were required to over-recruit to provide some officers on detached duty (short-term postings) to prisons that had severe staff shortfalls. However, the numbers required for this took the prison below its required staffing levels, which, on top of the usual staff absences, left it short of operational staff. National leaders had compelled Holme House to provide detached duty because, even with its current shortfalls, it was in a better position than other prisons with more severe staff shortages. Additional staff gaps in chaplaincy and equality work affected some outcomes in these areas. Despite all these challenges, a committed and skilled workforce at Holme House pulled together to support the split regime (see paragraph 5.3) and deliver some creative enrichment activities.
- 2.5 Great effort and thought had gone into improving the prison environment. The creative use of colour, art and greenery had transformed the prison since our last visit. A menagerie of animals on the therapeutic wing and the innovative deployment of a prisoner working as a busker during main movements provided further symbols of a positive prison culture (see paragraphs 4.6 and 4.7).
- 2.6 Leaders had clearly prioritised work to make Holme House more respectful. However, one aspect of respect was more concerning; the quality of food served to prisoners was poor and we urged leaders to give this issue their immediate attention.

- 2.7 HMPPS leaders had recently committed £2 million for the refurbishment of dilapidated showers and flooring. The governor had secured additional resource through a variety of funding streams by demonstrating how it would be used to improve the environment and prisoner outcomes.
- 2.8 Leaders produced an accurate and realistic self-assessment highlighting appropriate priorities to improve outcomes at Holme House. It was clear that work had been done to deliver the prison's priorities, with good quality assurance in most areas and an appropriate focus on responding to the individual needs of prisoners. However, there was insufficient full-time purposeful activity, which was critical in a category C training prison, and while the prison was safer than at our last visit, a more sophisticated use of data to identify measurable challenging targets would help leaders to drive improvement further.
- 2.9 Leaders were collaborative, encouraging and facilitating good partnership working. Partner organisations, staff, and prisoners worked together successfully to deliver their shared vision of a community prison with a solid rehabilitative culture. Although there was still some way to go, we were left in no doubt that the Holme House team had the passion and skills necessary to deliver good outcomes for the prisoners in their care.

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 Approximately 135 new prisoners a month arrived at Holme House, mostly from HMP Durham. Most prisoners were subject to a rub-down search and a body scan and were only strip searched if a scanner reading indicated a concealed item. We observed that reception staff and peer workers were engaging and helpful.
- 3.2 New arrivals received a health care screening and a first night interview from a safer custody officer, both in private. The first night interview we observed explored the prisoner's thoughts and feelings sensitively and appropriately. Each new arrival also met a Listener (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) who explained the service they provided. This was another good opportunity to identify any prisoner who was particularly vulnerable on arrival.
- 3.3 One of the new prisoners we observed did not speak English well and, although we were told that phone interpreting would be used in interviews in such cases, this was not provided. In his health care screening a nurse sought to communicate through an online translation application, which was inadequate (see also paragraph 4.57).
- 3.4 In our survey, only 31% of prisoners said that they spent less than two hours in reception, compared with 51% in similar prisons, and there had been recent instances where detainees spent more than four hours there. The time that prisoners spent in reception was monitored in a daily report, which was supposed to explain and justify instances where they were held for over two hours, but this part of the report had not been completed in recent months.
- 3.5 Mainstream prisoners were initially located on house block three and vulnerable prisoners on house block 7. While the cells in both locations were generally in reasonable condition, those on house block three were sometimes missing items such as cupboards, curtains and pillows.
- 3.6 Night staff in both locations carried out well-being checks every two hours during a prisoner's first night at the prison.

- 3.7 Induction had improved since our last inspection, but oversight was limited. The induction booklet for new arrivals was only available in English. Induction began on the morning after arrival and included an introduction from safer custody staff that amplified and clarified information in the induction booklet. In the induction presentation we observed it was difficult for prisoners to read the slides because of the font size and colours used, and ongoing building work on the wing also made it extremely difficult to hear what was being said. A prison information desk peer worker also provided an explanation of that role and answered questions on life on the wing. Prison offender managers (POMs) and a member of the chaplaincy usually provided an introduction to their services, but were not present at the session we observed, and it was not clear if and when these sessions would take place.
- 3.8 The gym and careers inductions for new arrivals were not clearly timetabled; those we spoke to had not had them and did not know when they would take place. Some prisoners transferred from the induction wing to their residential wing before they had completed all their induction sessions.
- 3.9 While leaders envisaged that time out of cell on the induction unit should be the same as for other prisoners, wing staff and prisoners told us that those without an activity allocation were unlocked for less than two hours a day, which was less than their peers. This was particularly negative given that some prisoners could be located on the induction wing for several weeks or even months, especially if they had been risk assessed as needing a single cell, which were of limited availability on the house blocks (see paragraph 4.12).

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 Leaders at Holme House had worked hard to improve the prison culture, which was now more positive and respectful than at our last visit. Many aspects of life encouraged prisoner to behave well and engage with their sentence. An improved prison environment (see paragraphs 4.6 and 4.7), good staff-prisoner relationships (see paragraph 4.1) and better time out of cell contributed to this. Additionally, a variety of enrichment activities and good consultation provided meaningful opportunities for prisoners to shape their surroundings and be part of a community.
- 3.11 Following consultation with prisoners, there had been some recent improvements to the formal incentives scheme. These included the

introduction of some new and innovative privileges for those on the enhanced level of the scheme, more ways of recording and recognising positive behaviour, and better oversight of the basic level experience. However, these changes had not yet been embedded.

- 3.12 Although we found the prison to be calm and well-ordered, we also observed some low-level rule-breaking, such as vaping on the landings and breaches of the offensive displays policy (see paragraph 4.11).
- 3.13 Holme House was a safer prison, with recorded levels of violence about 24% lower than at the previous inspection. The level of violence remained slightly below the average for similar prisons. Fewer assaults than before were categorised as serious, and there had been a 57% reduction in assaults on staff. However, the number of assaults and instances of disorder had been rising since the summer of 2022, which leaders attributed to the increase in young adults held at the prison. In response, and following consultation with younger prisoners, they had created a promising new young adults strategy and action plan (see paragraph 4.36), but it was too early to assess the impact on reducing violence and disorder.
- 3.14 Effective individual case management was used to support prisoners and address violent behaviour. Violent incidents were investigated thoroughly and promptly. This enabled the safety team to identify individuals' circumstances and triggers, and share this information with wing staff to help prevent future violent incidents. There was multidisciplinary discussion of the most complex cases at the action-focused weekly safety interventions meeting (SIM).
- 3.15 Only one formal intervention was used to address violent behaviour – the unaccredited 'Timewise' course – and very few prisoners had completed this in the previous 12 months. There was little formal or structured support for victims of assault, with most just relocated to other wings.
- 3.16 Leaders' strategic oversight of violence reduction had improved since the last inspection. Monthly safety meetings now provided an effective forum for identifying and making plans to address emerging patterns of violence. It was positive that prisoners played an active role in this forum, taking on real responsibilities and providing valued insight. A new safety action plan due to be introduced recognised that a prison-wide approach was needed to tackle the often interlinked challenges of violence, self-harm and debt effectively.

Adjudications

- 3.17 The management of adjudications had improved since the last inspection. There had been around 1,200 adjudications in the previous six months, a 36% reduction from the last inspection. The records of hearings we reviewed showed that adjudications were used as a last resort and only for rule breaches where lower level punishments would not be appropriate.

- 3.18 Leaders had reduced the backlog of unheard adjudications from around 200 at a recent point to just a handful, which had cut the number of adjudications not proceeded with due to time delays. The most serious offences were referred to an independent adjudicator, with virtual hearings held promptly. Referrals to the independent adjudicator were well-considered in light of emerging security issues. An example of this included a prisoner who had been found with such a large quantity of illicitly brewed alcohol that it was deemed a potential threat to the stability of the prison.
- 3.19 Quality assurance had improved and was good. Monthly meetings analysed an appropriate range of data to identify disproportionate outcomes for protected groups, and were focused on actions to improve the quality of the adjudication process.

Use of force

- 3.20 Recorded use of force had increased by 46% since the last inspection but remained low compared with similar prisons. Almost all instances were unplanned.
- 3.21 In the previous 12 months, batons had been drawn five times and used twice, and the PAVA incapacitant spray had been drawn four times and used twice. There was insufficient body-worn video camera footage available for us to be assured that these were justified and proportionate.
- 3.22 Although there was some camera footage available for over 85% of incidents, in those we reviewed cameras were often turned on too late, after the prisoner had already been restrained, so we could not be assured that force was always used a last resort.
- 3.23 Governance arrangements were in place; almost all uses of force were subject to scrutiny, written statements were of good quality and submitted promptly, and there was some evidence that the delays in turning cameras on was being addressed.
- 3.24 It was positive that some prisoners were able to attend and contribute to the strategic meeting, which examined use of force data to identify trends or disproportionate outcomes for protected characteristics groups. Leaders encouraged the prisoners who attended to discuss their experience with other prisoners, to improve transparency and trust in the use of force scrutiny process.
- 3.25 Special accommodation had been used twice in the past year, on consecutive days, for 2.5 hours each time and for the same prisoner. The paperwork we reviewed did not initially provide adequate evidence that one of these uses had been appropriate, but this had been promptly picked up and addressed in the prison's quality assurance processes.

Segregation

- 3.26 Leaders had worked hard to limit the number of prisoners segregated in the 'support and integration' unit, and to minimise the time they spent there. In the previous year, the rate of segregation was less than half of what we had seen at our last inspection. Stays on the unit were generally short, averaging eight days, although this was skewed by a small number of long stayers.
- 3.27 Staff-prisoner relationships on the unit were good. The prison was participating in a pilot in which medical and therapeutic staff visited prisoners in the unit every day.
- 3.28 Cells were in reasonable condition, were furnished reasonably, and now contained phones so prisoners could maintain contact with their families more regularly. The communal areas of the unit were bright and clean, and there had been efforts to brighten the exercise yard. The showers, however, needed refurbishment.



Painted walls in the segregation unit

- 3.29 Governance arrangements had led to many improvements in segregation, although important outstanding issues remained. The regime on the unit was limited and prisoners had only 30 minutes a day out of their cell for exercise. Prisoners were unlocked to collect their meals, but had no access to the gym, corporate worship, or offending behaviour programmes.
- 3.30 Reintegration plans were developed for prisoners held in the unit under good order and discipline rules. However, these did not always evidence consideration of individual circumstances and underlying issues affecting prisoner behaviour; target-setting was often basic.

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.

- 3.31 Security was now proportionate for a category C prison and supported its progressive culture. Free-flow movement had been reintroduced, which allowed prisoners to walk between activities unescorted, and several trusted prisoners worked in roles that allowed them to move freely around the site for much of the day. Security managers made sound and proportionate judgements in response to the intelligence they received. For example, they had deployed the prison drone to deter throwovers (the throwing of illegal items into the prison from outside the perimeter) at a recent Parkrun event (see Glossary), rather than taking a more risk-averse decision to cancel it.
- 3.32 Intelligence was processed promptly by the regional hub, providing leaders with a good understanding of the main risks faced by the prison, including drugs and other illicit items. The security department was agile in responding to emerging issues and communicated security priorities effectively to wing staff.
- 3.33 The prison continued to benefit from drug recovery prison (DRP) investment, most of which funded a range of measures to prevent the entry of illicit substances. These included a body scanner, X-ray machines, two search dogs on site four to five days a week, a drone and 20 members of staff, including a dedicated search team. The prison's drug strategy was robust, based on local intelligence and underpinned by a prison-wide approach to the reduction of supply and demand (see paragraph 4.82).
- 3.34 Mandatory drug testing had been in place since May 2022 and the positive rate was 10.3%. There were a few suspicion-led tests each month, based on intelligence. As at the last inspection, most positive test results were for medications that had been prescribed to other prisoners. In our survey, 13% of prisoners said they had developed a problem with taking medication not prescribed to them since being at Holme House, compared with 7% at similar prisons. Leaders needed a more robust plan to tackle the trading of medications, particularly in light of a recent death in custody in which traded medications were indicated as a factor.
- 3.35 There were strong links and good collaborative working with the police, particularly in relation to staff corruption and organised criminal gangs. Terrorism Act and extremist prisoners were managed well through good inter-agency working.

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

- 3.36 There had been three self-inflicted deaths since the previous inspection. Recommendations arising from early learning reviews and Prisons and Probation Ombudsman (PPO) investigations had been actioned and were being tracked and monitored. Reviews into incidents of serious self-harm were undertaken promptly, enabling leaders to identify learning opportunities to prevent future deaths.
- 3.37 The rate of self-harm had risen by 17% since the last inspection. It had peaked in 2021 and since reduced but was still above average for the type of prison.
- 3.38 The prison was analysing a range of data about self-harm from which leaders understood the fluctuations in the rate to be largely attributable to the presence – or otherwise – of prolific self-harmers. It was notable that one prisoner had been responsible for over a quarter of instances of self-harm in the previous year. However, leaders did not use the data consistently to identify other drivers and trends.
- 3.39 Leaders had recently facilitated three prisoner summits that provided an insight into links between violence, debt and self-harm and, based on its analysis of the information gathered, had developed an integrated action plan.
- 3.40 During our inspection, staff at all levels showed a good understanding of individual prisoners' circumstances, histories and triggers. Incidents of self-harm were discussed at the multidisciplinary SIM (see paragraph 3.14), which provided good oversight of more complex cases.
- 3.41 Care for prisoners at risk of self-harm who were managed through assessment, care in custody and teamwork (ACCT) case management was generally good, with appropriate care plans and multidisciplinary cooperation. Most prisoners who were, or had recently been, on an ACCT told us that they felt well supported within the process. The quality of ACCT documentation varied; care plans did not always set meaningful targets and post-closure checks were not always completed. However, the prison had introduced fortnightly quality assurance meetings where staff responsible for administering ACCTs reviewed and rated (as red/amber/green) all aspects of the interventions contained in the files. This provided both quality assurance and also good learning opportunities for staff.

- 3.42 There was a large and active team of Listeners who were well supported and facilitated to do their job by the Samaritans, leaders and staff.
- 3.43 Constant watch arrangements had improved, with better facilities for staff to monitor prisoners in crisis.

Protection of adults at risk (see Glossary)

- 3.44 Internal adult safeguarding arrangements were better than we often see. A comprehensive safeguarding policy identified pathways of reporting and support, and links between safeguarding staff and other key functions in the prison were sound.
- 3.45 The weekly SIM had a focus on individual needs rather than interventions, which provided a good platform to support at-risk prisoners. The prison was a member of the local safeguarding adults board and had good links with other relevant agencies.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

- 4.1 Relationships between staff and prisoners were a strength at Holme House. Most staff were aware of the priorities set by the governor to develop a community ethos and leaders had taken action to support this, such as delivering structured staff briefings on procedural justice and more informal role modelling. We saw managers visible on the wings interacting positively with prisoners. (See paragraph 2.2.)
- 4.2 Staff-prisoner relationships was a standing agenda item on the monthly wing consultation meetings (see paragraph 4.21), which gave prisoners the opportunity to talk openly about their experience with staff. Records of the meetings demonstrated broadly positive perceptions.
- 4.3 In our survey, 74% of respondents said that most staff treated them with respect and 73% that there were staff they could turn to if they had a problem. Good time out of cell (see paragraph 5.1) provided an opportunity for staff and prisoners to build positive relationships, and we saw many examples of this on the house blocks, as well as in health care and education; relationships were particularly impressive on the psychologically informed planned environment (PIPE) unit.
- 4.4 Key work (see Glossary) was well developed, with its frequency and quality of support for prisoners much better than we usually see. In our survey, 94% of respondents, compared with 71% at similar prisons, said they had a key worker, and 65%, against 51%, that they were helpful. Key workers attended a daily briefing in the offender management unit (OMU) to liaise with prison offender managers (POMs), which was also attended by security staff to share the most recent intelligence. There was a thorough quality assurance process which supported continual improvement in key working.
- 4.5 It was positive that prisoners were actively involved in key prison meetings (see paragraphs 3.16, 3.24), which reinforced the community ethos across the prison. This was further enhanced by the extensive use of peer work that gave prisoners responsibility and status as active citizens in the prison community. Peer work was promoted well; mentors wore coloured T-shirts to make them visible and we saw many examples where they worked with staff to support other prisoners on the wings and across the prison in education, the library and health care.

Daily life

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

Living conditions

- 4.6 Consultation with staff and prisoners had led to innovative ideas to improve the prison environment, and the results were impressive. The creative use of coloured Perspex on windows and depictions of local beauty spots transformed the otherwise dull concrete walkways. Prisoners' artwork, murals and painted fabrics adorned wing walls and corridors, brightening and softening the environment.



Local scene on walkway



Walkway to house block 6



Image of Whitby harbour on windows at the entrance to house block 1

- 4.7 During prisoner movements, a prisoner working as a busker entertained prisoners and staff on the main corridor. External areas were well-maintained and many of the walkways overlooked neat lawns, flower beds and trees.



Tree in an outdoor area from a lower walkway



Flowers in an outside area from an upper walkway



Colours cast on walkway floors



Stained glass effect on walkways

- 4.8 Communal areas on the house blocks were reasonably clean. However, on one or two wings, the stairwells and some serveries were dirty, and cleaners were not being held to account.
- 4.9 Prisoners had reasonable time out of their cells each day to interact with staff and socialise with their peers (see paragraph 5.1). They also had enough time to shower, exercise and complete domestic tasks. This was in contrast to our findings in many other prisons where prisoners had to drop one or two of these tasks due to a lack of time unlocked.

- 4.10 Many showers on the older house blocks were broken, some were grubby and most lacked adequate privacy screening. Funding had been secured to refurbish the showers, but progress was slow.
- 4.11 The conditions in cells were reasonably good across the prison, although the newer house blocks (five to seven) offered the better living conditions. Most cells were adequately furnished and prisoners had been allowed to personalise them. Staff carried out regular decency checks, although this had not addressed the prevalence of nude pictures in some cells, which jarred with the otherwise good efforts to maintain a respectful community.
- 4.12 In our survey, only 38% of prisoners, against the comparator of 71%, said they were in a cell on their own. More than a third of prisoners lived in overcrowded conditions, with two prisoners in cells designed for one. In some cells, there was no space to hang clothing and only enough room for one chair. Curtains had been provided to screen the in-cell toilet, but they were still too close to where prisoners sat to eat their meals.
- 4.13 The prison had appointed a single point of contact in reception for prisoners' property. Arrangements for prisoners to access their property were well managed, and, unusually, we did not receive any complaints about this.

Residential services

- 4.14 In our survey, only 15% of prisoners, compared with 41% at similar prisons, said the food was good and only 20%, against 36%, that they usually got enough to eat at mealtimes. Prisoners had held negative perceptions about food for a long time and this was the main source of complaint to inspectors.
- 4.15 Staffing issues in the kitchen and delays in repairing catering equipment had hindered the provision of an adequate service. We observed many prisoners at the servery who did not get the meal they had ordered, some portion sizes looked small, and some food appeared to be undercooked.
- 4.16 Servery workers wore appropriate protective clothing, but did not follow some basic food hygiene practices: food was not temperature-checked on the servery, and records of food temperature checks in the main kitchen were also incomplete.
- 4.17 Leaders were aware of prisoner dissatisfaction in this area and had formulated a thorough and realistic plan for improvement, which included reopening the bakery.

- 4.18 There were some self-cooking facilities on the house blocks, including microwaves, grills and toasters. However, broken equipment was not replaced quickly and on some wings 80 prisoners were sharing one microwave. Several wings had no separate provision to prepare halal meals.



Self-catering facilities on house block 1

- 4.19 Prisoners on house blocks five and six were able to dine communally, which supported the ethos of community and trust, and managers were committed to extending this to all units.
- 4.20 Prisoners could place orders from the prison shop via electronic kiosks on the wing. Orders were packed in a workshop on site, and deliveries were prompt and efficient with few errors or complaints. The items available from the prison shop were discussed at the regular wing consultation meetings. Many prisoners said that they struggled to afford products from the prison shop as prices had risen significantly.

Prisoner consultation, applications and redress

- 4.21 Consultation arrangements across the prison were good. In our survey, 55% of prisoners said they were consulted about aspects of daily life, against 45% at similar prisons. Monthly wing forums offered the opportunity to contribute and participate to a diverse range of prisoners - including those on the basic level of the incentive scheme. Outstanding issues from these forums were fed back to the prison council and were tracked through an action plan that was updated monthly. However, prisoners told us that progress to resolve some day-to-day issues took too long. The selection process for attendance at the prison council was not transparent.

- 4.22 Prisoners were also given the opportunity to attend strategic meetings, for example the safer custody and diversity and inclusion meetings (see paragraphs 3.16, 3.24, 4.5, 4.26). Prisoners told us their participation was meaningful and that they felt valued, and had been able to influence some positive changes in the prison.
- 4.23 Prisoners could submit applications through electronic kiosks, and most we spoke to were generally positive about this process. However, some, including foreign national prisoners and those who had difficulties in reading and writing, found it difficult to fully understand the kiosks and relied on other prisoners for help. Tracking and quality assurance were underdeveloped and there was no regular centralised monitoring of the process, which was a gap.
- 4.24 Quality assurance in the prisoner complaints system had improved since our last inspection and in the sample we reviewed, responses were generally timely, appropriate and polite. Most prisoners we spoke to said they had trust in the process, which may have contributed to the increase in the complaints received, which was higher than at our last inspection.
- 4.25 In our survey, 64% of prisoners said it was easy to attend legal visits, against the comparator of 36%. Legal visits were scheduled twice a day on weekdays and took place in private.

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

- 4.26 Leaders at Holme House had worked hard to foster a positive community ethos focused on meeting the individual needs of prisoners, which was also benefiting those with protected characteristics. Good relationships and visible leadership reinforced these principles. General consultation arrangements, a wide range of peer work, and a seat at the table of key strategic meetings gave prisoners the opportunity to talk to managers about the issues affecting them. Our survey highlighted few differences in the experiences of prisoners with protected characteristics and those without, with the exception of prisoners with disabilities or a mental health problem (see paragraph 4.34).
- 4.27 Strategic oversight of equality had improved since our last inspection, and leaders were focusing on improving outcomes for prisoners with protected characteristics. They had put significant effort into developing

prisoner engagement and strengthening the processes to support equality work. However, there was still some way to go to ensure that the needs of prisoners in protected groups were met consistently.

- 4.28 Some of the usual structural safeguards were in place to oversee this work. A monthly equality meeting provided a useful forum to discuss a broad spectrum of issues and interrogate a wide range of local data. The analysis was not always sufficient to identify potential disproportionalities. For example, we found evidence of potential disproportionality in prisoners making complaints, which had not been identified or investigated.
- 4.29 Senior staff had been appointed to lead on work for prisoners from different protected characteristics. There had been regular forums with LGBT prisoners, but consultation with other groups had been less frequent (see paragraphs 4.32 and 4.34). This left gaps in understanding the full range of needs and experiences of prisoners.
- 4.30 There had been considerable efforts to improve both accountability and transparency of the discrimination incident reporting form (DIRF) process. Most responses to DIRFs were on time and the investigations we reviewed were generally thorough and appropriate. Internal quality assurance was supplemented by an external scrutiny panel, and any shortcomings were fed back to the relevant member of staff. A sample of anonymised DIRFs were also considered and discussed at protected characteristic forums, which enabled prisoners to comment and give feedback. Prisoners we spoke to said that trust in the DIRF processes was improving.
- 4.31 There were some notable gaps in work to promote equality and eliminate discrimination, which potentially hindered the pace for further improvements. For example, there was no overarching strategy or objectives to drive action planning or monitor progress, and no dedicated equality peer representatives, although selected prisoners did attend and contribute well to the diversity and inclusion meetings.

Protected characteristics

- 4.32 The majority of prisoners were white, with 7% from a black or minority ethnic background. Our prison survey highlighted very few differences in the experiences of both groups. Black and minority ethnic prisoners we spoke to felt that consultation was not regular enough, and there had been no forum for five months. They told us they had appreciated the prison's work to raise awareness during Black History Month.
- 4.33 There were 25 foreign national prisoners at the time of our inspection, with none held under Immigration Act powers. Other than quarterly immigration surgeries delivered by the Home Office, there was limited provision for this group. Although staff told us that no prisoner had language barriers, some foreign national prisoners we spoke to struggled to understand basic English and relied on other prisoners for assistance with aspects of daily life. Staff awareness of the professional interpreting and translating service was limited, and

accounts provided by the prison showed that telephone interpreting was rarely used. No printed materials about the prison were readily available in translation. 'Tracks', an online toolkit for foreign national prisoners, was available in the library, but not all prisoners were aware of this and staff told us it was rarely used. Foreign national prisoners we spoke to described anxiety and confusion about their cases and told us they felt isolated.

- 4.34 At the time of our inspection, 34% of prisoners had a disability. In our survey, 24% of prisoners with disabilities said they felt unsafe currently, compared with 6% of those without. Consultation with this group had been intermittent. Prisoners had been appointed as social carers to help disabled prisoners with daily tasks, and they received training and support for this role, which was positive (see paragraph 4.68). Some prisoners with disabilities described lengthy waits for accessible cells, and we saw some prisoners in wheelchairs located in cells that were not properly wheelchair accessible. Staff awareness of prisoners with personal emergency evacuation plans (PEEPs) was generally good.
- 4.35 The prison had taken initial steps to develop additional support for neurodiverse prisoners, such as partnering with an external organisation to provide advocacy support for those going through adjudications. Holme House was also taking part in a pilot to help identify neurodiversity needs to provide appropriate support.
- 4.36 There was a sizable cohort of prisoners under 25, including 40 aged under 21, which was almost double the number at our last inspection. The prison had identified some emerging trends with this group, including their disproportionate representation in violence, use of force and self-harm, and was responding appropriately. A recent tailored young adult strategy and action plan provided a strategic focus for work to support this group, and there were concrete plans to deliver a range of targeted interventions, including the appointment of peer mentors. During our inspection, young prisoners were attending PADS (personal achievement development scheme), a popular and effective military-style course that focused on enhancing personal well-being (see paragraph 5.11).
- 4.37 There was a dedicated unit for the military veteran population. It was bright and calm, with a much-valued garden area. Prisoners on the unit told us they felt safe and supported, and described positive relationships with staff. Veterans could take part in a range of tailored activities, including charity events.
- 4.38 Support for the prison's LGBT community was good, and there had been significant effort to engage and regularly consult this group. Regular forums were well attended and prisoners appreciated dedicated events – such as a tailored family day (see paragraph 6.1) and Christmas celebrations. We saw several displays celebrating LGBT diversity, including stickers on prisoners' cell doors.



LGBT stickers on a cell door

- 4.39 There were three transgender prisoners at the time of the inspection, and they provided mixed feedback on the support they received. The documentation we reviewed, including case boards, was up to date, and evidenced good prisoner input. Transgender prisoners had signed up to separate voluntary searching arrangements, and they told us they felt safe at Holme House.

Faith and religion

- 4.40 Prisoners had good access to corporate worship. In our survey, 86% of prisoners said they could attend religious services if they wanted to, compared with 73% at similar prisons. Worship took place in the chapel or in one of two multi-faith rooms.



Chapel

- 4.41 The chaplaincy had been under-resourced for some time, affecting their ability to deliver a full range of services, for example bereavement support, which was currently undertaken by the safer custody team. Although the chaplaincy saw prisoners on arrival, there was limited capacity to support them on release or to fully participate in, for example, ACCT reviews. Sessional and volunteer chaplains supplemented the team to make sure prisoners of faith could access pastoral support and a range of study groups. A local charity attended the prison regularly to deliver workshops and craft activities, which was valuable.

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.

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

Strategy, clinical governance and partnerships

- 4.43 The main provider for health care was Spectrum Community Health CIC. They subcontracted mental health services to Tees, Esk and Wear Valleys NHS Foundation Trust and to Rethink Mental Illness.

Humankind provided substance misuse psychosocial services. The dental provision was contracted separately by NHS England (NHSE) to Burgess & Hyder Dental Group. This commissioning arrangement throughout the North East cluster of prisons was called the 'Reconnected to health' partnership.

- 4.44 It was notable that the several teams and organisations delivering health care worked together effectively to provide a seamless patient-centred service. Excellent leadership was supported by a skilled and conscientious staff group who were delivering a good standard of care. Managers were visible and all levels of staff were encouraged to participate actively and develop their skills. An efficient administration team supported all services, which bolstered the impressive joint working.
- 4.45 Partnership working with the prison and NHS England (NHSE) was a strength, with effective strategic and local governance structures to monitor the quality of the service and drive improvements and innovations. Work was underway by NHSE to procure a new health and social care needs assessment to replace the current one which was out of date.
- 4.46 The local quality and risk group met regularly to provide scrutiny of any issues arising from incident data, complaints and audits. There was thorough investigation of all clinical incidents and effective oversight of recommendations from Prisons and Probation Ombudsman (PPO) death in custody reports and clinical reviews. Lessons learned were disseminated through emails, clinical supervision and a weekly 'lunch and learn' session, which staff valued.
- 4.47 The teams were well resourced with few vacancies and a good skills mix, including several non-medical prescribers. Compliance with mandatory training was good. Managerial and clinical supervision was embedded in practice. Staff we spoke to understood their safeguarding responsibilities.
- 4.48 Daily handovers, well attended by representatives of all teams, provided a forum for sharing pertinent patient information and any service updates. Complex patients were reviewed regularly through a strong multidisciplinary approach.
- 4.49 The health department was generally clean and tidy, although an annual infection control audit had identified some areas of non-compliance with environmental standards. Mitigating action was taken where possible and the service was awaiting resolution from the prison on some of the issues. Clinical equipment was calibrated annually.
- 4.50 Patient records were written comprehensively and in line with expected standards. SystmOne, the electronic clinical record, was used by health staff and for substance misuse clinical interventions and prescribing. Humankind currently did not use SystmOne as its main record but there was work to rectify this.

- 4.51 All teams collected patient feedback and attended the prison's regular forums when invited, which informed service developments. The service had identified the need for more peer mentors, and work was under way to recruit to these positions and establish a patient forum.
- 4.52 There was a confidential health care complaints system. The responses we sampled were prompt, polite, addressed the concerns raised and informed patients how to escalate their complaint if they were unhappy with the outcome. Face-to-face resolution was also used.
- 4.53 Registered clinical staff were trained in immediate life support and had access to suitable and regularly checked equipment. We identified a few minor issues with checking the first aid bags, which were rectified immediately.

Promoting health and well-being

- 4.54 While there was no prison-wide approach to health promotion, several aspects fostered prisoner well-being. These included the murals painted by prisoners around the walkways, and the colourful panels and photos that brightened the environment. The gym provided specific sessions to promote health improvement. Following a review of special diets by a multidisciplinary group, some patients were taken off them as they were no longer clinically indicated.
- 4.55 Some health promotion information was displayed around the prison based on national campaigns, but in English only: the service had identified this as an area needing attention. There was now a lead staff member for health promotion, and consultation on a basic draft local health promotion strategy and action plan.
- 4.56 Prisoners were offered screening for hepatitis B, C and HIV, and they could access specialist sexual health services onsite. Harm-minimisation advice and supplies were available to individuals and offered on release. There was a proactive approach to address any outstanding childhood immunisations as well as other vaccines, such as flu and hepatitis A. NHS age-related health checks and national health screening programmes, such as bowel cancer, were managed well. Smoking/vaping cessation support was not on offer, which was a gap.

Primary care and inpatient services

- 4.57 A registered nurse screened new arrivals in reception to identify immediate health needs and made appropriate referrals to other services. Telephone interpreting services were not used consistently for prisoners who did not speak or fully understand English (see paragraph 4.33); this posed a risk that information could be missed and needed to be addressed. A secondary health screen was completed within the seven-day timescale.

- 4.58 Health care was a 24-hour service. Access was via electronic applications, which were clinically triaged, and urgent appointments were prioritised. Patients could see a GP for a routine appointment within 10 days. There was a range of primary care and allied health professional clinics with reasonable waiting times; additional clinics were organised if needed.
- 4.59 The NHSE quality and outcomes framework was used effectively to support the identification and monitoring of patients with long-term conditions. Skilled nurses liaised with the GP and external specialists to ensure a coordinated approach. Regular clinics were held, and patients had appropriate evidence-based care plans. Spirometry (a test to measure lung function) was a gap in the service, but a new machine was ready for use once the new respiratory specialist nurse could run clinics.
- 4.60 External hospital referrals were monitored efficiently. The reasons for any appointment rescheduling were recorded and there was clinical oversight. Telemedicine was used effectively, and a visiting orthopaedic consultant and X-ray facility were well used.
- 4.61 The enhanced care unit was a regional resource for 16 patients and was used appropriately, with clear admission and discharge criteria. There were seven patients at the time of the inspection with physical, mental health or social care needs, and all had care plans. Regular prison staff worked closely with health staff, and there were weekly multidisciplinary reviews. Mental health staff provided regular interventions, and there were some activities, such as table football, board games and a cross-trainer, which patients were encouraged to use if able to.
- 4.62 Palliative care arrangements were excellent; two suites were available, including a private family space. An experienced palliative care nurse provided compassionate and skilled care alongside the GP and other staff. Good links were established with the local hospice and Macmillan nurses.
- 4.63 Pre-release arrangements were thorough, including help to register with a GP if needed. On release, prisoners were reviewed by a nurse, and received a summary of their care and seven days' supply of any prescribed medication.

Social care

- 4.64 Social care for patients at Holme House was excellent. A comprehensive memorandum of understanding (MoU) between northern prisons and local authorities was underpinned by good oversight and partnership working in delivering social care. SBC (Stockton-on-Tees Borough Council) commissioned Spectrum to provide social care. A Spectrum senior nurse managed the process in association with an SBC specialist team.

- 4.65 Spectrum delivered social care at the point of identification by a 'trusted assessor' for up to 72 hours and applied to SBC to provide equipment, an occupational therapist opinion, or package of care agreed by a social worker. SBC had received 78 applications since April 2022. The process was highly efficient.
- 4.66 In February 2023, SBC had commenced training to prison officers on how to identify prisoners in need of social support. This demonstrated highly visible multiagency working and commitment by the council.
- 4.67 Six patients had social care packages when we inspected. Four patients we spoke with expressed satisfaction with their care, although those on house block six were unhappy that their cells were not suitable for wheelchair users. During our visit, SBC representatives visited the prison to audit the care environment.
- 4.68 We observed mobility assistance by a peer buddy on house block six. The patient valued his buddy, who in turn was clear on the limitations of the support he should give.
- 4.69 SBC had experienced challenges in arranging continuity of care for some patients being released, although none had been insurmountable to date.

Mental health care

- 4.70 A seven-day mental health care service was delivered, offering a stepped-care approach, including assessment, low intensity psychological interventions and trauma-informed care.
- 4.71 The service had a clear referral pathway; referrals were clinically triaged daily and seen within the required timescales. To manage immediate risk during the early days in custody, there was a daily call to discuss transfers into the prison with other prisons in the North East cluster.
- 4.72 The team was supporting 286 patients, and staff from different disciplines worked exceptionally well together to benefit them. Care and treatment interventions were suitable and consistent with national guidance. Some group work was available, and staff were screening for additional groups, such as dialectical behavioural therapy.
- 4.73 The team consisted of nurses, including a learning disability nurse, psychiatry, psychology, speech and language therapy staff, and talking therapy for anxiety and depression practitioners. The team was well led, and staff felt supported in their roles. There were few vacancies, and some staff were awaiting security clearance.
- 4.74 The service provided a learning environment for nursing students from local universities, and continued to be successfully accredited with the Royal College of Psychiatrists Prison Quality Network.
- 4.75 A multidisciplinary team discussed new referrals, assessments and discharges daily, ensuring a proactive response. Staff worked

creatively and undertook joint assessments, which meant patients did not have to repeatedly share their experience. Staff managed waiting lists effectively. Waiting times for assessments, including specialist assessment and a range of psychological interventions, were minimal.

- 4.76 A duty worker responded to acute concerns and the team contributed regularly to ACCT meetings. Medical interventions, including antipsychotic medicines, were available and patients received the associated physical health checks.
- 4.77 Appropriate care pathways supported patients, including those with ADHD and learning disabilities. The service was participating in a pilot project on dementia, which screened prisoners aged 55 and over, completing specialist assessments and referral to a local memory clinic.
- 4.78 Patients we spoke to were positive about the support they received. Clinical records provided detailed narratives of care delivered. Care plans were good, and risk was clearly identified and managed effectively. Staff monitored patient outcomes through nationally recognised tools.
- 4.79 Release planning was effective, including work with prison colleagues and probation. Care navigators, introduced since our last inspection, worked successfully with patients pre- and post-release, focusing on engagement and supporting the transition of patients into the community.
- 4.80 Four patients were awaiting transfer to hospital under the Mental Health Act; one had been waiting 187 days for a medium secure bed, which was excessive. Dates for transfer were successfully arranged for the remaining three patients during this inspection.
- 4.81 Some prison staff, including all new entry-level prison officers, had received mental health awareness training. Clinicians delivered training on various topics, including neurodiversity, and provided additional supervision enabling staff to understand and respond to prisoners' individual needs.

Substance misuse treatment

- 4.82 The prison-wide recovery strategy was comprehensive, and a whole-prison approach to recovery was fully embedded into the prison culture. Prison staff received some training on substance misuse, and there was a clear referral pathway.
- 4.83 Psychosocial interventions were delivered through strong leadership, a well-resourced team and effective governance. We saw evidence of established working relationships with partners across the prison.
- 4.84 At the time of this inspection, 507 prisoners were accessing psychosocial support (44% of the population). Prisoners could get

support easily, and staff were based on house blocks and understood their different needs.

- 4.85 Staff were committed to maximising prisoner engagement and influencing their recovery through a range of interventions. These included one-to-one meetings underpinned by cognitive behavioural therapy, such as motivational interviewing. Group work included self-management and recovery training (SMART) sessions. Breaking Free Online, a recovery support programme, was also available. Humankind closely monitored their performance, and outcomes for prisoners were above the national average. Mutual aid through Alcoholics Anonymous and Narcotics Anonymous had not returned to the prison post-COVID, which was a gap.
- 4.86 Spectrum provided a well-resourced clinical substance misuse team. Approximately 273 patients were in treatment. Following the success of the drug recovery prison pilot, the introduction of Buvidal (see Glossary) had given patients choice in their recovery and was now an established treatment option. Providers shared learning across the North East prison cluster and were providing training to other prisons on its use, which was positive.
- 4.87 Joint working with Humankind was seamless, regular reviews of care and treatment were well documented, care plans reflected patients' needs, and risks were managed well. However, care records were not yet fully integrated.
- 4.88 Dedicated staff engaged with patients 12 weeks before release and during transition into the community. Staff had strong working relationships with community services, ensuring continuity of care.
- 4.89 Prisoners consistently received information relating to harm reduction, tolerance and relapse prevention, particularly before release. They received training in the use of naloxone (to reverse the effects of opiate overdose) where appropriate. An option for intranasal naloxone had recently been introduced, which gave prisoners choice and was a positive initiative.
- 4.90 The substance misuse therapeutic community (see Glossary) provided 69 spaces and was well managed through an effective structured community programme. The service was working towards accreditation as a member of Community of Communities, a national quality improvement programme. Additionally, the prison was developing an incentivised substance-free living unit, including 10 step-down beds, to support prisoners in their transition on to the unit.

Medicines optimisation and pharmacy services

- 4.91 Medicines were supplied by the prison's onsite pharmacy, supported by an experienced, highly skilled team who were given opportunities to develop their knowledge and skills to support the delivery of health care. Medicines administration on most wings was led by the pharmacy technicians with support from health care assistants. Pharmacy

technicians dealt with medication queries, and patients had some direct access to the pharmacist for advice on their health care needs.

- 4.92 Many patients had all or some of their medication as in possession. Pharmacy technicians supported the completion of risk assessments for each patient on SystmOne. They were reviewed every six months or sooner if the patient's circumstances changed. Patients had in-cell lockable storage facilities for their medicines, and there were spot checks of compliance as part of the monitoring of tradeable medicines.
- 4.93 Medicines administration took place at 7.45am, which supported patients who had work commitments, but the later administration time at around 4pm was too early for patients prescribed night-time doses. Patients prescribed controlled drugs with a 12-hourly dose were given their medication at appropriate intervals.
- 4.94 We observed good officer supervision of medicine queues on most wings, maintaining a suitable level of confidentiality. However, on house block three we saw patients presenting for their Buvidal dose entering the treatment room while medicines were still being administered from the adjoining room. This posed a security risk and they had to pass other patients receiving their medicines in very close proximity. Once identified, the service agreed to rectify this.
- 4.95 There was out-of-hours provision for certain medicines, such as antibiotics, which were correctly labelled and a record kept of the medicines used. A minor ailments protocol and patient group directions enabled patients to receive medicines without a prescription.
- 4.96 Medicines were generally stored appropriately in the treatment rooms and pharmacy. Although the fridge temperature records on the enhanced care unit were not always completed, and some readings were outside the accepted range, no actions to address this had been recorded. No records were kept of the batch number and expiry date of the methadone transferred from stock bottles to the pump used to measure patients' doses, which needed to be addressed. Controlled drugs were managed appropriately and there were suitable arrangements for transporting medication around the prison.
- 4.97 Medicines liable to be misused were monitored and discussed at multidisciplinary team meetings. To reduce the risk of diversion of potentially tradeable pregabalin and gabapentin capsules, a policy of opening and dispersing the medication in water before administering was introduced. This meant the medication was given outside the manufacturer's licence, even though a liquid version of the medication was available that should be used.

Dental services and oral health

- 4.98 The dental team comprised well-led, highly motivated dentists, dental nurses and a therapist, who were suitably trained and supervised.
- 4.99 All applications for dental appointments were triaged by a dental nurse, with many patients requiring oral health education only. Emergency treatment was available within two days, and the GP also prescribed emergency treatment.
- 4.100 There were eight busy dentist, therapist and nurse clinics from Monday to Thursday. In October 2022, four additional clinics had been provided on Friday and Saturday to clear a daunting waiting list backlog, with 210 patients waiting up to 26 weeks to be seen. When we visited, this had reduced to 135 patients waiting up to 12 weeks for a routine dental consultation, which was now equivalent to the community. In addition to enabling access for patients on Saturdays, the prison also escorted patients to the dental suite during lunchtime patrol states, which demonstrated compassion.
- 4.101 The dental suite met best practice standards with a spacious surgery and separate decontamination facilities. We saw the required safety and maintenance certifications of surgical and other equipment.

Section 5 Purposeful activity

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

Time out of cell

Expected outcomes: All prisoners have sufficient time out of cell (see Glossary) and are encouraged to engage in activities which support their rehabilitation.

- 5.1 In our survey, prisoner responses were more positive than at similar prisons about time out of cell, domestic time, access to association and regular outdoor exercise. Most prisoners had good, predictable time out of cell to complete their domestic tasks and take part in association and recreational activities. During our roll checks, 17% of prisoners were locked up during the core day, which was lower than we often see, but still too high for a category C prison.
- 5.2 The prison suffered from a shortage of full-time work, training and education spaces and most were part-time. Full-time workers had around seven hours a day out of cell and part-time workers about five hours. Unemployed prisoners spent around two and a half hours a day unlocked.
- 5.3 The prison operated a split regime so that prisoners could access some purposeful activity each day. On each house block, half the prisoners allocated to part-time activity could attend either in the morning or afternoon on weekdays. During the alternate session, prisoners were unlocked to complete domestic tasks (such as showering and cleaning their cells), take exercise, socialise with their peers and interact with staff.
- 5.4 Prisoners had access to traditional recreational equipment on the wings, such as pool and table tennis, chess and other board games. The prison also provided access to a reasonable range of enrichment activities, such as fundraising and personal development opportunities (see paragraphs 4.37, 5.8–5.11).



Association equipment on house block 6A

- 5.5 Although the general culture of the prison was positive, more effort was needed to make sure that category C prisoners could access, and were encouraged to attend, full-time education, training and employment (see paragraphs 5.14 and 5.20).
- 5.6 Use of the prison library had improved. In our survey, 79% of respondents, compared with 49% at the previous inspection and 38% for similar prisons, said they could visit the library at least once a week.
- 5.7 The library held a reasonable range of stock, including required legal texts and books in foreign languages. Prisoners could also use the library for copying and printing to support further education. Library staff collected data on the number of users, but had not used this to identify and encourage non-users.
- 5.8 The library provided good support to improve literacy. The prison employed a full-time Shannon Trust literacy coordinator and had recruited 13 mentors, with daily reading sessions in the library; 11 prisoners were currently being supported. The library also supported the Reading Ahead challenge (see Glossary); 36 prisoners had enrolled with the scheme in January 2023. Storybook Dads, which enabled prisoners to record stories to send to their children, was greatly valued by those who took part.
- 5.9 The library had recently appointed a mentor as a games coordinator on house block seven to boost engagement with enrichment activities. Sixteen prisoners had joined a Dungeons and Dragons club, which encouraged decision-making, research, mathematics and negotiation.

- 5.10 The PE provision was good. The equipment and the showers in the gym had been improved since the previous inspection. The appointment of a full-time manager had increased the number of sessions available to prisoners. A well-resourced team of instructors hosted a wide range of activities, including Parkrun (see Glossary), and sessions for specific groups, such as veterans and older prisoners. In our survey, 56% respondents said they went to the gym twice a week or more, compared with 36% at similar prisons.



Poster advertising various gym activities

- 5.11 PE staff also facilitated two impressive personal development courses. The Twinning course, in partnership with Hartlepool Football Club, offered the chance for prisoners to achieve an accredited qualification and the potential to retain their links with the football club after release. The personal achievement development scheme (PADS) was aimed at younger prisoners to develop resilience, discipline and teamwork (see paragraph 4.36).



PADS course

Education, skills and work activities



This part of the report is written by Ofsted inspectors using Ofsted's inspection framework, available at <https://www.gov.uk/government/publications/education-inspection-framework>.

Ofsted inspects the provision of education, skills and work in custodial establishments using the same inspection framework and methodology it applies to further education and skills provision in the wider community. This covers four areas: quality of education, behaviour and attitudes, personal development and leadership and management. The findings are presented in the order of the learner journey in the establishment. Together with the areas of concern, provided in the summary section of this report, this constitutes Ofsted's assessment of what the establishment does well and what it needs to do better.

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

Overall effectiveness: requires improvement.

Quality of education: requires improvement.

Behaviour and attitudes: requires improvement.

Personal development: requires improvement.

Leadership and management: requires improvement.

- 5.13 Leaders had a clear expectation for all prisoners to be involved in education, skills and work that prepared them for release and employment. They had designed a curriculum to enable prisoners to develop the employability, transferrable and technical skills that employers required in the workplace. However, the curriculum did not go beyond basic levels for those prisoners who had existing skills and did not have sufficient breadth to meet all prisoners' requirements. Leaders had plans to involve a wide range of employers in education, skills and work at the prison, but this was in the early stages of development.
- 5.14 Leaders had ensured that there were sufficient activity spaces for prisoners in education, skills and work. All prisoners were offered purposeful activities, and unemployed prisoners were supported to gain employment or education placements. However, the number of full-time opportunities was limited. Leaders intended to increase the numbers of full-time places in prison industries to the full capacity and were in consultation to implement these plans.
- 5.15 A sizeable proportion of education, skills and work provision in prison industries did not fully support prisoners to gain recognition for their skills development. As a result, too many prisoners who were developing and applying good work-related and often precision technical skills, including computer coding, computerised numerical control and professional printing, left the prison without these being recognised. Vulnerable prisoners, who made up around a tenth of the prison population, did not have access to sufficient accredited training in vocational areas.
- 5.16 Leaders had not addressed the recommendations from the previous report well enough. Attendance continued to be too low, and too many prisoners accessing functional English and mathematics did not complete their studies and did not gain qualifications.
- 5.17 Novus managers ensured that the curriculum provided was appropriately planned and sequenced to enable prisoners to develop their knowledge and skills over time. However, in functional English and mathematics, tutors did not implement the curriculum consistently well. The curriculum was lacking in challenge and ambition, and was not sufficiently personalised to meet a few prisoners' individual needs. Most tutors in vocational workshops assessed the progress of prisoners well and gave helpful feedback, which supported prisoners to improve both their skills and knowledge and achieve their qualifications. Tutors frequently asked prisoners questions to assess their knowledge and observed demonstrations of their practical skills at appropriate points. Tutors provided feedback from assessments that was supportive and constructive and, as a result, most prisoners responded by making improvements to their work.
- 5.18 The allocations process was effective. Most prisoners were allocated based on their starting points for English and mathematics, previous

allocation history and, wherever possible, their chosen work pathway. When the preferred option for prisoners was not available, they were offered something alternative and suitable based on their current skills. Staff frequently took lists of vacancies in education, skills and work to inductions, and prisoners were allocated education or work quickly. Induction incorporated effective initial assessment and various activities to gather useful information to help plan next steps in education, skills training and employment. However, too many prisoners returning to the prison completed the induction process repeatedly, causing frustration.

- 5.19 The prisoner pay policy was equitable across education, skills and work. Payment was based on the time commitment for each activity, including education, and responsibilities within job roles. Prisoners were able to gain bonus payments on achieving qualifications and taking on extra responsibilities.
- 5.20 Attendance in education, skills and work was too low, despite recent improvements. Leaders had effective processes to monitor prisoners' attendance and had put in place actions to improve attendance, such as incentives and extensive promotion of the benefits of education, skills and work in the prison hubs, but the impact was minimal at the time of the inspection.
- 5.21 Prisoners had good access to the 'virtual campus' (see Glossary). They used this frequently as part of induction, lessons and in careers support sessions to track their progress and plan for release.
- 5.22 Prisoners with additional needs received good support to help them to engage with and make progress in education, skills and work. Tutors set appropriate targets and provided effective support strategies that enabled prisoners to be independent learners and team members in workshops. Prisoners in joinery with post-traumatic stress disorder and seasonal affective disorder were able to contribute to their work team at the same level as other prisoners. They had become more confident in using tools and their communication skills. In textiles, prisoners with impaired vision were provided with overlays to complete their work. This enabled them to write down orders accurately and carry out accurate measurements of textiles for cutting.
- 5.23 Leaders had an effective strategy to promote reading. They had started to implement the strategy and had consulted with prisoners to identify how best to support them. This included making books available in classrooms and staff sharing what they were currently reading. Prisoners valued the access to books in classrooms. This had improved their confidence in reading and supported them to read for pleasure. Many prisoners took these books back to their cells to improve their reading skills further. However, leaders had not implemented initial reading assessments to identify prisoners' existing reading skills.
- 5.24 Leaders had put processes in place to monitor the quality of education, skills and work. They conducted audits and learning walks, and collected feedback from prisoners. Leaders rightly recognised that they

needed to extend these processes to workshop and industries provision to assure themselves of the quality of training and to make improvements where necessary.

- 5.25 Leaders ensured that equipment and facilities used by prisoners were of a professional standard and that most workshops mirrored those in industry. As a result, prisoners were able to produce products and services to a professional standard, which replicated those within the business world. Most prisoners valued the real workplace environment when in workshops such as printing, textiles and woodworking.
- 5.26 Leaders provided most staff with appropriate training to support improvements in teaching. Recent training included target setting, providing feedback, classroom management and supporting prisoners' reading. Most staff we spoke to said that they received the training and support necessary for them to carry out their roles. However, too many tutors in English and mathematics stated they had not had sufficient training in teaching or implementing the curriculum effectively. As well as the implications for their practice, this was also having an impact on their well-being.
- 5.27 Leaders had a clear overview of the progress that most prisoners were making in education and vocational workshops. They collected helpful information, including on attendance, behaviour and progress in learning. However, actions to help prisoners who had fallen behind to catch up were not effective and were having a minimal impact.
- 5.28 In prison industries, managers did not have effective processes to monitor and gather evidence of prisoners' progress. They did not capture any information on the development of prisoners' workplace or employability skills or plan to make improvements. Employment progress workbooks were not used effectively to identify and drive the progress of prisoners in prison industries.
- 5.29 Leaders accurately tracked the destinations of prisoners after release. The proportion of prisoners in employment at six weeks after release was in line with similar establishments and was starting to increase. Leaders rightly recognised that this needed to increase further to meet the requirements of a training and resettlement prison.
- 5.30 Prisoners' behaviour was positive across most provision. Prisoner and staff rapport was positive, and there was a respectful culture in education, skills and work. However, in a few weaker lessons, such as mathematics, prisoners became frustrated and caused low-level disruption, which tutors did not address.
- 5.31 Prisoners benefited from opportunities to develop their confidence and their ability to work well together and support each other. The art group provided particularly useful therapeutic opportunities for prisoners to reflect on their decisions and next steps in and out of prison.
- 5.32 Mentors worked effectively to help engage prisoners in activities in the careers centre and in lessons. They showed good leadership,

motivation and energy as role models for other prisoners. Mentors provided support for prisoners in lessons during group activities and on an individual basis. For example, in the computer coding workshop, mentors taught other members of the group how to construct company websites to a very high professional standard. In mathematics, mentors gave prisoners methods to work out calculations such as compound interest. In business enterprise, mentors supported prisoners to create leaflets using computer software. However, mentors had not received specific training for their roles.

- 5.33 Staff provided positive activities and experiences to encourage prisoners to develop their understanding of the importance of inclusion. The library had a display of material and resources on LGBT issues, and the art group focused on creative approaches to exploring equality of opportunity and diversity topics. LGBT-designated mentors stated that everybody was treated with equal fairness in the prison, which was confirmed by prisoners working in industries.
- 5.34 Staff did not support prisoners sufficiently to develop their understanding of democratic values and did not plan well enough for the promotion of these in lessons or workshops. As a result, prisoners' understanding of these values was limited.
- 5.35 Staff provided helpful support for most prisoners in preparing for release. Employment coaches worked well with house block workers to develop their softer skills and create portfolios containing disclosure statements and curriculum vitae ready for release. Prisoners attended careers fairs where employers provided information about jobs. They received tailored support based on their job readiness that prepared them well for release.

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 In our survey, prisoners were more positive in areas relating to contact with family and friends than at similar prisons. A regular calendar of excellent family days, often specific to individual populations in the prison, such as new fathers or prisoners from the LGBT community, helped prisoners to build and maintain important family relationships. The events were planned thoughtfully and creatively to engage prisoners and their families, particularly children. For example, sessions included a 'petting zoo' using the animals from the prison, and competitions such as best-dressed child on Halloween.
- 6.2 NEPACS (formerly North East Prisons After Care Society), a charity promoting the rehabilitation of offenders, managed the visitors' centre and provided good support to prisoners' families on arrival. A family support worker provided targeted family support for complex cases, such as care proceedings in the family court, brief interventions and signposting. Unfortunately, due to staff absence, the support service offered had been reduced.
- 6.3 Capacity for face-to-face social visits had increased and sessions were available six days a week, including two weekday evenings and all day on weekends. This was better than we usually see. However, access to these sessions lacked incentive. Prisoners were only allowed two 45-minute social visits a month, which was less than the entitlement outlined in the prison's 'family and significant other' strategy. Those on the enhanced level of the incentive scheme were not awarded the extra social visit that leaders told us they were entitled to.
- 6.4 Visitors we spoke to were very positive about their experience at Holme House, particularly the visitors' centre. A consistent issue raised, however, and a significant source of frustration was that the visits booking telephone line was only available two days a week. Visitors reported spending unnecessary time trying to get through, and some resorted to contacting the visitors' centre for assistance.

- 6.5 The visits hall was a spacious, welcoming and relaxed environment. A snack bar was available to buy refreshments and an excellent play area provided a child-friendly space, but unfortunately due to staff shortfalls in NEPACS, these facilities were not always open.



Visits hall



Play area in visits hall

- 6.6 The video call facilities (see Glossary) were impressive. Each house block had individual rooms where prisoners could speak with their families in a private space. The rooms had brightly painted backgrounds, some designed for children, which again demonstrated thoughtful consideration of how the environment impacted on prisoners and their families.



Video calling facility

- 6.7 Since our last inspection, in-cell telephones had been installed and were much appreciated by prisoners. This was reflected in our survey, where 97% of prisoners said they could use the phone every day.

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 Many prisoners at Holme House were serving long or indeterminate sentences and about 63% presented a high or very high risk of harm.
- 6.9 Work to reduce reoffending had improved since our last inspection and was well coordinated. The leadership team displayed a clear understanding of the different resettlement pathways, and delivery was supported by a comprehensive strategy that was based on the local population. Work to reduce reoffending was driven by a current action plan. However, there was no recent prison-wide needs analysis, which

could have identified gaps and helped leaders to make further improvement.

- 6.10 There were effective reducing reoffending meetings to oversee delivery of the strategy, and attendance was good. Records of these meetings, and our observations, demonstrated that leaders were now focused on fulfilling the function of a category C training and resettlement prison.
- 6.11 The offender management unit (OMU) functioned well and the team was cohesive, with good leadership and regular communication. Many OMU staff were allocated as single points of contact to lead on specialist areas; this encouraged ownership and provided a good depth of knowledge in areas such as home detention curfew (HDC). Despite the impact of past vacancies which had led to high caseloads, good structures and processes and a supportive working environment enabled most tasks to be completed on time.
- 6.12 Leaders had taken steps to improve contact between prisoners and prison offender managers (POMs), with a range of ways for them to communicate, including a weekly drop-in session and phone calls direct to cells. However, in the sample of cases we looked at, contact remained too variable. Most new arrivals received an introduction letter from their POM, but some did not have any face-to-face contact until months later. In these cases, prisoners could receive responses to queries through the electronic kiosks, which was not always a suitable alternative to face-to-face communication. It was clear that the level of contact depended on the POM allocated to prisoners, and in the best examples, the POM had struck a good balance between face-to-face, telephone and kiosk contact.
- 6.13 Good oversight of OASys (offender assessment system) assessments had reduced the backlog considerably, and there were clear plans to make sure that future reviews would be completed on time. Of the 20 cases we reviewed in detail, 16 had an up-to-date assessment completed within the last 12 months, in line with our expectations. The remaining four were in line with HMPPS guidelines of two or three years.
- 6.14 The quality of OASys assessments was variable. Assessments completed jointly by the POM and community offender manager (COM) tended to be analytical throughout, including linking personal histories to the prisoner's current thinking, behaviour and attitudes. In these cases, it was evident that risk and rehabilitation had been well considered in informing the sentence plan. Other assessments, however, lacked analysis and sometimes failed to take advantage of alternative interventions that had the potential to reduce risk. Sentence plans were not always updated to reflect a prisoner's change in circumstances, with no new objectives. Plans were often solely community focused, rather than specific to the custodial setting.
- 6.15 Risk management plans were also of variable quality. Some failed to view risk holistically and the focus was on the index offence. In these cases, there was little consideration of previous offending, or

concerning behaviours that did not result in conviction but could still be indicative of triggers and contributors to current thinking, behaviour and attitudes. There were, however, some best-case examples, more consistently completed by probation offender managers; these demonstrated careful consideration of all aspects of risk and the interventions most likely to assist in managing the prisoner primarily in custody, but also in the community. Too many risk management plans failed to include non-accredited work/programmes that could also assist in managing and reducing risks.

- 6.16 Key work (see Glossary) was well embedded and much better than we usually see, and a daily briefing between key workers and the OMU was an excellent initiative (see paragraph 4.4). We saw many examples of regular key work with the same allocated staff member, allowing for the building of trust and rapport. Records were well kept, but few in our sample included specific conversations to support sentence progression. On occasion, records indicated that prisoners had requested help from their key worker to contact the OMU or for information specific to their sentence, but subsequent entries did not evidence resolution, and it was not unusual to see repeated requests for the same information. There were some examples where key work offered good support to enhance both personal and sentence progression, more noticeably in key work sessions in the substance misuse therapeutic community (see paragraph 4.90).
- 6.17 In the previous 12 months, 219 of the 314 applications for HDC (70%) had been approved. However, a combination of unsuitable accommodation in the community and prisoners arriving at the establishment shortly before or after they qualified for HDC meant that 30% of such releases were after the prisoner's eligibility date.
- 6.18 Prisoners were not being considered for release on temporary licence (ROTL) to facilitate work in the community, maintain family ties or aid resettlement. This was a missed opportunity to incentivise good behaviour and progression, and for prisoners to demonstrate trust and a reduction in risk.

Public protection

- 6.19 There were some weaknesses in the arrangements to manage high-risk releases. There was a monthly interdepartmental risk management meeting to oversee risk management processes. However, attendance was not multidisciplinary, updates were not always provided from other departments, and prisoners were discussed only two months before their release date rather than the recommended six months. Actions agreed at one meeting were not followed through to the next, so there was no assurance that suggested risk management procedures had been acted on.
- 6.20 Prisoners subject to multi-agency public protection arrangements (MAPPA) did not always have their MAPPA level confirmed within the recommended timescales. Of the 20 sample cases we reviewed, five

were MAPPA eligible and within the pre-release window of six months, but three were yet to have their level confirmed.

- 6.21 MAPPA F assessments completed for community meetings were of good standard, with some demonstrating analysis throughout and the inclusion of ways that risks could be managed. Others, however, did not link behaviour in custody to offending committed in the community and therefore factors that affected their behaviour were not clearly identified. OMU staff participated in community MAPPA meetings through video-conferencing and had attended 32 community MAPPA meetings in the previous 12 months.
- 6.22 Prisoners whose mail and telephone communications should be monitored because of their offence or other restrictions were identified on arrival and arrangements for their monitoring processed efficiently. Intelligence from monitoring was shared. However, non-English speakers subject to mail and telephone monitoring did not have their communications translated or video calls monitored.

Categorisation and transfers

- 6.23 Recategorisation reviews were on time and there was no backlog. The decisions in the cases we reviewed showed appropriate justification and rationale. However, when a prisoner was refused recategorisation, the response had insufficient context to help them understand what they needed to do to progress next time. Prisoners were not usually consulted before a review and therefore their views were not taken into consideration.
- 6.24 There were long waiting lists for the small number of accredited offending behaviour programmes available. For those with a sentence plan target to complete an accredited OBP, this made it harder for them to progress to the next stage in their sentence. In the previous 12 months, there had been 106 progressive transfers to category D establishments, which was low for the size of the population. For prisoners who were recategorised to category D, transfer to open conditions was prompt. At the time of our inspection, there were only eight category D prisoners, of whom six were returns from the open prison estate.
- 6.25 There were 109 prisoners serving life or indeterminate sentences and about 77% were beyond their tariff period. An OMU single point of contact had been allocated to this group to provide support. Some group meetings had taken place and 12 lifer peer representatives appointed recently, which was promising. The parole process was managed by a dedicated team. Of the 159 parole board hearings in the last 12 months, 52 were directed for release and five for category D; 36 were refused and the remaining 66 were adjourned.

Interventions

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

- 6.26 Programme delivery was a core function of the establishment as a category C training and resettlement prison. Although there was a shortage of accredited programmes, the prison did offer a good range of non-accredited interventions. For example, the substance misuse service provided good psychosocial interventions, including one-to-one meetings underpinned by cognitive behavioural therapy, group work and an online recovery support programme. The mental health team delivered low intensity psychological interventions, talking therapy for anxiety and depression, and some groupwork. In education, employment coaches were used effectively, and prisoners were provided with tailored support depending on their level of job readiness. The art group provided useful therapeutic opportunities for prisoners to reflect on their decisions and next steps in and out of prison. The PE department also ran an impressive course for young adults, PADS (see paragraphs 4.36 and 5.11), and a 'Talking Relationships' course was also being piloted supporting prisoners to develop healthy relationships.
- 6.27 A lack of staff had drastically reduced the accredited interventions available, and the delivery projected for the coming year did not meet the demands of the population. There had been no programmes needs analysis in over two years.
- 6.28 Waiting lists for accredited programmes were long, and some prisoners were released without completing targeted treatment or an accredited intervention to address their offending behaviour.
- 6.29 The situation was even worse for prisoners convicted of a sexual offence as there were no targeted interventions for this group.
- 6.30 There was little evidence that POMs used alternatives to accredited interventions to address criminal risks, such as the various in-cell tool-kits available. None of the prisoners in the sample we interviewed had discussed victim awareness work with their POM, and none had been referred to a victim awareness intervention.

Specialist units

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

Offender personality disorder units, including psychologically informed planned environments

- 6.31 The psychologically informed planned environment (PIPE) was now well-established, having opened in 2021 as an integral part of the national offender personality disorder pathway. Offender personality disorder commissioners received regular monitoring data to enable effective oversight of the PIPE at Holme House.
- 6.32 The PIPE had two parts. The provisional unit offered residents an opportunity to confront their offending behaviour in a respectful and supportive setting. The progression unit enabled residents from prison therapeutic communities (see Glossary) a chance to adjust to the standard prison regime, while practising prosocial coping strategies, in preparation for returning to the prison wings.
- 6.33 Applicants were referred by offender managers, with 17 nominated in the three months to January 2023. Admission and exclusion criteria were explicit and appropriate. Residents were carefully selected and supported. NHS psychologists worked with a well-led dedicated prison team to assess applicants and support residents using psychologically informed approaches.
- 6.34 Prison officers received psychological training and personal supervision, as well as daily and weekly peer support opportunities. Each resident had a weekly personal support meeting with a key worker, as well as attending small group activities. Life-sentenced residents had recently initiated a group to encourage constructive management of their anxieties in applying to the parole board.
- 6.35 Residents we spoke to, appreciated the opportunities for them on the PIPE, although there was universal criticism of the prison food (see paragraphs 4.14–4.15). Staff and residents worked purposefully together in gathering evidence to support an application for Royal College of Psychiatrists Enabling Environments accreditation.
- 6.36 Residents who were deselected from the PIPE could subsequently re-enter after further assessment. Staff supported residents leaving the unit in their transition to wings or release.

Release planning

Expected outcomes: The specific reintegration needs of individual prisoners are met through an individual multi-agency plan to maximise the likelihood of successful reintegration into the community.

- 6.37 Around 100 prisoners a month were released from Holme House and most went to suitable accommodation on their first night, but there was insufficient evidence to measure whether this accommodation was sustained over time.
- 6.38 The unification of probation services in 2021 had left gaps in the provision of resettlement services, but there had been good efforts to mitigate these through in-house services where possible. A dedicated pre-release team was responsible for meeting all medium- and low-risk prisoners 12 weeks before their release, to support release arrangements and signpost them to services in the community.
- 6.39 While high-risk cases were the responsibility of the COM, the pre-release team sent them a release planning questionnaire which they then referred to the relevant COM for action. This encouraged good partnership working.
- 6.40 Where required, prisoners were assisted to open bank accounts, and they were aware they could speak to an employment officer or Jobcentre Plus before release. One of the prisoners we interviewed spoke of the valued support he had received, and the plans for him to start a landscaping course on his release.
- 6.41 We saw good evidence of some positive outcomes for prisoners within the 12-week pre-release period. The cases of those being transferred to the community were generally handed over on time, and subsequent input from COMs was mostly positive.
- 6.42 Prisoners received good practical support on their day of release in the discharge lounge based in the visitors' centre. There was evidence that staff had gone above and beyond their role where needed to help a prisoner get home or provide basic amenities, particularly for those not returning to family members.

Section 7 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 2020, work to support prisoners in their early days was poor. More than one in five prisoners reported feeling unsafe. Overall levels of violence were similar to comparator prisons and the strategy to reduce violence needed to be more robust. Not enough was done to motivate good behaviour. The use of force was not proportionate in all the cases we reviewed. The regime and behaviour of some staff in the segregation unit were concerning. Intelligence was managed well, and an effective use of technology disrupted the supply of illicit items. Positive drug testing rates had dropped significantly. However, some procedural security measures were disproportionate for a category C prison. There had been three self-inflicted deaths since the last inspection. Self-harm had increased significantly and the quality of support for prisoners struggling to cope was too variable. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

Safeguards should be in place to ensure that all prisoners arriving at Holme House are kept safe during their early days, including risk assessments that are conducted in private and enhanced safety checks overnight.

Achieved

Prisoners should be provided with an effective comprehensive induction to ensure that they have sufficient knowledge to access services and regime activities at the prison.

Partially achieved

The prison should develop a comprehensive violence reduction action plan, which is overseen and regularly reviewed by safety managers to ensure it is effective.

Achieved

Force should be used as a last resort and justified on all occasions. Governance arrangements should ensure that all staff behave appropriately and professionally during incidents and use de-escalation techniques throughout.

Partially achieved

Segregated prisoners should be kept safe with intervention and care appropriate to their individual circumstances and needs.

Not achieved

Prisoners at risk of self-harm or suicide should receive effective, well documented care.

Achieved

Recommendations

Prisoners should only be strip searched when there is sufficient specific intelligence and proper authorisation.

Achieved

The daily regime for self-isolators should be reliable and provide, at minimum, exercise, a shower and a telephone call.

Achieved

Early learning reviews from deaths in custody should be shared immediately with the safer custody team, and actions from these should be alongside the PPO recommendations action plan to ensure that issues are identified and addressed promptly.

Achieved

Staff carrying out constant watches should observe the prisoner at all times.

Achieved

Staff should be aware of their statutory safeguarding duties and there should be a coordinated approach to ensuring that the safeguarding needs of prisoners are met. This should include prompt referral, care planning and ongoing monitoring.

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2020, relationships between staff and prisoners were too variable, and the attitudes and behaviours of some staff undermined plans to develop a rehabilitative culture. Too many cells were poorly equipped, and showers required refurbishment. Prisoners were negative about the food. The application process worked reasonably well but there were weaknesses in the complaints system. Prisoner consultation had insufficient profile and momentum to be effective. Work to support prisoners with protected characteristics evidenced some improvement, but there was insufficient investigation of discrimination complaints. Faith provision and pastoral support were good. Health services were reasonably

good, and the comprehensive drug recovery strategy had promising treatment outcomes. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

The discrimination complaints procedure should ensure that complaints are investigated thoroughly, and that responses are prompt and independently scrutinised.

Achieved

Health service delivery should be informed by effective and regular prisoner consultation.

Achieved

Patient requiring hospital admission under the Mental Health Act should be transferred within national guideline of 14 days.

Not achieved

Recommendations

Young adults should not share a cell with older prisoners without appropriate risk assessment.

Achieved

Prisoners should be allowed to receive an initial clothing parcel from their family or friends during their early days in custody.

Achieved

Prisoners should have opportunities to dine in association and to self-cater.

Not achieved

Responses to prisoners' complaints should be respectful and always fully address the concerns raised.

Achieved

Prisoners should have regular and meaningful opportunities to influence decisions about prison services, routines, and facilities.

Achieved

All clinical waste should be stored and disposed of safely and securely.

Achieved

Prisoners should receive a health consultation in private, unless the risk assessment suggests otherwise.

Achieved

Prisoner carers should receive training for the role and have access to regular supervision.

Achieved

Prison officers should consistently monitor and manage medication administration queues to reduce the opportunities for bullying and diversion and maintain patient confidentiality at the hatch.

Achieved

Prisoners should receive in-possession medication following a consistent recorded risk assessment that is regularly reviewed.

Achieved

Purposeful activity

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

At the last inspection, in 2020, time out of cell was insufficient for a category C prison. Library and gym facilities were good but there were problems with access. The education, skills and work curriculum did not fully meet prisoners' needs, and the allocation process required improvement. The prison had enough full-time activity places, but they were not used effectively. There were some good commercial workshops. Achievement rates were generally high but those in English and mathematics required improvement. Behaviour in education and workshops was good. Overall attendance was too sporadic, and punctuality was not consistently good. Too many prisoners allocated to wing work were not purposefully occupied. Useful enrichment activities were not well promoted. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

Prisoners should have regular and predictable time out of cell that is sufficient to promote rehabilitation and mental well-being.

Not achieved

Leaders and managers should ensure that teachers and instructors help all prisoners to improve their English and mathematical skills to an appropriately high level. Education managers should promptly identify prisoners who could become disengaged from learning, and work closely with prison managers so that all prisoners on their course and achieve their qualifications.

Not achieved

Leaders should rapidly implement existing plans to introduce a curriculum that meets all prisoners' needs. They should introduce quality assurance arrangements that allow them to improve fully all provision, make sure that prisoners commence their allocated activity on time, and ensure that prisoner pay rates act as an incentive to participation in education.

Partially achieved

Leaders and managers should ensure that all prisoners attend their activities as planned, including arriving and commencing their allocated activity promptly, remaining for the full duration and being occupied fully throughout the core day.

Not achieved

Recommendation

Prisoner access to the library and gym should be robustly monitored to ensure that it is equitable.

Not achieved

Rehabilitation and release planning

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

At the last inspection, in 2020, children and families work was good with the exception of visits, which regularly started late. There was better integration of risk management and resettlement work across departments and the backlog of outstanding OASys (offender assessment system) assessments had reduced significantly. Contact between prison offender managers and prisoners was very poor. Recategorisation decisions were prompt but there were delays moving prisoners to category D prisons. Too many prisoners were released after their home detention curfew (HDC) eligibility date. Public protection arrangements were generally sound. The prison delivered a range of accredited programmes but there were some issues with prompt allocation, which had an impact on prisoner progression. Release planning was good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

Prisoners should be allocated promptly to interventions that are based on an up-to-date analysis of risk and needs.

Not achieved

Prison offender managers should have regular, good quality contact with prisoners to help them reduce their risk and progress their sentence.

Not achieved

Recommendations

Visits should start at the advertised time for all prisoners.

Achieved

The reducing reoffending strategy and action plan should be informed by a comprehensive and up-to-date population needs analysis.

Achieved

Category D prisoners should be moved promptly to open conditions.

Achieved

There should be an up-to-date analysis of the offending behaviour needs of the population to inform the provision of an accredited programmes and other interventions to help prisoners address thinking and behaviour.

Not achieved

Appendix I About our inspections and reports

HM 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, 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 HM 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 outlines the priority and key concerns from the inspection and our judgements 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/hmiprisons/our-expectations/prison-expectations/>). Section 7 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 Kettle	Peer reviewer
Deborah Butler	Team leader
Ian Dickens	Inspector
Lindsay Jones	Inspector
Ali McGinley	Inspector
David Owens	Inspector
Chris Rush	Inspector
Nadia Syed	Inspector
Dionne Walker	Inspector
Helen Downham	Researcher
Emma King	Researcher
Helen Ranns	Researcher
Reanna Walton	Researcher
Maureen Jamieson	Lead health and social care inspector
Paul Tarbuck	Health and social care inspector
Helen Jackson	Pharmacist
Joe White	Care Quality Commission inspector
Jonny Wright	Lead Ofsted inspector
Malcolm Bruce	Ofsted inspector
Dan Grant	Ofsted inspector
Paul Johnstone	Ofsted Inspector

Appendix II Glossary

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

Buvidal

A medicine used to treat dependence on opioid (narcotic) drugs such as heroin or morphine.

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.

Key worker scheme

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

Leader

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

Offender management in custody (OMiC)

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

Parkrun

A non-profit organisation that supports almost 800 communities across the country to coordinate free volunteer-led events for walkers and runners.

PIPE (psychologically informed planned environment)

PIPEs are specifically designed living areas where staff specially trained in psychological understanding aim to create a supportive environment that can facilitate the development of prisoners with challenging offender behaviour needs.

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).

Reading Ahead

Literacy scheme where prisoners pick six books to read and review them in a personal reading diary.

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 call can be booked, users must upload valid ID.

Social care package

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

Therapeutic community (TC)

Therapeutic communities provide group-based therapy within a social climate that promotes positive relationships, personal responsibility and social participation. TCs address a range of prisoner needs, including interpersonal relationships, emotional regulation, self-management and psychological well-being.

Time out of cell

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

Virtual campus

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

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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