



Report on an unannounced inspection of

HMP Preston

by HM Chief Inspector of Prisons

7–23 March 2023



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Introduction

HMP Preston is an ageing men's reception prison serving courts in Lancashire, that held 680 prisoners at the time of our inspection. It is not bedevilled by the same staffing pressures from which many English prisons suffer and was only 12% off its full complement of officers, although leaders were expecting to lose staff on detached duty to other prisons in the near future.

The governor, who had been in post for nearly a year, had introduced a fresh vision and a determination to address some negative outcomes for prisoners. The poor behaviour by staff members we saw in use of force footage, and which was reported to us by prisoners, was a clear demonstration of a negative staff culture that continued among some officers.

Aided by a new deputy, the governor was working to develop the capability and experience of the leadership team. He had moved his and other leaders' offices so that they were next to the main part of the jail and staff frequently told me how much they appreciated seeing him on the wings.

Overall, the prison was reasonably safe, with violence at similar levels to the average rates for reception and resettlement prisons, and more serious incidents were rare. The ingress of illegal drugs, which were often the cause of violence, bullying and debt, continued to be a major challenge and leaders were working hard to reduce the supply. There were creative solutions in place to improve the behaviour of some violent prisoners, but others were not being given sufficient support or helped to change.

Unusually, inspectors were positive about the quality of ACCT documents (case management for prisoners at risk of suicide or self-harm), where quality assurance by leaders meant that the standard was consistently good, although there was scope for improvements in the quality of some support plans.

Living conditions for many prisoners continued to be poor; too many shared small cells designed for one with inadequately screened lavatories. The wings were kept reasonably clean but not enough to deter the prison's large rat population. Efforts had been made to refurbish some showers and communal toilets, but significantly more investment was needed to bring conditions up to a decent standard across the site.

The head of health care was doing an outstanding job and standards had improved markedly since our last inspection, with a strong and proactive staff team working to improve outcomes for a population that had many difficulties with mental health and substance misuse. The governor had worked to develop the partnership with the health care provider and this had led to innovations such as a nurse being linked to the segregation unit to provide support for both prisoners and staff, and remand prisoners being allowed to join the excellent substance misuse unit.

Another good partnership with the education provider meant that a good proportion of prisoners were allocated to education, work or training, with suitable opportunities in place for what was a largely transient population. This

meant that most prisoners were spending more time out of cell than we often seen in similar prisons, although there was still more to do to increase unlock time at weekends and for unemployed prisoners, where levels remained poor.

The biggest disappointment in this inspection was the reduced access to family visits. The prison had recently introduced a new booking system that was supposed to address some long-term difficulties, but they had not been resolved and a lack of monitoring meant that leaders had not noticed the problems that many prisoners described to me when I walked round the jail. Elsewhere, the offender management unit was doing some good reactive work when prisoners were due to move, but otherwise they had little or no interaction with their offender managers, which was compounded by the very limited amount of key work that was taking place. This failed to reduce the risk of harm they presented, particularly those convicted of sexual offences who would be released into the community from HMP Preston.

Overall, this was a positive inspection and inspectors left with a sense that there was some real momentum within the prison. I hope the findings in this report will give the governor and his team assurance that they have the right priorities, but that they also serve as a benchmark for further improvement. A little more clarity about milestones, targets and monitoring arrangements against each priority will help to drive progress. Provided there is continuity of leadership, I am confident that Preston will continue this positive journey.

Charlie Taylor

HM Chief Inspector of Prisons

May 2023

What needs to improve at HMP Preston

During this inspection we identified 12 key concerns, of which five 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. **Far too few prisoners said the prison induction covered everything they needed to know, and it was unnecessarily delayed.** This was a concern given the number of prisoners new to custody and their high levels of need.
2. **Drugs were too easy to get hold of, and their use was directly linked to debt and violence.**
3. **Prisoners said a small number of officers behaved in a heavy-handed and disrespectful manner.** We saw evidence of force being used inappropriately against prisoners, along with foul and abusive language.
4. **Support to help prisoners stay in contact with their family and friends was limited, and an ongoing problem with the visits booking system had not been resolved.**
5. **Vacancies in the offender management unit and the pre-release team persisted meaning prisoners, including those convicted of sexual offences, had too little contact with their offender manager which undermined work to address their risks and needs before release.**

Key concerns

6. **It was difficult for prisoners to get basic queries and problems resolved promptly because key work contact was very limited, and the application system was not working well.**
7. **Despite some improvements, living conditions were not sufficiently good in many parts of the prison.**
8. **Patients needing specialist care waited too long to be transferred to hospital under the Mental Health Act.**
9. **Unemployed prisoners had too little time out of cell, there was no evening association time for anyone and the regime at weekends was poor.**

10. **Attendance at activities was too low.**
11. **Instructors in prison industries did not receive sufficiently structured feedback to help them improve quickly enough.**
12. **Remanded and unsentenced prisoners could not receive help with their accommodation problems, such as maintaining their tenancy or dealing with rent arrears.**

About HMP Preston

Task of the prison

A category B local resettlement prison for young men and adult males.

Certified normal accommodation and operational capacity (see Glossary)

Prisoners held at the time of inspection: 680

Baseline certified normal capacity: 426

In-use certified normal capacity: 426

Operational capacity: 680

Population of the prison

- An average of 260 prisoners were received each month.
- 53 prisoners were foreign nationals.
- 18% of prisoners were from black and minority ethnic backgrounds.
- An average of 47 prisoners were released each month.
- An average of 220 prisoners were receiving support for substance misuse.
- 178 prisoners were referred for mental health assessment each month.

Prison status and key providers

Public

Physical health and substance misuse treatment provider: Spectrum

Community Health CIC

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

Dental health provider: Smart Dental

Prison education framework provider: Novus

Escort contractor: GEOAmev

Prison group

Cumbria and Lancashire

Prison group director

John Illingsworth

Brief history

HMP Preston was built in 1790. In 1990, it became a local prison and continues to serve courts in Cumbria and Lancashire.

Short description of residential units

A1 – segregation unit

A2 – complex case unit

A3/4/5 – general population

B – vulnerable prisoner unit

C1/2 – induction and first night centre

C3/4 – general population

D – general population

F – full-time worker unit

G – substance misuse recovery unit

Name of governor and date in post

Daniel Cooper, 19 May 2022

Changes of governor since the last inspection

Steven Lawrence, until early 2022

Independent Monitoring Board chair

Ian Phillips

Date of last inspection

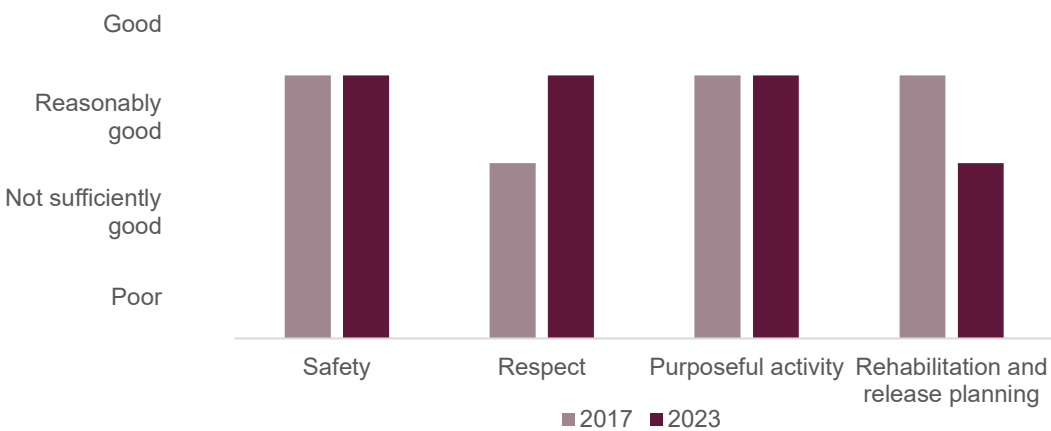
6–17 March 2017

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 HMP Preston, we found that outcomes for prisoners were:
- reasonably good for safety
 - reasonably good for respect
 - reasonably good for purposeful activity
 - not sufficiently good for rehabilitation and release planning.
- 1.3 We last inspected HMP Preston in 2017. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Preston prisoner outcomes by healthy prison area, 2017 and 2023



Progress on key concerns and recommendations from the full inspection

- 1.4 At our last inspection in 2017 we made 56 recommendations, four of which were about areas of key concern. The prison fully accepted 40 of the recommendations and partially (or subject to resources) accepted 10. It rejected six of the recommendations.
- 1.5 At this inspection we found that two of our recommendations about areas of key concern had been achieved, one had been partially achieved and one had not been achieved. Two recommendations made in the area of respect had been achieved and one

recommendation had been partially achieved. One recommendation made in safety had not been achieved. For a full list of the progress against the recommendations, please see Section 7.

Progress on recommendations from the scrutiny visit

- 1.6 In August 2020, during the COVID-19 pandemic, we conducted a scrutiny visit at the prison. Scrutiny visits (SVs) focused on individual establishments and how they were recovering from the challenges of the COVID-19 pandemic. They were shorter than full inspections and looked at key areas based on our existing human rights-based *Expectations*. For more information on SVs, visit <https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/covid-19/scrutiny-visits/>.
- 1.7 At the SV we made six recommendations about areas of key concern. At this inspection we found that one recommendation had been achieved, one had been partially achieved and one had not been achieved. Three were found to be no longer relevant.

Notable positive practice

- 1.8 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.
- 1.9 Inspectors found four examples of notable positive practice during this inspection.
- 1.10 A dedicated mental health nurse worked in the segregation unit. They monitored prisoners' welfare, ran health-related activities, and offered advice to staff. Psychological support was also available for staff every month. Those involved said it was helpful, particularly when managing very challenging prisoners. (See paragraphs 2.15 and 3.26.)
- 1.11 Prisoners on remand received support to address their addiction problems by being accepted onto the recovery wing, which is usually only available for convicted prisoners in other establishments. (See paragraphs 2.15 and 4.77.)
- 1.12 As part of an under-25s strategy, younger adults had their individual risks assessed and identified early, which meant they had prompt access to health services and ongoing support. (See paragraph 4.52.)
- 1.13 Leaders were helping prisoners improve their functional skills in maths and English by delivering sessions that combined classroom-based learning with recreational gym sessions. (See paragraph 5.11.)

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 governor and deputy were new to HMP Preston but had already provided strong direction and leadership, with a clear set of priorities and an ambitious vision. They included improving the long-established staff culture, which had been described as 'traditional.' Many staff were excellent role models, but they were undermined by a few examples of unacceptable behaviour. The results of our staff survey showed mixed views about leaders' responses to their colleagues' poor behaviour – 40% said it was occasionally challenged and 16% felt it was never challenged.
- 2.3 Responsibilities within the senior leader and middle manager teams had been reallocated so they could extend their knowledge and experience and bring fresh vision and enthusiasm to their work. Both the governor and the deputy were very visible around the prison and many staff we spoke to were positive about their new style of leadership. Some middle managers were now located on the residential units and the governor and deputy had moved offices to be nearer to the centre of the prison.
- 2.4 Over the previous few months, leaders had improved officer numbers and retention rates, and reduced the number absent due to sickness. The proportion of officers available for operational duties was much higher than we have seen in similar prisons. Over half of all officers had under two years in post, and there was a sensible focus on supporting them. A new staffing profile was being developed and would be in place within the following months to improve the regime.
- 2.5 Oversight of the reception and early days processes had failed to recognise the concerns we raised. These included orderlies handling prisoners' property and being present during stirp searching, poorly prepared first night cells and a delay in the induction session being delivered.
- 2.6 Leaders had not developed a wide enough range of rewards or incentives to encourage prisoners to behave well. For example, the range of peer worker roles was narrow, progression pathways were limited, and staff rarely recorded praise for prisoners' positive behaviour.

- 2.7 In 2022, extensive consultation had been undertaken with staff and prisoners to understand better the causes of self-harm and violence. Data analysis was good, providing clear evidence of the drivers for both, but despite a focus on stopping illicit items getting into the prison, the availability of drugs remained a significant risk.
- 2.8 The governor had made sure that stability and good order had been maintained and the regime was delivered reliably. We found about a quarter of prisoners locked in their cells during the working day, which was better than we have seen in many other similar prisons. Purposeful activity was a key priority for leaders and there were enough education places to meet prisoners' needs, but attendance was too low.
- 2.9 Leaders had established effective partnership working across most functions. Health care was very well led, and the governor understood the importance of these services for such a complex and vulnerable population, appointing extra staff to support the work. A partnership with the regional violence reduction network had enabled some prisoners to take part in workshops aimed at understanding knife crime and its impact on victims.
- 2.10 HM Prison and Probation Service (HMPPS) had not addressed probation staff vacancies in the offender management unit (OMU) or among the pre-release team. The centrally led HMPPS contract for housing provision did not include prisoners on remand.
- 2.11 Leaders had failed to identify an ongoing problem with the visits booking line, which had resulted in a significant drop in the number of prisoners seeing their family or friends.
- 2.12 Some investment had been made by HMPPS such as funding for new showers and flooring, but far more was needed to improve living conditions to an acceptable standard across the prison. The longstanding overcrowding problem persisted which meant that many cells designed for one were holding two.
- 2.13 Leaders had improved performance management through the introduction of a proactive weekly meeting, and middle managers we spoke to felt that this held them to account. The safety team was particularly strong and experienced. Accountability and oversight had been strengthened in some departments but was more limited in the OMU.
- 2.14 Data were analysed well in many departments, but there was sometimes too little evidence of action being taken as a result. For example, there was no action plan to address the weaknesses in equalities and diversity outcomes. The self-assessment report showed a very good understanding of the prison's problems but did not include enough measures of success against which to demonstrate improvements.
- 2.15 Leaders were actively promoting innovation. For example, a mental health nurse worked in the segregation unit to support prisoners and

advise staff (see paragraph 1.10), and the governor had allowed remanded prisoners to access support from the drug recovery wing (see paragraph 1.11).

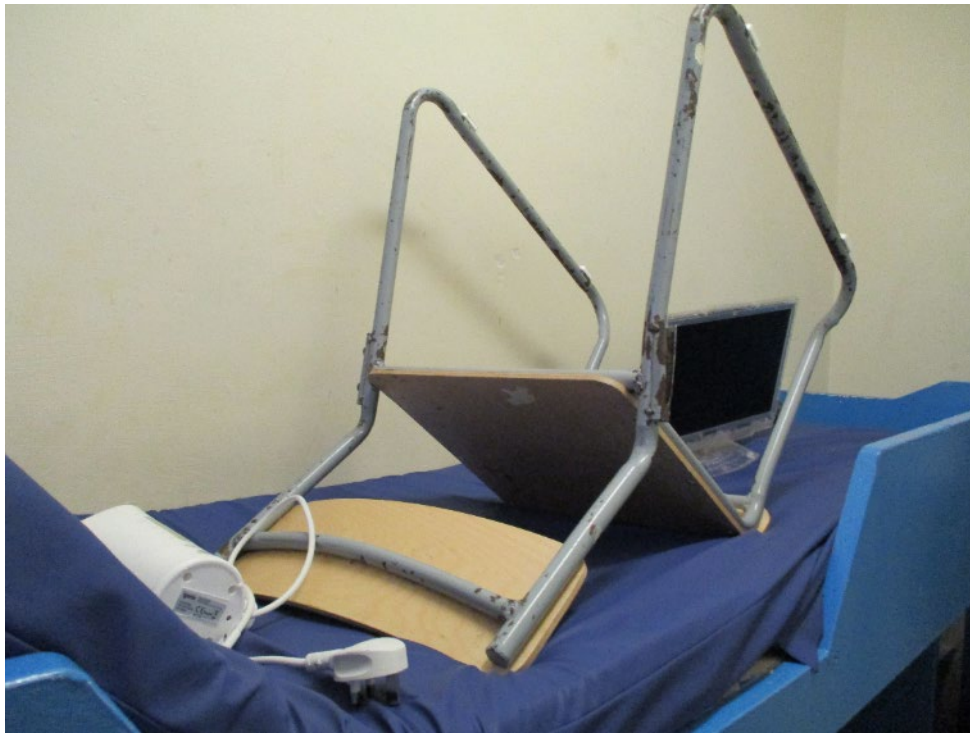
Section 3 Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

Expected outcomes: Prisoners transferring to and from the prison are safe and treated decently. On arrival prisoners are safe and treated with respect. Risks are identified and addressed at reception. Prisoners are supported on their first night. Induction is comprehensive.

- 3.1 There was huge pressure on spaces and the prison was almost always full. The needs of the population had changed significantly since 2017 and the percentage of prisoners who were remanded or unsentenced had increased from one third to nearly two thirds.
- 3.2 The reception area was far too small for the number of prisoners passing through, which caused some to wait too long in escort vans or holding rooms. There were also problems with the delayed arrival of some escort vehicles which held up transfers, and during the inspection we saw a large group of men who did not leave Preston until 3.30pm when they should have left in the morning, which prevented staff from dealing with the new receptions promptly.
- 3.3 Prisoners were offered a shower on arrival, a meal and a phone call. However, there was no useful information on display in holding rooms and prisoners could not meet with peer workers, such as Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). Orderlies handled prisoners' property, which was not appropriate, and were sometimes present while new arrivals were strip-searched (see paragraph 3.27), which was completely unacceptable.
- 3.4 A nurse interviewed prisoners in reception and once they were in the first night and induction unit, prison staff spoke to them in private. The focus on safety was good – staff checked on new prisoners throughout their first night. The unit was in a basement so it was bleak, and cells for new arrivals were poorly decorated and not very well prepared.



First night cells

- 3.5 Time out of cell (see Glossary) in the first night and induction unit was limited to just two hours a day and some prisoners convicted of or charged with sexual offences spent far too long in the unit because of a lack of space on the vulnerable prisoner wing.
- 3.6 In our survey, only 35% of prisoners said that their induction covered everything they needed to know. It was delivered reliably but was unnecessarily delayed by a working day. For example, those arriving on a Thursday would not attend their session until the following Monday, which was a concern given the number of prisoners new to custody and their high levels of need.
- 3.7 Prisoners struggled to obtain an initial social visit because calls to the booking line were not answered (see paragraph 6.2). There were significant delays in prisoners being able to have additional phone numbers added to their account. It sometimes took up to three weeks and was a source of frustration for many.

Managing behaviour

Expected outcomes: Prisoners live in a safe, well ordered and motivational environment where their positive behaviour is promoted and rewarded. Unacceptable conduct is dealt with in an objective, fair, proportionate and consistent manner.

Encouraging positive behaviour

- 3.8 In our survey, 29% of prisoners felt unsafe at the time of the inspection, which was similar to other reception and resettlement prisons we have inspected. In the previous 12 months, 250 assaults had been carried out by prisoners. About 80% were against other prisoners, while 20% were against staff. The rate of prisoner-on-prisoner assault had been increasing and levels for the previous year were just slightly above average compared to other similar prisons. Few incidents of violence were serious.
- 3.9 Leaders had identified drugs and associated debt as the main causes of violence and were appropriately focused on them, for example, they made efforts to reduce the availability of drugs (see paragraph 3.29) and had introduced a new debt management policy.
- 3.10 Incidents involving violence were investigated by a member of the safety team and discussed at the weekly safety intervention meeting. Some prisoners received good support through a challenge, support and intervention plan (CSIP) (see Glossary), but others whose behaviour was equally problematic had not been considered suitable for a plan. For example, only one of the five prisoners who had been on the basic level of the incentives scheme for the longest was being managed using a CSIP. The others had no plan to address their poor behaviour.
- 3.11 CSIPs were used to manage some of the most disruptive prisoners, including some reintegrating from the segregation unit, but they did not provide the support needed to change their behaviour. Staff referred to them as 'strict CSIPs' and they only involved the use of separation rather than anything more constructive. These men were separated from the general population, sometimes for several weeks, only coming out of their cells for about an hour a day on their own or alongside the cleaners. They could not always take part in exercise, and their meals were brought to their door. Their regime was not always well recorded and was not overseen by managers to safeguard their well-being while separated.
- 3.12 Work to reduce violence drew on a range of other departments including the activities team and the offender management unit and prisoner peer workers had been introduced to support the work. Some additional funding had been secured from the Lancashire Violence Reduction Network, with whom managers had developed a good working relationship. This involved the delivery of workshops to explore

the impact of knife crime on victims alongside a weapons amnesty for prisoners.

- 3.13 Overall, there were too few interventions to help prisoners change their behaviour or to support victims. Time for Change, an encouraging group work programme for young adults was suspended at the time of the inspection (see paragraphs 4.35 and 6.28).
- 3.14 There were not enough incentives to promote or reward good behaviour. For example, there was no enhanced level unit. The incentives scheme had been redesigned to encourage staff to recognise good behaviour, but it was too early to see any impact. In the previous 28 days, no entries had been recorded on NOMIS about the behaviour of two thirds of prisoners. Where an entry was recorded, only about a quarter related to prisoners' good behaviour.
- 3.15 Prisoners who were self-isolating because they had been threatened or feared violence were known to wing staff, but they received varying levels of support. Staff did not always keep a record of their daily regime and there was not always a plan for addressing the causes of their isolation.

Adjudications

- 3.16 There had been just over 2000 adjudications during the previous 12 months. Charges were applied appropriately and in response to the most serious offences, including drug misuse, possessing illicit items, and violence. In the sample we reviewed, investigations were more thorough than we usually see, exploring motivating factors as well as the offence itself. We also saw a good use of suspended sanctions for behaviour related to substance misuse, to allow the prisoner time to engage with the recovery team.
- 3.17 Leaders had reasonably good oversight of adjudications through a quarterly meeting, and the governing governor quality assured 10% of cases. Few adjudications were late and adjournments were granted for valid reasons such as gathering further evidence or seeking legal advice. Offences that had been referred to the police were generally dealt with fairly promptly, but a few cases had taken over a year to resolve, and prison leaders were looking into the reasons why this happened.

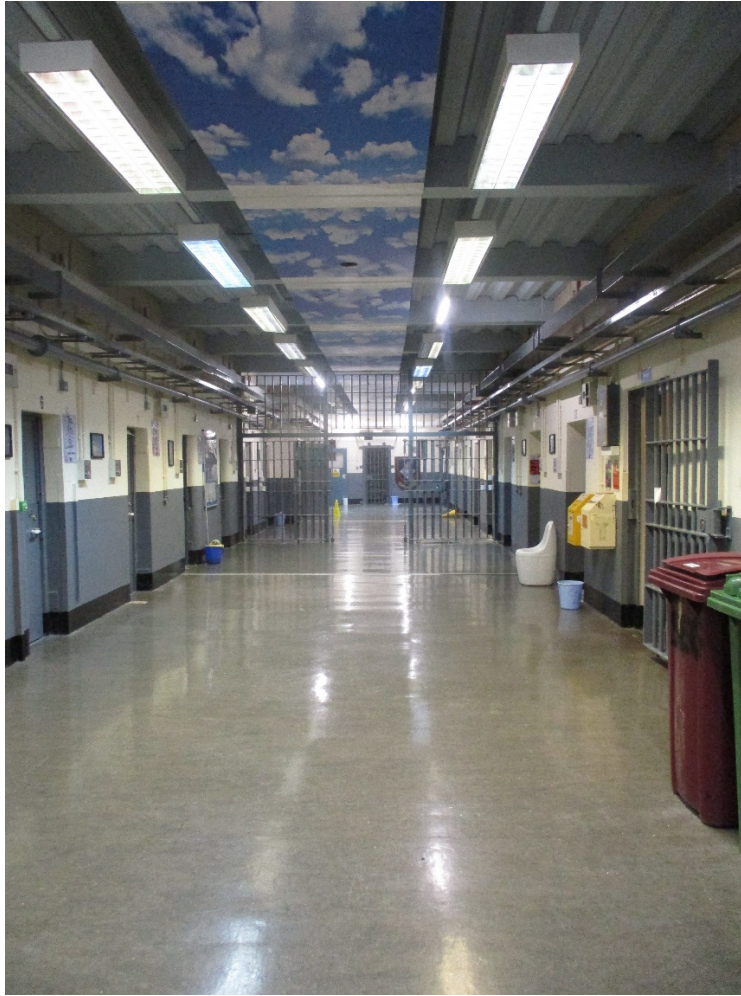
Use of force

- 3.18 Force had been used against prisoners 434 times in the previous year, and levels were similar to other reception and resettlement prisons. Force was used mostly in response to non-compliance and violence.
- 3.19 Over the previous 12 months, batons had not been used, but PAVA (an incapacitant spray) had been used six times. On two occasions, it had been used against prisoners who were threatening to self-harm but there had been an inadequate focus on resolving the prisoners' underlying problems before resorting to the use of PAVA.

- 3.20 We reported several issues about the use of force to senior leaders during the inspection. In the footage we viewed, we were not satisfied that the level of force was justified in every case. For example, pain-inducing methods were used inappropriately on prisoners who were compliant, and control and restraint techniques were poorly applied in one case. We saw incidents in which the prisoner was told not to speak during the restraint and when they did, staff responded by using more force than necessary. We also heard staff using foul and offensive language aimed at the prisoners which was unacceptable behaviour.
- 3.21 Governance had been strengthened recently with the introduction of a full-time coordinator. A range of meetings took place, including a strategic monthly and quarterly meeting, which looked at a good selection of data and had identified actions needed to address the issues, such as the lack of planned interventions. A weekly scrutiny meeting reviewed all incidents of force, but it had failed to pick up on the issues we found. The use of body-worn cameras was improving with most incidents having some footage, but cameras were often not switched on early enough to capture the lead-up to an incident.
- 3.22 The use of special accommodation was much lower than at our previous inspection and in the previous 12 months, it had only been used on one occasion for a very short period.

Segregation

- 3.23 A total of 407 prisoners had been segregated in the previous 12 months but stays were relatively short – at an average of five days. For those staying over seven days, a reintegration plan was put in place, and most were good, providing prisoners with short-term and long-term goals. However, a small number of plans over-relied on punitive approaches, providing little constructive support or help (See managing behaviour). While some of these decisions might have been appropriate to manage prisoners' risks, there were no safeguards to make sure that the prisoner's welfare was monitored during this period of ongoing separation.
- 3.24 Internal communal areas in the segregation unit were clean and leaders had made efforts to brighten up the environment through murals and pictures.



Segregation unit

- 3.25 Cells were clean and maintained to a good standard, but they had no plug sockets or curtains. The daily regime was very limited, for example, prisoners could only spend 30 minutes a day in the open air and the exercise yards remained cramped and caged. They could not take part in activities, such as work or education in the main prison.
- 3.26 Leaders had developed support for staff and prisoners in the unit. A dedicated mental health nurse monitored prisoners' welfare, provided health-related activities and offered advice to staff. Psychological support was also available to staff every month and those who had used it said it was helpful, particularly when managing very challenging prisoners. (See paragraph 1.10.)

Security

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

- 3.27 Most security measures were proportionate, but a few were excessive, such as the routine strip-searching of prisoners on arrival and on release, which was not based on an individual risk assessment, and the routine handcuffing of prisoners to each other while being walked to the prison escort van (see also paragraph 3.3). Prisoners had to wear a high visibility bib during any visits, which we rarely see at other prisons.
- 3.28 In our survey, 36% of prisoners said it was easy to get hold of illicit drugs. Leaders had resumed mandatory drug testing in April 2022, and this showed an overall positive rate of 24%, which was high. Most prisoners tested positive for psychoactive substances or cannabis.
- 3.29 Leaders were taking steps to tackle the problem, for example, installing additional netting over some exercise yards to catch items being thrown over the wall, and introducing technology, including the body scanner and a machine to test mail for drugs. Leaders had good connections with regional teams to provide drug dogs and help with searching, and they used a range of operational tactics to disrupt the supply of drugs. Arrangements for managing staff corruption were undermined because there was no enhanced security at the staff entrance.
- 3.30 The flow of intelligence was good – staff had submitted 8282 reports in the previous 12 months, twice as many as before our previous inspection. Intelligence was processed efficiently and was used to identify threats. Some required action, such as undertaking suspicion drug testing, could not be carried out because of a lack of staff in the dedicated search team.

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

- 3.31 There had been 390 incidents of self-harm in the previous year. Recorded levels and the proportion of prisoners who harmed themselves were both slightly below the average compared to similar prisons. The number of life-threatening incidents had declined since a peak in the spring of 2022.
- 3.32 There had been two self-inflicted deaths since the 2017 inspection. The safety team had recently renewed its focus on the Prisons and Probation Ombudsman (PPO) recommendations to make sure they were embedded in practice. The health care team's commitment to learning lessons from the PPO's investigations into deaths from natural causes was impressive (see paragraph 4.42). The safety team's own investigations into life threatening incidents were not thorough enough and opportunities to learn lessons were missed.
- 3.33 Prisoners received support from a well-staffed and skilled safety team, which was co-located with the mental health team, close to the centre of the prison. The safer custody hotline, through which families could raise concerns, was answered promptly when we tested it.
- 3.34 Strategic work to reduce self-harm was limited and leaders' priorities were not yet driven by a coherent set of measurable action. Plans developed following a series of safety consultation events in 2022 were now out of date and, while the monthly strategic safety meeting considered a good range of information, it was not always well attended.
- 3.35 The decision to allocate most assessment, care in custody and teamwork (ACCT) case management reviews for prisoners at risk of suicide or self-harm to two experienced supervising officers from the safer custody team had led to an impressive degree of consistency and quality. These officers had established good relationships with prisoners. However, some care plans were not comprehensive as they did not include targets to address all of the issues that had been identified.
- 3.36 Leaders were developing a range of interventions for prisoners in crisis. They included a talking therapy service, which helped a small number of prisoners to address past trauma. Health care staff could also prescribe horticulture as a form of therapy (see paragraph 4.67).

- 3.37 Despite the lack of access to Listeners on arrival at the prison, our survey showed that more prisoners than at similar prisons (56% compared to 40%) said it was easy to speak to one at other times. There were enough in place, and they received regular supervision from the Samaritans. Access to Listeners at night was sometimes problematic because less experienced staff, who joined the prison during COVID-19, were not used to facilitating this type of support.
- 3.38 Constant supervision had been used 33 times since January 2022. The cell in the first night centre was especially bleak. We found an officer conducting constant supervision who did not have an anti-ligature knife or keys so could not enter the cell in an emergency. The concerns about emergency access extended to our night visit, when we also found a member of staff supervising a wing without carrying an anti-ligature knife.

Protection of adults at risk (see Glossary)

- 3.39 Oversight to protect the most vulnerable prisoners at risk of harm, abuse or neglect had stalled. Although there was a policy, and the head of safety was designated as the adult safeguarding lead, there had been no recent training for staff to help them identify risks.
- 3.40 Some of the most vulnerable prisoners who were unable to cope among the general population had been located on A2, a small residential unit. Staff offered good day-to-day support, and men valued having a safe haven, but its purpose was very unclear. Staff gave us several explanations about who could live there. The new manager had recently introduced a formal referral process, but it needed clearer entry criteria, some constructive interventions and an exit pathway if it was to provide tailored and meaningful support.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

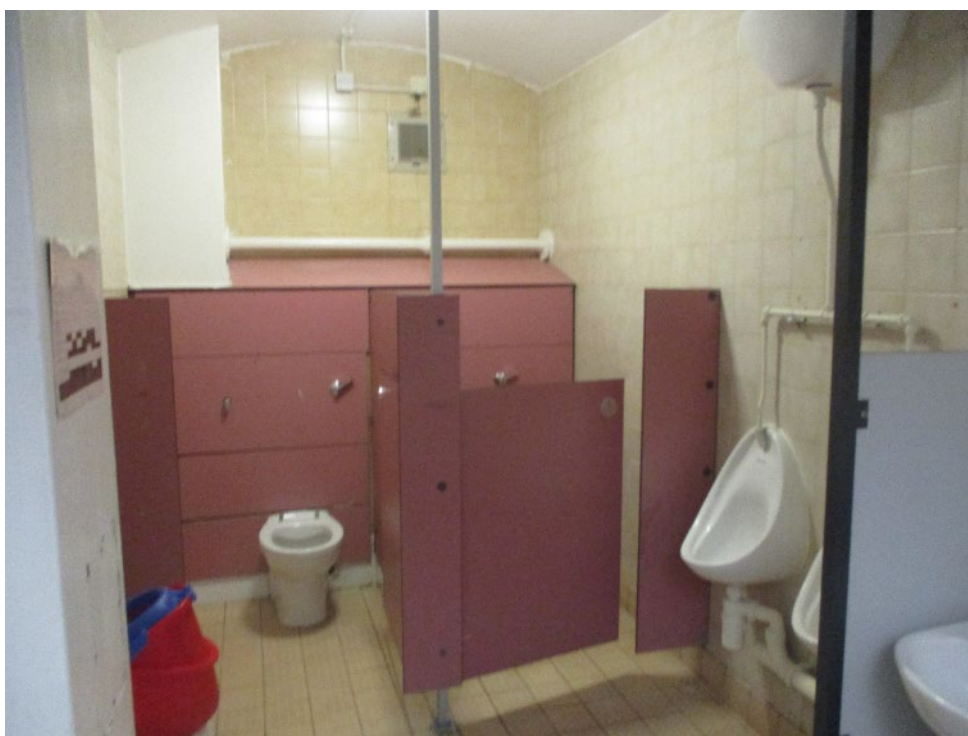
- 4.1 In our survey, 71% of prisoners said staff treated them with respect. Most of those we spoke to said they were treated fairly, and some spoke highly of the support they received. They provided examples of staff assisting them with practical issues and officers offering support and encouragement, which had helped them to cope and remain positive about their situation. Assistance was particularly strong on the smaller wings, where staff got to know prisoners well.
- 4.2 However, some prisoners described a small number of officers as 'heavy-handed' and behaving in a disrespectful manner towards them. Our discussions with staff and managers showed that most were aware of this poor behaviour, which was sometimes excused as being part of the prison's culture and in our review of the use of force we noted totally unacceptable behaviour by some. Governors were seeking to address this by maintaining a visible presence in the units, but more needed to be done to manage the small number of staff responsible.
- 4.3 In our survey, more prisoners than in similar prisons (67% compared with 54%) said they had a named key worker (see Glossary). However, managers had not yet implemented regular sessions for the vast majority of prisoners (see paragraph 6.17). Only those with complex needs, such as young adults and those in their early days in custody, had regular meetings.
- 4.4 Peer mentor schemes were established but the range of roles was limited, and training and supervision were underdeveloped. Managers planned to further develop the schemes.

Daily life

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

Living conditions

- 4.5 The prison remained overcrowded. More than two-thirds of prisoners lived in double cells that were designed for one person which meant conditions were cramped.
- 4.6 Managers had introduced a system of weekly decency checks and monthly inspections to monitor and improve living conditions in the units. The fabric of the old Victorian buildings made it difficult to maintain acceptable living conditions and far more investment was needed to provide decent conditions. Some cells were affected by damp and mould and there were rat and mice infestations, despite considerable efforts to eradicate them.
- 4.7 There had been improvements since our last inspection. Some cells and most communal areas had been repainted, flooring had been replaced in two units, shower rooms were being refurbished to a good standard and some communal toilet areas had been replaced. Metal panels had been installed to screen the in-cell toilets, but they still did not provide enough privacy.



Refurbished communal toilets

- 4.8 Outside areas were clean, and small gardens had been planted to brighten up the environment.
- 4.9 In our survey, 90% of prisoners said they could shower every day compared with 71% in similar prisons. They could get clean bedding every week, but some found it difficult to get prison-issue clothing, particularly underwear. A new laundry had opened with greatly increased capacity, enabling prisoners to wash their clothes separately

from others. This meant the prison could allow almost all prisoners to wear their own clothes if they wished.



New laundry machines

- 4.10 Just over a third of prisoners in our survey said their cell bell was answered within five minutes. Managers monitored response times and challenged staff when they exceeded this target. Records showed that most were answered promptly, and that action had been taken in a few cases where there had been significant delays.

Residential services

- 4.11 In our survey, only 20% of prisoners said the food was good, and only 16% said they got enough to eat, both significantly worse than in similar prisons (39% and 34% respectively). These perceptions were difficult to understand. During the inspection week the food looked reasonably good, and portions seemed adequate, but there was not enough emphasis on fresh food or promoting a healthy diet. Prisoners received a hot breakfast on weekdays, which is very unusual. Food was sometimes served below the required temperature because some of the heated trolleys were not working properly. Wing serveries were clean and in reasonably good condition.
- 4.12 The kitchen was equipped and managed well and catered for a range of dietary requirements. Appropriate festive meals were supplied for cultural events, such as Christmas and Eid. However diabetic prisoners requiring special food packs did not always receive them.
- 4.13 The kitchen manager attended the prisoner consultative committee and had recently circulated a questionnaire to gather prisoners' views,

which had led to some changes to the menu. There were comments books on serveries, but most prisoners were not aware of them.

- 4.14 The shop list was extensive and reviewed regularly. In our survey, 52% of prisoners said they could buy what they needed but for black and minority ethnic prisoners, the figure was 22% and for Muslim prisoners the figure was even lower (18%). Many prisoners told us there were frequent errors and omissions from their orders when they received them.
- 4.15 Newly arrived prisoners had to wait up to a fortnight before they could receive their first order. Managers had arranged for them to have two canteen packs during this period, but there was still a risk of prisoners getting into debt because of the long delay.

Prisoner consultation, applications and redress

- 4.16 The prisoner consultation committee met most months and allowed prisoners to raise a wide range of issues, but it was poorly attended and appeared to have little impact. Only five prisoners had attended each of the previous three meetings. Some matters were repeatedly carried over to successive meetings and it was unclear whether others were ever addressed.
- 4.17 Prisoners found it difficult to have basic requests dealt with as the application system was not working well. They lacked confidence in the process and, in our survey, only 45% said they were dealt with fairly. Responses were not quality assured, and many were late. A new system for tracking the timeliness of responses was not working.
- 4.18 There had been 1613 complaints in the previous year. Weaknesses in the applications process and key working (see paragraph 4.3) contributed to the high volume of complaints. Data showed that 37% of responses were late in the previous three months. In our survey, only 32% of prisoners who said they had made a complaint said matters were usually dealt with fairly.
- 4.19 Most complaint responses were adequate, but there was little evidence of prisoners having been spoken to during investigations. Some responses failed to address all the issues raised, and a few were very brief and unhelpful. Most failed to state explicitly whether the complaint had been upheld, and apologies were seldom offered when appropriate.
- 4.20 The deputy governor quality assured a 10% monthly sample of complaints and there was evidence that failings were being addressed with the staff concerned. The prisoner council was now reviewing a small sample of redacted responses.
- 4.21 There had been 30 'confidential access' complaints in the previous 12 months, concerning more serious allegations about the conduct of staff. These were not retained by the prison which undermined the effective management of staff.

- 4.22 Data monitoring for complaints was too limited and not enough attention was paid to identifying or acting on systemic problems. No data were published on the number of complaints that had been upheld, which might have helped build confidence in the process.
- 4.23 Provision for legal visits was good. Video facilities allowing prisoners to attend court hearings remotely were good. Processes for handling confidential legal correspondence were appropriate. The prison provided bail information and support to prisoners held on remand. The library offered prisoners preparing their own cases legal reference books, but not all textbooks were up to date.

Equality, diversity and faith

Expected outcomes: There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics (see Glossary) and any other minority characteristics are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.

Strategic management

- 4.24 The equality strategy and action plan were weak and not sufficiently focused on the range of current need. Prisoner representatives did not attend the equality action team meeting (EAT), and some key staff's attendance was poor. Reasonable efforts to identify an equality agency to provide external scrutiny of the provision had not yet proven successful.
- 4.25 Consultation with prisoners was better than we often see. However, EAT meetings could have received more feedback from consultations and undertaken a clearer analysis of monitoring data. Some adverse data, for example on the treatment of younger and black and minority ethnic prisoners, had not been sufficiently investigated or acted upon. Nevertheless, prisoners in most protected groups reported similar experiences to others, including those concerning how staff treated them.
- 4.26 Thirty discrimination incident reporting forms (DIRFs) had been submitted in the previous 12 months. Some prisoners did not trust that the process would be confidential, although there were some good efforts to address this in consultation forums. Some DIRF investigations were poor, but more recent ones were handled better. DIRF responses were not sufficiently quality assured.
- 4.27 Only limited celebrations took place for diversity events, such as Black History Month.

Protected characteristics

- 4.28 The identification of prisoners with protected characteristics was limited. For example, over 300 prisoner records contained no indication of whether they had a disability and over 200 did not specify their sexual orientation.
- 4.29 The governor was now leading consultations with black and minority ethnic prisoners and prisoners in this group engaged well. Insufficient attention had been paid to some adverse monitoring data showing, for example, that this group of prisoners was more likely to be segregated or placed on the basic level of the incentives scheme.
- 4.30 Fifty-three foreign national prisoners were held during the inspection, including three immigration detainees. Written information for new arrivals was translated into 20 languages, but there was little other translated information around the prison. Most wing staff we spoke to had never used professional telephone interpretation to communicate with prisoners whose English was limited.
- 4.31 An immigration enforcement officer visited the prison every week and provided useful information to prisoners at foreign national forums. However, those in this group received little support in obtaining independent legal advice. There was no information on legal support groups such as Bail for Immigration Detainees. No arrangements had been put in place to make sure detainees received their entitlement to 30 minutes' legal advice funded by the Legal Aid Agency, nor were detainees receiving their entitlement to £5 in phone credit every week to help them maintain contact with family and lawyers. During the inspection, a prisoner held for over two days after his sentence had ended had not yet been served his formal detention paperwork, including the reasons for his detention. It was a concern that a Syrian national had been detained for three months after the end of his custodial sentence with little chance of him being moved onto an IRC.
- 4.32 There was a good forum for prisoners with disabilities, but it focused on the physical needs of older prisoners. More needed to be done to determine the needs of other prisoners. In our survey, 80% of prisoners aged 21 and under and 71% of care leavers (a person aged 25 or under who has been looked after by a local authority) said they had a disability. More prisoners who said they had a mental health problem (36%) felt unsafe at the time of the inspection compared with those who did not (13%), suggesting more support was needed for prisoners in this group.
- 4.33 The prison had now appointed a neurodiversity manager and work was developing well. Good social care support was available for prisoners with the greatest needs, but some lower-level needs were not being met. For example, not enough cells had been adapted for prisoners with mobility problems. Wheelchair users could not attend communal worship in the upstairs multi-faith centre. Personal emergency evacuation plans and oversight of peer support were weak. (See paragraph 4.59.)

- 4.34 The prison had recently reintroduced dedicated gym sessions for those over 50, but they were not well attended. Health care staff provided some good support to older prisoners, including those suffering from dementia (see paragraph 4.56).
- 4.35 Leaders were aware of the distinct needs of young adults, but some initiatives to address them were not yet fully effective. Not enough attention was paid to adverse monitoring data showing, for example, that younger prisoners were more likely to be segregated or placed on the basic level of the incentives scheme. An innovative programme for younger prisoners called Time For Change was not being delivered (see paragraphs 3.13 and 6.28). The provision of specialist key workers for younger prisoners was a promising initiative and health care staff's work to assess their health risks on arrival was good (see paragraph 4.52).
- 4.36 The prison was holding LGBT forums, which were well attended and purposeful. Reasonable support was available for transgender prisoners.

Faith and religion

- 4.37 Faith provision was strong and 72% of prisoners in our survey said their religious beliefs were respected. Most prisoners had good access to communal worship and 84% of prisoners in our survey said they were able to attend religious services compared with 55% in similar prisons. Care leavers, prisoners with mental health problems and those with a disability reported significantly better access to chaplains than other prisoners, suggesting provision was well focused on need.
- 4.38 The chaplaincy was active and had recorded 18,349 prisoner contacts in 2022. Chaplains met all new arrivals within 24 hours and visited the segregation unit and the health care centre every day. Prisoners on an assessment, care in custody and teamwork (ACCT) case management document for prisoners at risk of suicide or self-harm received a visit at least once a week and the team had attended 274 ACCT reviews in the previous year.
- 4.39 Prisoners were very positive about the pastoral support they received from the chaplaincy. An informal weekly group provided good support for those who were more vulnerable, for example, due to bereavement. The team also ran the Sycamore Tree victim awareness course three times a year and saw all men before their release. There were reasonable links with community faith groups.

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.

- 4.40 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) (see Glossary) 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

- 4.41 Leadership and strategic oversight of health care arrangements were good. The head of health care, deputy head of health care and clinical leaders provided clear leadership and accountability to an enthusiastic and committed team. Partnership working between providers, the prison and stakeholders was effective, and regular local delivery board meetings had been implemented since the pandemic. A range of local and regional governance meetings provided services with good oversight. A monthly cycle of clinical audits was being undertaken and results drove service improvement.
- 4.42 We saw a governance process that supported a well-established incident reporting practice and an embedded learning culture. In addition, recommendations from Prisons and Probation Ombudsman (PPO) reports received an appropriate response and action was tracked and monitored.
- 4.43 Staffing levels had been maintained and a successful recruitment campaign meant that the use of agency staff was limited. Mandatory training compliance was good, and all staff had access to clinical supervision and professional development opportunities.
- 4.44 Clinical record keeping was of a consistently high standard, which made it easy to see how prisoners' needs were identified and addressed. Patient care plans were of a consistent quality in all areas. Health care staff knew their patients well and interactions we observed were courteous and respectful.
- 4.45 The physical environment in some clinical rooms did not meet infection prevention standards, but the provider and prison were aware of these concerns. Action plans were in place and there was a programme of audits to monitor improvements.
- 4.46 There was a confidential health care complaints system and all patients who made a complaint were seen face to face to seek a resolution. Complaint responses we sampled were respectful, addressed the issue

raised and informed the patient of the escalation process if they remained dissatisfied.

- 4.47 Emergency resuscitation equipment was in good condition and daily equipment checks were carried out. We were informed that the health care team was very quick to respond in an emergency. An ambulance was automatically requested when an emergency call was made over the radio.

Promoting health and well-being

- 4.48 There were no peer support health champions. Health promotion activity followed an annual programme. A recently appointed lead staff member for health promotion had developed an action plan and a joint 12-week fitness programme was running in partnership with gym staff (see paragraph 5.11).
- 4.49 Campaigns included promoting Men's Health Awareness Month, information on the risks and treatment of hepatitis C, mental health awareness and promoting vaccinations.
- 4.50 Preventative screening programmes, including retinal screenings and those for aortic abdominal aneurysm, were in place. Sexual health and blood borne virus screenings took place at reception, assessments were prompt and onward referrals were made, where appropriate.

Primary care and inpatient services

- 4.51 On arrival, prisoners received an initial and secondary health screening. Lessons learned from PPO recommendations had been incorporated into the screening, for example, a mental capacity assessment was carried out where a patient appeared confused or disorientated.
- 4.52 As part of an under-25s strategy, younger adults received an individual reception screening, which identified key risks and prompted an onward referral including links to external bodies. For example, if the patient had been a 'looked after child', the local authority safeguarding lead staff member was informed about their arrival at the prison. (See paragraph 1.12.)
- 4.53 There was a vacancy for a GP but consistent long-term locum GP arrangements, nurse prescribers and allied health professionals, meant that waiting lists were in line with the community and urgent appointments were available.
- 4.54 Patients with long-term conditions were identified on reception and had a set of bloods taken so their current condition and treatment could be reviewed promptly. The lead nurse for patients with long-term conditions worked with the clinical pharmacist to provide personalised care for patients. The team worked well with the GP and external specialists to make sure there was a coordinated approach. This meant long-term conditions were managed well, and patients had timely

reviews and support. A multidisciplinary team reviewed patients with complex needs regularly.

- 4.55 The physical health 24-hour enhanced care unit was reasonable and had a well-equipped association room. Patients had access to a therapeutic regime. Links were in place with the local hospice, but there was no specific end-of-life cell. However, we saw evidence of effective and compassionate care being provided to palliative care patients.
- 4.56 Staff had developed a 'dementia briefcase', containing clearly labelled items that stimulated the senses. They prompted conversations about familiar objects and assisted in the assessment and care of patients with memory loss.
- 4.57 External appointments were managed well. Effective administrative and clinical oversight made sure services were well placed to respond if a patient needed to go to hospital in an emergency. There were long waiting lists for routine outpatient appointments and patients were not kept informed of the situation, which led to frustration and some complaints. This was raised with the head of health care during our inspection and a letter was sent promptly to patients.

Social care

- 4.58 The social care provider worked well with Lancashire County Council (LCC). Five prisoners were receiving care. Health care staff made most of the referrals, and assessments were carried out in a timely manner. Referrals were monitored by the administrations team. Staff supported patients in the interim.
- 4.59 However, prison governance and oversight of social care was disjointed and weak. Partnership working between the prison and the external provider that managed the buddy scheme (trained and supervised prisoners who provide non-intimate care) was not fully established. This led to weaknesses in the provision of support, and we found cases where patients did not have access to a trained buddy. One patient in a wheelchair told us he struggled to clean his cell, which was unacceptable.
- 4.60 The prison advertised the fact that prisoners could make self-referrals to the LCC, but prison staff did not know to whom they should send the referrals, which was poor.
- 4.61 Patients with high-level needs were well supported and received regular reviews. Patients had copies of their care plans. Equipment was in place and patients had personal alarms so they could summon assistance in an emergency.
- 4.62 There was evidence of good partnership working to support patients leaving the prison who required ongoing care.

Mental health care

- 4.63 Effective health screening at reception made sure patients needing support were directed to appropriate mental health services. Wing staff, other health professionals and patients themselves could also submit referrals.
- 4.64 The mental health service was available seven days a week and comprised of psychiatry, psychology, and mental health nurses. A duty worker responded to urgent needs and attended all initial ACCT reviews. The team operated a stepped care model, ranging from self-directed care through to complex case management. All new referrals were triaged, and an assessment was completed within five days. Cases were discussed at the multidisciplinary team meeting and, if accepted onto the caseload, the patient was allocated an assigned practitioner.
- 4.65 Caseloads were manageable and triaged appropriately. Care included one-to-one support and group work. Psychological interventions, such as cognitive behavioural therapy, were available. Good staffing levels helped make sure patients were able to access the care and support they needed.
- 4.66 The prison did not have sufficient secure private space where patients' dignity could be maintained. Patients would have struggled to feel comfortable to talk about their mental health issues in the space that was available for interviews, assessments and therapies.
- 4.67 A social prescribing initiative meant that patients with lower-level mental health needs were referred to a range of activities, which included horticulture. The groups provided peer support and worked with patients who lacked the confidence to participate in counselling or therapies.
- 4.68 The mental health 24-hour enhanced care unit was clean and welcoming, and it had a safe and therapeutic environment. Clinicians and officers treated patients with dignity and respect. Conversations were caring and meaningful.
- 4.69 Appropriate admission referrals were submitted for all patients who required access to the unit. Referrals were timely and supportive, making sure those who required the enhanced support of the unit received the care they required. Outcomes were monitored and ongoing care plans were developed when they returned to the residential units.
- 4.70 Pre-release arrangements were good. Patients were seen six weeks before release and the team could refer patients to appropriate support. However, those needing specialist care waited too long, for example, one patient had been waiting over 20 weeks to be transferred to hospital under the Mental Health Act.

Substance misuse treatment

- 4.71 A good, integrated clinical and psychosocial substance misuse service was offered. An up-to-date drug strategy was in place and the service and the prison worked in collaborative partnership.
- 4.72 Eighty-eight patients were receiving opiate substitution treatment (OST) medication. Two hundred and two were being supported by the drug and alcohol service (DAAS) psychosocial team and 28 patients were on G wing, the dedicated recovery unit. Patients we spoke to were complimentary about the care and support they received. We observed caring and compassionate interactions between them and all staff.
- 4.73 On arrival, patients with identified needs were reviewed by a GP or non-medical prescriber and prescribed OST where applicable. Buvidal (a slow-release opiate substitution injection) had recently been introduced as part of flexible prescribing. This meant patients would not require daily medication, giving them greater freedom to undertake purposeful activities.
- 4.74 Patients received clinical welfare checks during their first five days, and the substance misuse specialist and a DAAS practitioner carried out joint 13-week reviews.
- 4.75 Patients could refer themselves to the DAAS team. They were seen in a timely manner for an assessment and to develop a plan of support based on individual goals. One-to-one work and group sessions were offered. External mutual aid groups did not attend the prison, but targeted work with patients found to be under the influence of illicit drugs was in place.
- 4.76 The impressive drug recovery unit had dedicated staff. Patients participated in an eight-week group-work programme based on self-management and recovery training. They were provided with a good range of support.
- 4.77 Joint working with the governor had led to unsentenced patients being moved to G wing, subject to an individual risk assessment, which made sure the recovery service was equitable for all patients at the prison. (See paragraph 1.11.)
- 4.78 Through-the-gate practitioners offered extensive release support for patients, including a monthly Recovery and Families Together support group for family members affected by addiction and substance misuse. Naloxone treatment and training (to prevent an opiate overdose) was offered to patients on an individual basis.

Medicines optimisation and pharmacy services

- 4.79 Prescribing and administration of medicines was recorded in the patients' electronic clinical notes. Patients had an in-possession risk assessment on arrival, and most were reviewed at appropriate intervals with reasons for any deviation from the assessment clearly recorded. Approximately 60% of patients were prescribed medication in possession, which was good.
- 4.80 In-possession medicines were labelled appropriately but were provided to patients in clear plastic bags, which did not provide adequate confidentiality. This was raised with managers on site and addressed.
- 4.81 Medicines were administered in the units by pharmacy technicians and nurses at appropriate intervals. Staff followed up patients who missed medicines, but this did not always happen for patients who had medication in possession. Officers supervised the medicines queues well, keeping patients at a distance from one another, helping maintain privacy and reducing the risk of diversion.
- 4.82 Medicines were generally stored appropriately. Controlled drugs were well managed and audited at regular intervals. Medicines were stored and transported securely. Cold-chain medicines (which must be stored at a particular temperature) were kept in suitable fridges, which were monitored continuously.
- 4.83 Occasionally medicines were provided to patients from emergency stock. Staff recorded that they had administered medicines but not that it had come from stock medication. This was not in accordance with the prison's policies but was raised with managers who provided assurance it would be addressed. Emergency stock medicines were kept securely.
- 4.84 The pharmacist reviewed any medication incidents and shared lessons learned from them. Written procedures and policies were in place. Members of the pharmacy team attended medicines management meetings with colleagues from other areas of health care.
- 4.85 A pharmacist was available to support the health care team. The skills of the pharmacist were not used fully as they did not routinely clinically screen prescriptions or provide a medication review clinic.
- 4.86 Governance processes were robust and there were well-attended regular medicines and therapeutics meetings. The prescribing of abusable and high-cost medicines was monitored.
- 4.87 Patients transferred or released from the prison or attending court were given at least a seven-day supply of their medicines.

Dental services and oral health

- 4.88 The waiting time for a routine dental appointment was comparable to community waits for routine and emergency treatment and, during the inspection, 153 patients were waiting. Extra sessions were being provided so the list could be managed.
- 4.89 The number of patients not attending their appointments remained high. However, the dentist was proactive and interacted with patients by visiting units to check if their needs had changed and to offer advice.
- 4.90 The dental surgery was adequate and all necessary equipment was well maintained. The care records we reviewed were detailed and described the treatments offered and provided.
- 4.91 Decontamination procedures and infection control standards were met, but treatments were delayed because it took too long to replace the prison's dental equipment.
- 4.92 Patients were supported even once they had moved on from the prison. We saw how the provider made sure dentures that were shaped and fitted for a patient who had left the jail, were delivered to them at their release address, and a patient on remand was given essential orthodontic treatment.

Section 5 Purposeful activity

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

Time out of cell

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

- 5.1 Our checks found just over a quarter of prisoners locked in their cells during the working day, which was better than at our last inspection and compared to other similar prisons we have inspected recently.
- 5.2 Time out of cell for prisoners in purposeful activity was still too limited. Full-time workers were unlocked for about seven hours and part-time workers for about six hours a day during the week. In smaller units, such as G wing, the regime allowed slightly more time out of cell.
- 5.3 About one in five prisoners were unemployed, including new arrivals and some remand prisoners, who chose not to work. They only spent about three hours or less out of their cell each day. The weekend regime was also too limited, with nearly all prisoners unlocked for less than three hours a day.
- 5.4 Data showed that a large proportion of prisoners had a job or education place. Most were part-time, but about 200 prisoners were in full-time work or education. Despite this, some prisoners said it was difficult to get a job, even after multiple applications.
- 5.5 Nearly all prisoners were offered an hour in the open air every day. Exercise yards were bleak, but they did have some exercise equipment, which was well used.
- 5.6 The range of activities in the units was very limited. Table tennis tables were provided, and some had board games, such as chess. There was no evening association, although managers planned to introduce it.
- 5.7 Prisoners had good access to the library, and the service was well used. The library was well-organised, and the range of material was good – there was a selection of fiction, non-fiction, easy-reads and audio books. In our survey, 74% of prisoners said the library stocked a wide enough range of material compared with 56% in similar prisons. The library held some out-of-date legal texts, which was poor.
- 5.8 Library staff worked well with those in other departments to enhance the provision. Library services were well-integrated with the education department, which ran a reading group and encouraged prisoners to

read for pleasure. Library books were available in workshops where reading was promoted through the Take 10 Minutes to Read initiative.

- 5.9 Other initiatives were less effective. No prisoners had received help to learn to read through the peer mentorship scheme in the previous six months. Take up of Storybook Dads (in which prisoners record stories for their children) was relatively low, with only 16 CDs recorded in the previous six months (see also paragraph 6.8).
- 5.10 Prisoners had good access to gym facilities. Two gyms were in use, and they had a good, well-maintained range of weights and cardiovascular equipment. The showers in one of the gyms were unscreened and in poor condition. There were no outside pitches, and the sports hall was closed pending repairs, which meant prisoners could not participate in team sports. There was not enough space to run a health and fitness course. Prisoners received a thorough induction, which involved health care staff. The prison had recently reintroduced remedial gym sessions and sessions for older prisoners.
- 5.11 Gym staff worked well with their education and health care colleagues. Prisoners received help to improve their functional skills in maths and English during seven well-attended sessions each week, combining classroom-based learning with recreational gym (see paragraph 1.13). Gym and education staff had recently introduced a 12-week fitness programme for prisoners with weight management issues (see paragraph 4.48). The prison was also starting a six-week team building programme with prisoners who had substance misuse issues.

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.

- 5.13 Ofsted made the following assessments about the education, skills and work provision:
- Overall effectiveness: Good
- Quality of education: Good
- Behaviour and attitudes: Requires improvement
- Personal development: Good
- Leadership and management: Good
- 5.14 The curriculum was effective and inclusive, meeting the wide range of needs within the population. Leaders had prioritised prisoners' English and mathematical skills to help them succeed. Managers had developed English and maths programmes for those who found classroom-based lessons challenging by including them in areas such as horticulture and the gym. The vocational training curriculum and prison work helped prisoners develop useful employment skills. Those on English for speakers of other languages programmes benefited from developing their speaking and listening skills through topics relating to life in prison and in modern Britain. During the inspection, vulnerable prisoners did not have access to the reasonably broad curriculum that they had previously experienced. This was because key teaching staff had unexpectedly resigned from the education provider the week before the start of the inspection. Leaders had made appropriate arrangements to recruit new staff and restart these prisoners' education in the near future.
- 5.15 Leaders provided sufficient places to make sure most prisoners had access to at least part-time education, skills or work activities. Staff allocated prisoners to activities efficiently. They worked closely with other departments in the prison, such as health care and the employment hub, to match prisoners with activities that were suitable for their current needs and future ambitions. Pay scales were equitable across all activities.
- 5.16 Prisoners received detailed information about the education, skills and work activities available promptly after arriving at the prison. Prison, education and library staff and Jobcentre Plus representatives jointly ran the induction programme. This approach made sure that prisoners received information that was appropriate to their needs.
- 5.17 Novus provided an effective curriculum for education, personal and social development (PSD) and vocational training activities across the prison. Managers had adapted much of the education and PSD curriculums to allow prisoners to follow 'bite-sized' programmes that they could complete successfully and extend to full qualifications, depending on their length of stay. This meant they could gain a sense of achievement that enhanced their confidence and their desire to learn. Managers provided additional learning for those who wanted to develop their English and communication skills further through

subjects, such as creative writing and peer mentoring. Well-qualified education tutors and vocational trainers used their experience skilfully to support prisoners to progress swiftly from their starting points. Most prisoners on functional skills programmes achieved accredited qualifications and/or units in English and mathematics.

- 5.18 Most prisoners received an appropriate initial special educational needs and disabilities (SEND) screening on arrival. Further in-depth assessments identified appropriate strategies and resources to help prisoners with SEND to succeed. They were supported effectively by recently appointed specialist staff. Temporary staff shortages had led to delays in a few prisoners receiving an in-depth SEND screening swiftly enough.
- 5.19 Prisoners benefited from a broad PSD curriculum that promoted positive attitudes towards healthy living, family relationships and money management. Prisoners developed relevant information technology and graphic design skills that helped them support their children with their homework and prepare for jobs. Teachers had recently encouraged a few prisoners who had high-level skills in graphic design to enter external competitions.
- 5.20 Prisoners who attended vocational training and prison work in industrial cleaning, painting and decorating, horticulture and textiles developed a wide range of useful skills for employment. Prisoners received appropriate in-house certificates that identified their areas of competence in these professions. However, progress booklets in prison workshops did not provide sufficient evidence of the skills that prisoners had developed in timekeeping or their work ethic. Instructors did not set individual production targets in the textiles workshop so prisoners could monitor their own performance or to mirror industry practices.
- 5.21 Teaching staff planned the curriculum logically to help prisoners develop knowledge and skills. They presented information clearly so that it was suitably challenging for all levels of ability. Most teaching staff checked on prisoners' learning and skills development frequently and reinforced key factors and concepts. They provided accurate verbal and written feedback so prisoners knew what they had done well and what they needed to do to improve.
- 5.22 Peer mentors in the PSD curriculum and in gym-focused functional skills sessions worked sensitively and effectively with those with SEND to help them to moderate their behaviour so they could contribute fully to lessons. Peer mentors grew in confidence by seeing their mentees succeed.
- 5.23 Leaders had focused on the importance of reading for several years. Teachers had established a long-running and successful reading group for those who could not read and lower-level readers. They provided prisoners with helpful technology, such as reading pens to help them to get started. Prisoners made significant progress in developing reading skills that helped them to participate in life in prison, such as being able

to choose food options and complete forms. Leaders had moved the prison induction process to the library area in the education centre to promote reading opportunities. They had introduced a ‘#take 10’ initiative to allow prisoners to take 10 minutes to read during their education, skills and work activities. The initiatives encouraged prisoners to learn to read for pleasure. While teachers used phonics (a method of teaching people how to read) effectively to support prisoners to read, very few had received formal phonics training.

- 5.24 Teaching staff were suitably qualified and experienced. Many instructors had teaching qualifications. Managers provided routine training and development activities to improve staff’s teaching and instructing practices and to maintain their subject and industry knowledge. However, the observation of training activities in prison industries did not provide sufficiently structured feedback to help instructors understand how they could improve quickly.
- 5.25 All industry and work areas were well-resourced and met industry standards. For example, in textiles there was a wide range of equipment and machinery that prisoners used frequently and competently. The cleaning workshop had suitable resources that helped prisoners replicate professional working practices.
- 5.26 Most prisoners were highly motivated and keen to learn. They took pride in the work they completed and the skills they gained. All staff made sure prisoners were safe when attending education, skills and work activities. Most prisoners adhered to health and safety requirements, wore appropriate personal protective equipment (PPE) and received extensive inductions on task-specific activities. However, in horticulture, a few prisoners who were using power tools did not routinely wear ear protectors or protective glasses and needed to be reminded of the importance of wearing the appropriate PPE.
- 5.27 Prisoners benefited from a calm and productive learning and work environment. They felt safe enough to express their ideas and opinions. Teaching staff set clear expectations for behaviour and learning that promoted professional attitudes throughout activities. They built positive relationships with prisoners and treated prisoners with respect. Prisoners were respectful towards each other and towards staff. However, on a few occasions, teaching staff were too slow to challenge prisoners’ use of inappropriate language. Prison officers did not always prevent prisoners from vaping in a particular area, or make sure prisoners arrived at their education, skills and work activities on time.
- 5.28 Attendance at vocational training and prison work was high, but about a third of prisoners did not attend their education lessons regularly. This was mostly because of court appearances and health care issues. Senior leaders had recently allocated staff to the accommodation units to improve attendance. However, at the time of the inspection, it was too soon to judge the impact of this new initiative.

- 5.29 Teachers in education used the virtual campus (prisoner access to community education, training and employment opportunities via the internet) skilfully to support teaching and learning activities. For example, they generated quizzes to check prisoners' recollection of recent learning. However, leaders had only recently purchased the equipment and technology to allow prisoners to use the virtual campus to apply for jobs and other courses independently. They planned for the system to be operational in summer 2023.
- 5.30 Teaching staff prepared prisoners well for success in employment and training. Prisoners received high-quality, up-to-date and locally relevant careers information advice and guidance from well-qualified specialists. Guidance related to their personal circumstances and interests. Prisoners used the prison's employment hub and associated network of agencies regularly to access further information relating to current vacancies and how they could get help to gain suitable employment. Managers used local labour market intelligence effectively to identify local employment needs. For example, they had recently added a groundworks course to train prisoners to gain employment with local gas, water and electricity companies.
- 5.31 Leaders had implemented appropriate quality assurance and quality improvement processes to make sure prisoners received a good standard of education, skills and work activities across the prison. However, leaders had not yet fully addressed a few of the weaknesses identified at the previous inspection.

Section 6 Rehabilitation and release planning

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

Children and families and contact with the outside world

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

- 6.1 The range of support available to help prisoners stay in contact with their family and friends was far too limited for a reception and resettlement prison.
- 6.2 Prisoners struggled to obtain an initial social visit because calls made by families and friends to the booking line went unanswered. A few months before our inspection, a new booking system (operated by HM Prison and Probation Service) had been introduced to make it easier to book an initial social visit. However, it had not improved the situation and delays continued. When we tested the line there was no answer after over two hours. In January 2023, 592 social visits had taken place. After the new system had been introduced at the end of January, the number of visits decreased to 331 in February.
- 6.3 Many prisoners we spoke to were frustrated and, in our survey, when asked what the most positive thing was at the prison one said: 'Getting family visits but they are so hard to book at the minute.' This meant the number of visits had been reduced significantly.
- 6.4 The social visits hall, which had a children's play area, had been refurbished and was now bright, open and welcoming. The prison kitchen staff also ran a small refreshments bar serving hot drinks and pastries.



Refurbished visits hall

- 6.5 Visiting times were far too short and took place at times that were not always suitable for working families or those with children at school. There remained no visitors' centre outside the prison.
- 6.6 Staff from Partners of Prisoners (POPS), an organisation supporting families of prisoners, undertook family support work during visits, which included providing an activities box so children and their fathers could play together. They also supported prisoners to liaise with social care and other community agencies.
- 6.7 POPS organised family days, which were very popular. They were themed and had recently included a sports day with an egg and spoon race, face painting and picnics. However, too few were being delivered. They were only available to 15 prisoners every two months and were always over-subscribed, which meant many missed out.
- 6.8 All prisoners now had telephones in their cells which was a significant improvement, but it took too long for them to have numbers added to their phone account (see paragraph 3.7). Other initiatives, such as Storybook Dads (in which prisoners record stories for their children) (see paragraph 5.9) and video-calling, were not well used.

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.

- 6.9 Preston was now a reception and resettlement prison. The proportion of prisoners who were remanded or unsentenced had increased from about one third to almost two thirds since the previous inspection (see paragraph 3.1). Most prisoners (85%) had been there for fewer than six months. There was a small long-term sentenced population, which included prisoners convicted of sexual offences.
- 6.10 The resettlement needs analysis was out of date and the provision did not reflect the needs of the population. For example, it did not include accommodation support for those who were unsentenced nor did they receive sufficient help with mortgages or rental tenancies.
- 6.11 Work to reduce reoffending was reasonably well joined up and relationships between the pre-release and offender management team, who were based in the same building, were positive. While the leadership team in the offender management unit (OMU) was well intentioned and committed to staff development, team members were inexperienced, and there were some gaps in oversight and management.
- 6.12 There had been a shortage of probation staff in the OMU for many months. During the inspection, no probation staff were available to meet prisoners face to face, which undermined work to address their risks and needs before release.
- 6.13 About one third of the population were eligible for offender management. Most initial offender assessment system (OASys) reports and sentence plans that we looked at were reasonably good and about 85% were within a year old, which was generally better than we have seen elsewhere.
- 6.14 Prison offender managers (POMs) held caseloads of about 45 prisoners, which was not excessive, yet the level of contact sentenced prisoners received was not sufficient in most cases. During our interviews, most prisoners we spoke to could not name their POM and had very limited awareness of their sentence plan targets.
- 6.15 To help address this, the senior probation officer (SPO) now managed a caseload of about 40 prisoners and had recently held OMU wing surgeries to answer prisoners' questions. While wing surgeries were positive, combining them with managing a caseload reduced the SPO's ability to provide managerial oversight, and regular supervision sessions for POMs.

- 6.16 POMs' work was appropriately focused on completing sentence-based tasks, such as re-categorisations or contributing to external multi-agency public protection arrangement (MAPPA) meetings. This work was reasonably good, but there was too little evidence of risk reduction or offending behaviour work being delivered to prisoners convicted of sexual offences, who would have been serving their whole sentence at Preston.
- 6.17 Delivery of the key worker scheme (see Glossary) was poor and did not help unsentenced or remanded prisoners with their problems or assist with the progression of sentenced prisoners. In our sample of 20 cases, four prisoners did not have any contact with their key worker at all, while the remainder had only received a short introduction to the scheme in their early days at Preston.
- 6.18 Only 21 prisoners had been released on home detention curfew in the previous 12 months. This was either because many reached their conditional release date when they were sentenced due to the long period of time served on remand and also because most with over four weeks left to serve were usually transferred to other prisons.

Public protection

- 6.19 About half of the sentenced population was assessed as presenting a high or very high risk of serious harm to others. About two thirds of this group who were due to be released had only arrived in the previous two months, which made planning for their release challenging.
- 6.20 The interdepartmental risk management meeting did not provide sufficient oversight, and information sharing was limited to those within the OMU department. It should have made sure that information about a prisoner's circumstances and risks was discussed by a range of prison departments but there was no consistent input from security or residential departments. This meant leaders were not always well informed about information relevant to prisoners' risks.
- 6.21 Eight-MAPPA eligible prisoners in our sample were due for release in the following six to eight months. In these cases, we found reasonably effective communication between POMs and community offender managers (COMs) about risks. MAPPA levels were not recorded consistently, which the SPO addressed during our visit. Where the OMU had been asked to contribute to community MAPPA panels, the standard of contributions was reasonably good overall, and prison-employed POMs wrote good reports following guidance from probation colleagues.
- 6.22 About 38 prisoners were subject to phone monitoring. The quality of monitoring was not always sufficiently good. It was often carried out by different members of staff who were not always aware of prisoners' specific risks or the relationships they had with the people they were calling. There were also regular delays of about a week before phone calls were listened to. This meant that some risks, such as prisoners' contact with victims or relationships developing with people in the

community were sometimes overlooked, which could have been information critical for risk management.

- 6.23 About 147 prisoners were being assessed for child contact restrictions or were already subject to these measures. Public protection sifting, completed by staff in the OMU, was thorough, and restrictions were applied appropriately, but reviews were not always timely.

Categorisation and transfers

- 6.24 In the previous 12 months, about a quarter of initial categorisations were late and two thirds of reviews were overdue, which sometimes hindered prisoners' progressive moves to other prisons.
- 6.25 Most prisoners moved on reasonably quickly to training prisons and in the previous month, 123 prisoners had been transferred to other prisons, such as Lancaster Farms, Hindley or Risley. However, the lack of spaces nationally, meant managers found it difficult to secure transfers for the category C prisoners convicted of sexual offences, particularly for those with disabilities or young adults. In one example, a prisoner had seven years left on his sentence and faced spending the remainder of his time at Preston with very limited POM contact and a lack of access to appropriate interventions to address his risks.
- 6.26 About 131 prisoners were currently subject to a transfer hold. Some were Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). While their work at the prison had helped to maintain reasonably good safety outcomes, a number of them needed to have their transfer hold reviewed so they could move to more appropriate prisons and progress.

Interventions

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

- 6.27 Most of the sentenced population were released or transferred to other prisons so there was not much demand for accredited programmes, but prisoners had other needs. For example, almost half the population had issues with domestic violence, and POMs did not deliver risk reduction or offending behaviour work to those convicted of sexual offences. (See paragraph 6.16.)
- 6.28 Some local interventions were available. They included a victim awareness programme Sycamore Tree course (see paragraph 4.39), which had been completed by 35 prisoners in the previous year and a group work programme for young adults Time for Change, which had been running up until recently but was suspended at the time of our inspection (see paragraph 3.13 and 4.35).

- 6.29 Overall, the work to support sentenced prisoners prepare for release was developing well and help available for finance, benefit and debt issues was positive. The Department for Work and Pensions (DWP) team was based in the busy employment hub and offered support with universal credit and benefits applications. Novus, the education provider, also ran a money management and budgeting advice course through the education department. Meanwhile, St Giles (part of a social enterprise aiming to lift people out of poverty) offered sentenced and unsentenced prisoners assistance with immediate issues arising from arriving at prison, such as cancelling direct debits and contacting banks.
- 6.30 As part of the HM Prison and Probation Service initiative New Futures Network (NFN) (which brokers partnerships between prisons and employers), there was now a lead member of staff in the prison who helped prisoners obtain identification and open bank accounts. Since May 2022, about 448 prisoners had obtained a birth certificate and 89 had opened a bank account, which was impressive.
- 6.31 Leaders were making considerable efforts to improve the assistance prisoners received to find work after release from Preston. A prison employment lead (PEL) staff member, who was also part of the NFN, was appointed, to help prisoners find employment on release. An employment fair involving eight different employers from the construction industry had taken place and 45 prisoners had attended. A similar event was planned for the summer.
- 6.32 There was also an employment hub, which prisoners used well – about 60 prisoners visited the hub every month. In January 2023, about one fifth of prisoners (27%) were in employment six weeks after their release, which was good compared to other reception prisons.
- 6.33 About 13% of sentenced prisoners were released homeless and 5% were released to very short-term accommodation. The majority had accommodation on the first night after their release, but data were not monitored for outcomes in the longer term. A housing support caseworker was due to start, but the service they provided would only be available to sentenced prisoners released to the northwest area – those going to Manchester and other areas were excluded. One prisoner had returned to the prison nine times in the previous year after having been released without accommodation every time.

Release planning

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

- 6.34 About 47 prisoners were released each month so demand for help was high. The pre-release team was short of three probation services officers (PSO) but they appropriately prioritised basic custody

screenings for all new arrivals, carrying out about 200 every month. They were detailed and accurately identified prisoners' needs.

- 6.35 Despite staffing problems, release planning was reasonably good, and the weekly resettlement services delivery and strategy meeting was attended by various partners, such as DWP, the PEL and the identification and bank account lead staff member. The meeting reviewed outcomes for sentenced prisoners who had been released a week earlier, as well as the cases of those who were due for release in the following three weeks. The meeting made sure that agencies worked well together to meet prisoners' needs, reduce their risk of harm to others and promote successful resettlement.
- 6.36 The resettlement support hub was a promising initiative. It was located just outside the prison and provided prisoners with a welcoming space to go to on the day of their release to access a range of support. This included practical help to obtain clothes and food, a place to charge a mobile phone, mentoring through the ACE project (which supports ex-offenders), and support from peer volunteers. Only about 30% of sentenced prisoners who were released visited the resettlement hub, and not enough was being done to increase take up.



Sign showing services available at the resettlement support hub

Progress on recommendations from the last full inspection and scrutiny visit reports

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 2017, all prisoners, including category D prisoners going to open conditions, were handcuffed from reception to the escort vans. The reception environment remained poor. Initial risk assessment and first night procedures were good for most prisoners. Violence reduction work had improved, although some weaknesses remained. There had been appropriate action to address recommendations following deaths in custody. Levels of self-harm were lower than at similar prisons. With some exceptions, security was proportionate and reasonably effective. Although the availability of drugs was too high, a comprehensive drug strategy was being implemented. Governance of use of force was poor. Prisoners in the segregation unit were helped to move out quickly. Substance misuse services had improved and were good. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendation

The reception area should provide a suitable environment, including sufficient and private space for risk assessments and Listener interviews. Toilets, showers and searching areas should be fully screened.

Not achieved

Recommendations

Prisoners should be transferred promptly to the prison following their court appearance.

Not achieved

Handcuffs should only be used on the basis of assessed risk.

Not achieved

Staff should routinely check on the welfare of new arrivals throughout their first night.

Achieved

All prisoners on the first night unit should be kept fully occupied, and they should not be locked in cells during the working day.

Not achieved

All prisoners, including those on the stabilisation unit, should receive a full induction.

Not achieved

There should be effective multidisciplinary strategic oversight of violence reduction work, supported by use of monitoring data, consultation and action planning.

Achieved

Perpetrators of violence should be set individual targets to improve their behaviour. Wing staff should supervise progress against these targets, discuss progress with the prisoner and note discussions on prisoner electronic case notes.

Achieved

Staff should accurately identify triggers to self-harm in prisoners' assessment, care in custody and teamwork (ACCT) documentation. There should be consistent management of case reviews, and observations should evidence meaningful interaction with and support for the prisoner.

Partially achieved

The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes, including wing care plans to meet safeguarding needs.

Not achieved

Prisoners should only be strip-searched following a risk assessment and all strip-searches should be recorded.

Not achieved

Prisoners should only be subject to closed visits on the basis of visits-related issues.

Achieved

Where intelligence reports indicate that target searches and suspicion drug tests are necessary, they should be carried out swiftly.

Not achieved

Remand prisoners should not be treated less favourably because they choose not to work.

Achieved

All reports of incidents of use of force should be comprehensively completed by all staff involved within a reasonable timeframe and reviewed promptly to ensure that force was used proportionately.

Not achieved

All prisoners in the segregation unit should receive at least one hour in the open air every day.

Not achieved

The segregation unit showers and cells should be refurbished.

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2017, the prison was generally clean, but many cells lacked toilet screening and most showers were in a very poor condition. Despite some good staff interactions with prisoners, there were consistent reports of disrespectful staff behaviour. Equality and diversity work was poor and had been largely neglected. Faith provision was very good. The complaints system had improved. Health services were reasonable for inpatients and those with acute needs, but poor for those with chronic needs. Mental health provision had deteriorated. The quality of food was reasonable overall. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

The prison should develop and implement its equality and diversity policy in full. The equality monitoring tool should be used to identify and address areas of discrimination. Regular support groups should be established for prisoners with protected characteristics.

Partially achieved

All prisoners, regardless of their location should be able to access all primary care clinics, including physiotherapy, within community-equivalent waiting times. Prisoners should also have quick access to treatment for minor ailments.

Achieved

Prisoners with mild to moderate mental health needs should have prompt access to a full range of community-equivalent mental health services.

Achieved

Recommendations

Cell toilets and communal toilets and shower areas should be deep cleaned and properly screened. Prisoners should have ready access to cell cleaning materials and have adequately furnished cells.

Partially achieved

Staff should answer cell call bells promptly, and bells should only be used for emergencies.

Achieved

All prisoners should have the option of wearing their own clothes.

Achieved

Managers should oversee the applications system to ensure responses are fair and prompt.

Not achieved

All staff should address prisoners with respect, and managers should identify and challenge any poor staff culture and practice.

Not achieved

Access to independent immigration advice should be facilitated.

Not achieved

Retired and disabled prisoners who are not in work or education should be unlocked during the working day and given the opportunity to participate in activities.

Achieved

There should be sufficient adapted cells to meet the needs of the population.

Not achieved

Health care staff should have clinical supervision routinely and this should be recorded appropriately.

Achieved

There should be a timetable of health promotion activity that meets the needs of the population, supported by accessible literature, and a health promotion action plan.

Achieved

The health services should use learning from prisoner feedback, complaints and adverse incidents to inform service improvement.

Achieved

Prisoners with lifelong conditions should receive regular reviews in nurse-led clinics, which generate care plans from appropriately trained and supervised staff.

Achieved

Inpatients with physical health care needs should have access to an appropriate therapeutic regime and purposeful activity.

Achieved

The services provided by the pharmacy should be extended to include pharmacist-led clinics and medication reviews, and the availability of a pharmacist should be highlighted to prisoners.

Achieved

Secure storage should be provided for patients prescribed in-possession medication.

Not achieved

Prison officers should adequately supervise medicines administration to ensure confidentiality and prevent diversion of medication.

Achieved

Medicines should always be transported around the prison securely.

Achieved

Dental provision should meet the needs of the population, including access to routine dental assessments within six weeks of application.

Partially achieved

All prisoners receiving mental health care should have a comprehensive care plan that is reviewed regularly.

Achieved

Transfers of prisoners to mental health services should take place within the current time guideline.

Not achieved

Purposeful activity

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

At the last inspection, in 2017 time out of cell had deteriorated, but 85% of prisoners were involved in some activity on most days. Management of activities was good, as were prisoner attendance and punctuality in education and work. The quality of education and vocational training was good, and achievements were high. Library and PE provision were reasonable. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

All prisoners should have time to associate, shower, make telephone calls and have at least one hour's outdoor exercise every day.

Achieved

The observation of teaching and learning in the non-OLASS provision should identify areas that tutors need to improve, and these should be effectively linked to staff development.

Partially achieved

Teachers and tutors should set clear learning targets that enable prisoners to improve.

Achieved

Tutors and instructors should record the skills that prisoners develop in work and workshops, and prisoners should understand the progress they make.

Partially achieved

The library facilities should be effectively promoted, and use of the library by all groups of prisoners should be monitored.

Achieved

All showers in the gym should be in an acceptable condition.

Not achieved

Resettlement

Prisoners are prepared for their release back into the community and effectively helped to reduce the likelihood of reoffending.

At the last inspection, in 2017 all prisoners, including category D prisoners going to open conditions, were handcuffed from reception to the escort vans. The reception environment remained poor. Initial risk assessment and first night procedures were good for most prisoners. Violence reduction work had improved, although some weaknesses remained. There had been appropriate action to address recommendations following deaths in custody. Levels of self-harm were lower than at similar prisons. With some exceptions, security was proportionate and reasonably effective. Although the availability of drugs was too high, a comprehensive drug strategy was being implemented. Governance of use of force was poor. Prisoners in the segregation unit were helped to move out quickly. Substance misuse services had improved and were good. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

The offender management and resettlement pathways functions should work closely together at a strategic level to reduce prisoner risk of reoffending.

Achieved

The purpose of the resettlement unit should be clarified, it should hold only prisoners being prepared for resettlement, and the regime should support and promote effective resettlement.

No longer relevant

Offender supervisors should complete prisoners' basic custody screenings to a good standard, and managers should oversee the screening to ensure quality.

Not achieved

Offender supervisors should have regular and meaningful contact with prisoners held at the prison for long periods.

Not achieved

Decisions on applications for home detention curfew should be timely and made as close to the prisoners' eligibility date as possible.

Not achieved

Re-categorisation reviews should be timely.

Not achieved

Prisoners likely to receive an indeterminate or life sentence should be identified on remand and monitored; they should also receive help to understand the potential implications of these sentences.

Not achieved

The prison should collect and analyse data about prisoners' employment or training after release.

Achieved

The prison should install a suitable visitors' centre, and the visits hall should be made more welcoming with appropriate facilities for children.

Not achieved

All prisoners should have the opportunity to progress through their sentence plan and complete necessary work to reduce their risk of reoffending, either at Preston or another establishment.

Not achieved

Recommendations from the scrutiny visit

The following is a list of the recommendations made in the scrutiny visit report from 2020.

There should be investment into communications technology and better use of existing resources to improve information flow to and communication with prisoners.

Partially achieved

Reverse cohorting should be implemented consistently to minimise the risk of spreading infection. The unit should be resourced and organised sufficiently to achieve this objective.

No longer relevant

Staff should turn on body-worn cameras at the earliest opportunity to ensure that use of force incidents are recorded. Managers should effectively address staff reluctance to use body-worn cameras.

Not achieved

There should be a local, tailored prison recovery plan that outlines how and when the restrictions can be lifted, and how to provide purposeful activity to the greatest possible number of prisoners. Prisoners in protective isolation should be enabled to spend some time out of their cell every day.

No longer relevant

The prison should work with its health partners to ensure that immediate action is taken to mitigate the deterioration in prisoners' mental and physical health during the COVID-19 crisis. This should include sufficient staffing to give prisoners prompt access to urgent and routine health care.

Achieved

HMPPS and the governor should work with key partners providing offender management and resettlement services to enable their staff to resume routine and private contact with prisoners safely.

No longer relevant

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:

| | |
|---------------------|---------------------------------------|
| Charlie Taylor | Chief inspector |
| Sandra Fieldhouse | Team leader |
| Martyn Griffiths | Inspector |
| Deri Hughes-Roberts | Inspector |
| Steve Oliver-Watts | Inspector |
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| Joe Simmonds | Researcher |
| Sarah Goodwin | Lead health and social care inspector |
| Dee Angwin | Health and social care inspector |
| Chris Barnes | Pharmacist |
| Mark Griffiths | Care Quality Commission inspector |
| Kim Bleasdale | Ofsted inspector |
| Darryl Jones | Ofsted inspector |
| Suzanne Wainwright | Ofsted inspector |
| Martin Ward | Ofsted inspector |

Appendix II Glossary

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

Care Quality Commission (CQC)

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

Certified normal accommodation (CNA) and operational capacity

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

Challenge, support and intervention plan (CSIP)

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

Key worker scheme

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

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.

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).

Time out of cell

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

Appendix III Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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