



Report on an unannounced inspection of

HMP & YOI Moorland

by HM Chief Inspector of Prisons

13–24 March 2023

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Introduction

HMP Moorland is a category C training and resettlement prison near Doncaster, South Yorkshire. Built in the early 1990s, the prison was holding just over 1,000 adult men at the time of our inspection, a significant proportion of whom had been convicted of a sexual offence. It is pleasing to report, that in keeping with the findings from our last inspection in 2019, Moorland continues to be a successful institution where outcomes for those detained are reasonably good against all of our tests of a healthy prison.

There was an appropriate focus on respectful treatment and the identification of potential vulnerabilities for newly arrived prisoners. Violence was falling, in part because of initiatives to support behaviour management which were informed by some good use of data and multi-disciplinary working, but also due to incentives, notably access to better accommodation. Oversight of interventions such as security, segregation and use of force was rigorous and proportionate, while work to promote safeguarding was effective, evidenced by a significant fall in self-harm since we last inspected.

Staff-prisoner relationships were mostly open and positive, although we identified a lack of professionalism from some staff. Key working was effective among the limited number of prisoners the prison had concentrated on, but arrangements for formal consultation, applications and redress needed prioritisation and improvement. There was some useful work to promote equality, but responses to our survey from some minority groups suggested that more needed to be done, including better communication with these prisoners. Outcomes in health care were generally good.

Time out of cell had improved in recent months, but this was from a low base following the end of the pandemic. Most prisoners now experienced between four and eight hours out of cell depending on their employment status, although their experience was much worse at weekends. Spot checks indicated that about a quarter of prisoners were locked in their cells at any point during the working day, but our colleagues in Ofsted judged the overall effectiveness of learning and skills provision to be 'good', their second highest assessment and better than we normally see at similar establishments. Outcomes in rehabilitation, public protection and resettlement planning had all improved – again reflecting good oversight and multi-disciplinary working practices – and were now reasonably good.

Moorland is a capable and well-led establishment, where managers and staff support the governors' vision. Throughout our inspection we found excellent collaborative working across departments and disciplines, as well as a supportive approach to help staff be more effective in their roles. Enthusiasm, good communication and clarity of purpose were all underpinned by visible leadership. The governor and her staff should be congratulated for the progress they have made, and we have every confidence that the prison will continue to improve. We identified several priorities which we hope will assist that process.

Charlie Taylor

HM Chief Inspector of Prisons

April 2023

What needs to improve at HMP Moorland

During this inspection we identified 14 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. **Leaders had not done enough to understand and address the needs of, or improve outcomes for, certain minority groups.**
2. **Time out of cell remained too limited for prisoners who were in part-time employment or education, and was insufficient for those who were unemployed or on the basic level regime.**
3. **There were not enough education, skills and work places for all prisoners, and some had to wait too long to access the courses they required.**
4. **Prisoners did not have sufficient access to offending behaviour programmes, limiting their opportunities for progression.**

Key concerns

5. **Some security procedures were disproportionate.** For example, some prisoners were still instructed to squat during a strip search without good reason.
6. **The application and complaint systems were not working well.** There had been no analysis or quality assurance to understand the issues.
7. **Too little work was done to address the poorer outcomes for younger prisoners.**
8. **Some areas of primary care needed to improve.** New arrivals did not receive a secondary health screen within their first seven days, not all patients with long-term conditions had an annual review, and care plans were not personalised and reviewed regularly.
9. **Patients due to move to specialist inpatient facilities under the Mental Health Act did not do so within the current transfer time guidelines.**
10. **Outside work, there were not enough informal activities and prisoners were bored.**

11. **Leaders did not evaluate whether prisoners managed to sustain employment once they left the prison, and were therefore unable to tailor the curriculum to meet resettlement needs.**
12. **There was not enough capacity to meet the increasing demand for visits.**
13. **Video-calling facilities were poor.**

About HMP Moorland

Task of the prison/establishment

Category C training prison for men convicted of sexual offences, and a resettlement prison for others.

Certified normal accommodation and operational capacity (see Glossary)

Prisoners held at the time of inspection: 1,044

Baseline certified normal capacity: 977

In-use certified normal capacity: 977

Operational capacity: 1,058

Population of the prison

- 1,341 new prisoners received each year.
- 588 were in prison following conviction for a sexual offence.
- 152 foreign national prisoners.
- A fifth of prisoners from black and minority ethnic backgrounds.
- 80 prisoners released into the community each month.
- 183 prisoners receiving support for substance misuse.
- 1,173 prisoners referred for mental health assessment in the last year.

Prison status (public or private) and key providers

Public

Physical health provider: Practice Plus Group

Mental health provider: Practice Plus Group

Substance misuse treatment provider: Practice Plus Group

Dental health provider: Time for Teeth

Prison education framework provider: Novus

Escort contractor: GEOAmey

Prison group

Yorkshire

Prison Group Director

Helen Judge

Brief history

HMP Moorland opened in 1991, with a remand and young offender institution (YOI) function. In 1998 and 2011 it started to receive prisoners convicted of sexual offences. In September 2002, it merged with HMP/YOI Hatfield. In July 2011, Moorland and Hatfield were subject to market testing and placed into the 'South Yorkshire cluster', which included HMP Lindholme; this became HMP South Yorkshire. In January 2014, Moorland reverted to a single prison. It now provides 588 places for prisoners convicted of sexual offences.

Short description of residential units

House block

1 – includes substance misuse treatment

2 – includes first night centre and induction

- 3 and 4 – prisoners convicted of sexual offences
- 5 – includes the incentivised substance free living unit
- 6 – prisoners convicted of sexual offences and induction
- 7 – unit for older prisoners and those with poor mobility, including a nine-bed intermediate care unit providing rehabilitation for hospital discharges for a maximum of six weeks
- 8 – temporary accommodation for prisoners convicted of sexual offences

Name of governor and date in post

Jennifer Willis, May 2021

Changes of governor since the last inspection

Tim Beeston, February 2015 to March 2020

Shaun Mycroft, April 2020 to May 2021

Independent Monitoring Board chair

Dr Jenny Bywaters

Date of last inspection

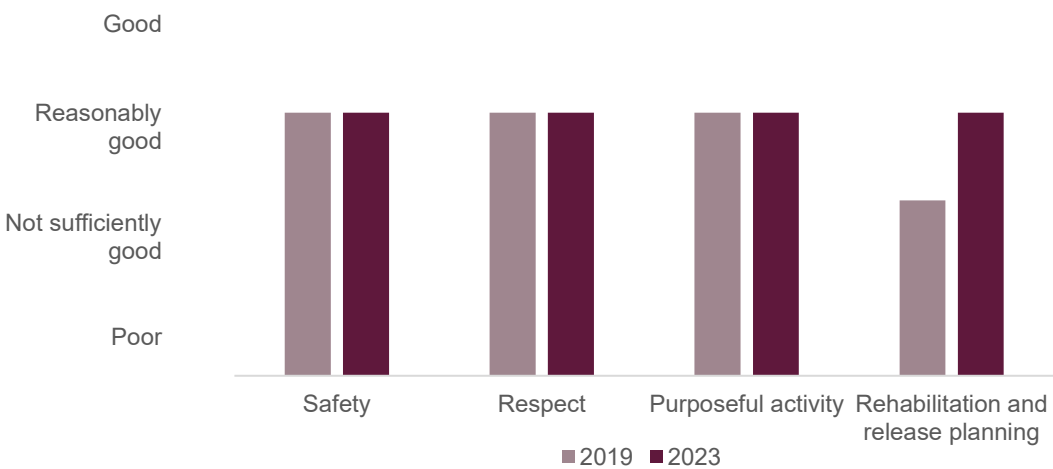
10–21 February 2019

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 Moorland, we found that outcomes for prisoners were:
- reasonably good for safety
 - reasonably good for respect
 - reasonably good for purposeful activity
 - reasonably good for rehabilitation and release planning.
- 1.3 We last inspected HMP Moorland in 2019. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Moorland prisoner outcomes by healthy prison area, 2019 and 2023



Progress on key concerns and recommendations

- 1.4 At our last inspection in 2019 we made 52 recommendations, three of which were about areas of key concern. The prison fully accepted 44 of the recommendations and partially (or subject to resources) accepted six. It rejected two of the recommendations.
- 1.5 At this inspection we found that two of our recommendations about areas of key concern had been achieved and one had not been achieved. The recommendation made in the area of safety had been achieved, as had the recommendation on rehabilitation and release planning. However, the recommendation in respect had not been achieved. For a full list of the progress against the recommendations, please see Section 7.

Notable positive practice

- 1.6 We define notable positive practice as innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.
- 1.7 Inspectors found four examples of notable positive practice during this inspection.
- 1.8 Information on individual risks and concerns was gathered before each prisoner's arrival and shared with reception staff and other relevant departments, which had led to some positive outcomes. (See paragraph 3.1.)
- 1.9 The governor who heard a new adjudication had the responsibility to see it through to completion. The accountability and continuity provided by this arrangement was proving an effective way of reducing delays and backlogs in the disciplinary process, making it more effective and motivational. (See paragraph 3.16.)
- 1.10 All staff received a very good monthly security highlight report detailing recent finds, prisoners of interest and intelligence gaps that the department was seeking to fill. (See paragraph 3.28.)
- 1.11 As a complement to Storybook Dads, where prisoners record stories for their children, the library had developed Stories by Dads, which many prisoners had completed in the last 12 months. The library personalised a story to include the prisoner's child's name and linked this to key events through the year. (See paragraph 5.8.)

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 gave very clear and positive leadership, combining personal visibility and attention to detail with a straightforward vision of the culture she wanted for the prison. In our staff survey, a large majority of respondents said that they agreed with the establishment's priorities, and that its top priorities were clearly communicated to them. Senior leaders were not afraid to make decisions, explain them and carry them through: for example, in the deployment of key workers (see Glossary) and prioritising consistency in the regime. The acceptance of these by staff and, generally, by prisoners was due to good communication.
- 2.3 Outcomes were best in areas where there was authoritative and clear leadership from the top. Substance misuse services, health care and the safety/security team were examples, as well as the offender management unit (OMU). Most custodial managers accepted and supported the governor's positive vision. The cleanliness of the environment reflected the visible and active role of wing managers.
- 2.4 Many senior and middle managers were enthusiastic and collaborative in leadership. For example, prison leaders and the education provider worked together well, and in the OMU, probation and prison leaders cooperated very closely, while there was better liaison than we usually see between offender managers in the prison and in the community. In health care, operational and clinical leaders worked very closely together, and there was good cooperation between the prison security/safety team and the police. These many examples pointed to a strong leadership culture of collaborative working.
- 2.5 There was a strong focus on developing staff. Work had gone into upskilling operational first line managers in areas such as case management for prisoners at risk of self-harm and suicide, and leaders in health services prioritised training staff in advanced clinical practice. However, there was considerable evidence from prisoners of a few staff members with poor attitudes towards some prisoner groups, articulated in unacceptable language and disrespectful treatment. The positive messages coming from the top were not effective in reaching this small group.
- 2.6 Many prisoners felt that security and regime arrangements were unnecessarily tight, and some of this was understandable. The process

of opening up the regime and providing activity following the pandemic was, in some respects, going more slowly than in many similar establishments. However, there were some well-developed plans to make improvements in the near future.

- 2.7 Data were used well across several areas to inform choices and for planning. In a few areas, such as equality, the data and their interpretation were not well enough communicated to staff and prisoners across the establishment. Several areas, such as equality and reducing reoffending work, had an action plan, but not an underpinning strategy or concise policy statements to express vision and priorities. Efficient administration supported good outcomes in many departments, but the focus of senior managers on their top priorities had led to some neglect of issues such as applications, complaints and discrimination complaints, as well as some aspects of visits facilities and secure video calling.

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 New arrivals received good support. Most had short journeys from local prisons and were given food and drink on the journey. The safety team gathered risk information and concerns for each arrival in advance and shared these with reception staff and various departments; this had led to some positive outcomes. For example, an officer from the safety team met new arrivals with a history of self-harm and interviewed them in private to identify any concerns and provide additional support.
- 3.2 The reception area had been refurbished since our last inspection: it was better designed, more welcoming and cleaner. Staff were friendly and efficient; the interactions we observed were polite and prisoners told us that they had been treated well in reception.
- 3.3 All prisoners received a private interview with a trained and welcoming induction officer that focused on safety risks, and who shared any concerns with the appropriate departments. All arrivals also had the opportunity to speak in private to a 'safety and wellbeing' prisoner peer supporter or a Listener (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), which they appreciated.



Reception first night interview room



Listener room in reception

- 3.4 Arrivals were not offered a free telephone call to family or friends and there were some delays before they could use the PIN (personal identification number) phone system, especially for those who had transferred in from a private prison. Leaders were receptive to our finding on this and installed a telephone in reception during the inspection.

- 3.5 In our survey, 30% of prisoners said that their property had been lost or delayed on arrival, compared with only 15% at the last inspection. Due to security procedures (see paragraph 3.30), prisoners were not given their property till the following day, but reception staff ensured that they had what they needed for their first night.
- 3.6 There were separate first night landings for prisoners convicted of sexual offences and for others. We observed new arrivals being greeted by very friendly induction peer supporters. They were located into clean and well-equipped cells with telephones, and some with the Samaritans telephone number displayed.
- 3.7 The five-day induction started the following working day, led by peer supporters and providing a wide range of information. However, there were some gaps in the overall process. Only visits from the education and gym departments were recorded, it was not clear when prisoners would receive departmental visits, and they spent the next few days with little to do and a poor regime, with only two hours a day out of their cell.

Managing behaviour

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

Encouraging positive behaviour

- 3.8 The level of violence had decreased substantially since the last inspection with 114 violent incidents in the last year, 86 against prisoners and 28 against staff. While incidents were on a slight upward trajectory, they remained lower than at comparable prisons. In our survey, 37% of prisoners said they had felt unsafe at some time in the prison, compared with 54% at the last inspection, and 65%, against 47% last time, said they had never experienced verbal abuse or bullying.
- 3.9 The safer custody team now collected and analysed valuable data on violence, bullying and disruptive behaviour. This informed a comprehensive action plan, which was updated to reflect emerging trends and changing levels of risk. The team had made good progress in addressing some of the main identified drivers of violence, including an increased number of staff assaults involving spitting. It was positive that regular safety meetings were attended by staff from both the safer custody and security teams, facilitating a multidisciplinary approach to identifying and addressing safety issues. There had also been a safety survey of prisoners, and leaders had used the results to identify issues for their action plans.
- 3.10 The weekly safety intervention meeting was well-attended, with useful multidisciplinary discussion of prisoners involved in violence or

demonstrating challenging behaviour. The meeting attempted to support prisoners who were persistently involved in violence or antisocial incidents in changing their behaviour through a range of interventions.

- 3.11 Incentives to promote positive behaviour included the incentivised drug free living unit for the general population (see paragraphs 3.31 and 4.69) and 'pod' accommodation on house block eight for those convicted of sexual offences (see paragraph 4.5) which provided good facilities and pleasant living conditions; prisoners said that these opportunities motivated them to model more positive behaviour. There was almost no violence or inappropriate behaviour on these units, and prisoners spoke positively of the incentive that living there provided.



Pod accommodation

- 3.12 For most prisoners, however, there were few formal incentives to encourage positive behaviour. While the incentives and earned privileges (IEP) system was now generally fair, just 32% of prisoners in our survey said that it encouraged them to behave well. There was little material difference between the standard and enhanced levels, and prisoners said there were few incentives at enhanced to improve their behaviour. Positively, prisoners were being consulted in advance of a review of the IEP policy and were offering suggestions on how to improve the scheme.
- 3.13 Challenge, support and intervention plans (CSIPs, see Glossary) were well embedded and used to good effect. Staff were proactive in referring prisoners to the process, and investigations were thorough. CSIPs were used to identify prisoners involved in bullying, antisocial and violent behaviour, and also victims. Most of the CSIPs we reviewed were of a good quality. Many included multidisciplinary engagement

with the offender management unit (OMU), and there was a positive focus on using purposeful activity to improve behaviour. All plans had a single case manager, and most reviews were detailed and demonstrated good engagement with the prisoner. Quality assurance was good, and we saw evidence of case managers being supported to improve their plans. However, some CSIPs had been closed before prisoners had demonstrated a sustained pattern of improved behaviour, and in a few of these cases they had gone on to be involved in further incidents.

- 3.14 There were no self-isolating prisoners at the time of our inspection, but records from recent cases suggested that they were supported well and managed appropriately. Most self-isolating prisoners were able to return to normal association after a period of support, and were only moved or transferred to other prisons as a last resort.

Adjudications

- 3.15 The number of adjudications had risen sharply in the last year; leaders attributed this to the opening up of the regime, an increase in intelligence-based searching and the return of mandatory drug testing. Records showed that charges were appropriate, and hearings were generally fair and prompt.
- 3.16 The backlog of remanded cases was very low, and no serious charges had been left unresolved in the last year. This was partly because when a charge was remanded, it was the responsibility of the adjudicating governor to make sure that it was heard again promptly. The prison had a strong relationship with the police, and adjudications referred to them were resolved quickly.

Use of force

- 3.17 Force had been used 214 times in the previous year, around 50% less than at the last inspection. About a third of incidents involved the use of low-level techniques, such as guiding holds. Batons had not been drawn in the previous year.
- 3.18 The PAVA incapacitant spray had been drawn three times and deployed once in the last year. While its use was justified in that case, there were lessons to be learned from the management of the situation.
- 3.19 Body-worn cameras were very well used and almost all uses of force had been recorded. In some instances, however, cameras were not turned on until an incident had already escalated, so that efforts at de-escalation were not always fully captured. The recent footage that we reviewed showed that force was generally used well, as a last resort and for minimal time, and its use was justified and proportionate. In most cases, officers continually attempted to de-escalate situations and gave the prisoner opportunities to comply. Handcuffs were used when prisoners were escorted to the segregation unit, but were removed promptly once there. All prisoners who had been involved in a use of force received a verbal debrief from an officer, but this was not always

well documented, and some prisoners told us that the purpose of the conversation had not been made clear to them.

- 3.20 The quality of written records about use of force incidents varied but were mostly of an appropriate standard. Most forms were completed on time, and the backlog was small.
- 3.21 Governance of the use of force was strong. Weekly meetings reviewed footage and documentation from all incidents, and we saw evidence that staff were provided with useful feedback and areas for improvement. This mostly involved relatively minor issues about technique or scene management, and there was evidence of continuous improvement in these areas. Monthly use of force meetings also reviewed useful data, enabling leaders to identify and address any trends.

Segregation

- 3.22 The use of segregation had increased slightly in the last year, in line with the rise in adjudications, with 438 prisoners in segregation in the previous year, most for relatively short periods. In the last six months, only five prisoners had spent more than a month in segregation.
- 3.23 The segregation unit was very clean, and cells were free of graffiti. The regime was limited but was reliable: all prisoners were offered a shower, phone call and time outside each day, and there was a stationary bike for additional exercise. Prisoners were well supported during their time on the unit. Mental health staff visited twice a day and could make referrals to relevant programmes or additional support services where appropriate. Those segregated at the time of the inspection told us that they understood the reasons for their segregation and were treated well by staff.
- 3.24 Segregation reviews for prisoners held for reasons of good order and discipline were prompt, and many involved useful multidisciplinary input from mental health services and safer custody. Arrangements for prisoners needing several members of staff to unlock them safely were now reviewed daily.
- 3.25 The reintegration planning for prisoners who had spent long periods in segregation was reasonable, and staff had done some good work with more complex prisoners. However, a growing number of prisoners were refusing to relocate from the segregation unit, either because they were seeking transfer to another establishment or felt life was easier when segregated. Not all of those who had been segregated for shorter periods had reintegration plans, and some plans were not of a high quality; many prisoners did not have a good understanding of what might happen once they returned to the house blocks or what additional support was available to them.
- 3.26 New arrivals who showed a positive result on the body scanner were taken to special cells in the segregation unit. Although this was appropriate, there were some inconsistencies in practice, including how

long prisoners spent in segregation after a subsequent negative scan, and how adjudications for them were handled.

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 Security procedures were broadly proportionate, but some prisoners were instructed to squat during a strip-search, to check if they were concealing anything, with no evidence of justification on the basis of individual risk assessment. The body-scanner was available as an alternative measure. Exercise yards continued to have no staff supervision: prisoners were locked on to the yard for an hour and could not quickly seek sanctuary if they were under threat. The prison had not received funding for enhanced gate security to raise the level of searching of staff and visitors, which would have been beneficial for security.
- 3.28 Security intelligence was well managed. In the previous 12 months, 8,435 intelligence reports had been submitted by staff. Intelligence was analysed swiftly by a regional intelligence hub that was staffed seven days a week. The regional hub provided monthly local tactical assessments, with an overview of key security concerns and objectives from the previous month. Security briefings were communicated well via the monthly safety and security meeting. To promote a prison-wide approach to security, a very good monthly security highlight report was also sent to all staff detailing recent finds, prisoners of interest and intelligence gaps that the department was seeking to fill.
- 3.29 Relationships with South Yorkshire police and Yorkshire area search team continued to be a strength, and there had been regular joint searches of visitors, their vehicles and areas in the prison to prevent criminal activities. Intelligence on organised criminal gangs was also shared well between departments.
- 3.30 There were strong links between the security, safety and drug supply reduction teams. Staff had analysed intelligence and data over the last 12 months to identify common themes, and had taken proportionate and defensible actions to tackle drug supply. For example, all incoming social mail was still photocopied and prisoners' clothing was washed on arrival to prevent illicit substances entering the prison. There was also a new process to make sure that legal mail had no trace of drugs. In our survey, fewer respondents than last time and in other category C prisons said it was easy to get alcohol or drugs. Many prisoners told us they were supportive of the procedures as they wanted to live in a drug-free environment.

- 3.31 The incentivised substance free living unit (see paragraph 4.69) was a supportive and safe environment for prisoners to address their drug and alcohol dependency. In the last three months, there had been no positive results from voluntary drug tests or recorded violent incidents on the unit.
- 3.32 Mandatory drug testing, however, had not been fully effective. Most suspicion tests were completed in time, but due to staff shortfalls, random drug testing had only restarted fully in December 2022. Trading of prescribed medication was assessed as the highest risk in the establishment and the prison had taken appropriate actions, such as ensuring effective staff supervision when medication was administered.

Safeguarding

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

Suicide and self-harm prevention

- 3.33 Since the last inspection, there had been one recorded self-inflicted death, that of a former prisoner four days after his release from the prison. The formal investigation had not led to any recommendations to the prison. The recorded number of self-harm incidents had reduced by 61% since our last inspection. Although self-harm had been rising recently, the number of incidents was relatively low compared with similar prisons.
- 3.34 The safer custody department had worked hard to train their case managers in the new version of assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of self-harm, and the quality of ACCT documents was mostly good. Consistent and thorough case management showed a good understanding of the prisoner's day-to-day behaviours and concerns. However, there were not always records of meaningful conversations, and supervising officers did not always complete daily entries, although most prisoners we spoke with said they felt cared for by staff. A quality assurance process identified learning points for continuous improvement.
- 3.35 The monthly joint safety and security meeting was well attended. Useful data on self-harm were collected and analysed well, and meaningful actions were taken quickly in response to identified themes. The prison had taken longer-term actions, such as training, gathering safety risk information in advance of new arrivals (see paragraph 3.1) and ensuring that prisoners in crisis were in employment, which had contributed to the reduction in self-harm. The monthly meeting also monitored actions in response to recommendations by the Prisons and Probation Ombudsman.

- 3.36 The weekly multidisciplinary safety intervention meeting (see paragraph 3.10) also provided an effective forum for staff to plan and monitor the care provided to prisoners needing additional support, including those at risk of self-harm.
- 3.37 The prison had 17 Listeners. They attended the monthly safety and security meetings and told us that they felt supported by the safer custody team and by the Samaritans, who attended each week to offer support. Although Listeners now had more access to wings than at our last inspection, we found two occasions when night staff had not facilitated prisoner requests to contact them. There were no specific Listener suites, but Listeners were content with the arrangements for Listening sessions.

Protection of adults at risk (see Glossary)

- 3.38 There was a local safeguarding policy, but meetings with the local authority had lapsed since our last inspection. The role of the prison safeguarding lead was not well known and many staff we spoke to were not aware of what would meet the threshold of a safeguarding referral or how to report one. Few staff demonstrated an acceptable level of understanding of safeguarding.

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 Most staff related to prisoners openly and positively, and they generally knew and addressed them by name. Custodial managers in charge of each house block generally gave a strong lead, and first-line managers were also visible on the wings and modelled good interactions.
- 4.2 It was clear from the evidence of many prisoners, however, that a minority of uniformed staff spoke disrespectfully and inappropriately to and about some prisoners, and this was shown especially in the attitude of a few of the younger officers towards those convicted of sexual offences.
- 4.3 Key work (see Glossary) was offered to only a fifth of the population, with priority given to young adults, those on an indeterminate sentence for public protection (IPP) and those with complex personal issues. The key work that was delivered was good and linked well to sentence progression. In our survey, 71% of those who said they had a key worker found them helpful, compared with 52% in similar prisons, with a response of 100% for prisoners on the incentivised substance free living unit who had a key worker.

Daily life

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

Living conditions

- 4.4 About 13% of prisoners were doubled up in single cells that were used to accommodate two prisoners. These cells were extremely cramped.



Double cell on one of the main house blocks

- 4.5 Most cells were in reasonable condition and were suitably equipped. However, some still lacked adequate screening around toilets and many were missing toilet seats, although a batch of replacements arrived during our inspection. Some cells needed redecoration. An ongoing painting programme had been suspended a few months earlier as demand for accommodation meant that cells were not empty for long enough for this work to be carried out. The better living conditions on the incentivised drug free living unit and the temporary 'pod' accommodation on house block eight were appreciated by prisoners allocated to them (see paragraph 3.11).
- 4.6 In our survey, 80% of prisoners said that the communal areas of their house blocks were clean, compared with 65% in similar prisons, and our observations largely confirmed this. Many prisoners working as cleaners took pride in their endeavours, and they were well supervised by wing staff who enforced rigorous standards.



House block 2 entrance

- 4.7 Showers were generally in working order, but many needed refurbishment as they had flaking paintwork and broken cubicle doors that compromised privacy. A programme of refurbishment was under way during our inspection.



Showers on wing

- 4.8 Prisoners had reasonable access to clean bedding and clothing. In our survey, 83% of respondents said that they received clean sheets every week, against the comparator of 66%, and 85%, against 71%, said that they normally had enough clean, suitable clothes.
- 4.9 In our survey, 38% of prisoners said that their cell call bell was normally answered within five minutes, compared with only 22% at our last inspection. However, cell bell response times had not been automatically tracked recently as the software had failed. The prison put in place a manual monitoring system during the inspection.

Residential services

- 4.10 We found the prison food was of reasonable quality, but some of the portions we saw at mealtimes were small.
- 4.11 Prisoners were offered a choice of five options for lunch and dinner, on a four-week rolling menu, which catered for a range of cultural, medical and religious diets. Breakfast packs were issued to prisoners along with their evening meal.
- 4.12 The serveries were kept very clean. Servery workers had received training and wore appropriate clothing, and there was generally good supervision of the serving of meals. However, on one house block, staff also had to make sure that prisoners made their way from their cells directly to the servery, which meant that they were not able to observe the serving of meals closely. Prisoners mostly ate in their cells and opportunities for communal dining were limited.



House block 1 servery

- 4.13 Food comment books on the house blocks were checked regularly. Although the catering department no longer surveyed prisoners about the food choices, as there had been very few responses, prisoners could raise issues or requests at consultation meetings held every two months, and we saw evidence that these were acted upon.
- 4.14 The range of items available from the prison shop was generally reasonable, but recent price increases were a frustration for prisoners.

Prisoner consultation, applications and redress

- 4.15 There were regular consultation meetings on all house blocks, attended by a good cross-section of prisoners. Actions decided on were not always carried out, while the main body of prisoners were not always made aware of the changes which had resulted.
- 4.16 The application system was poor. Leaders had recognised this and had attempted to implement a new system aimed at making sure prisoners received responses promptly. However, this was not yet working and we saw examples of applications that had not been answered for several weeks, or in some cases not at all. There was no quality assurance.
- 4.17 There had been 1,950 complaints in the last 12 months, slightly lower than at comparator prisons. Prisoners lacked confidence in the system and in our survey, only 36% said they felt complaints had been dealt with fairly. All prisoner information desk (PID) workers had copies of the complaint forms, but they were not always available at the complaint boxes, and the boxes on some house blocks were sited directly outside the staff office, which could limit confidentiality.
- 4.18 The responses to complaints we reviewed were polite, but investigations were not sufficiently thorough. In some cases, the issue could have been dealt with on the wing informally by prison officers. There was no analysis of complaints, but this was planned to restart.
- 4.19 Prisoners could access their legal advisers both in person and through their in-cell phones. There was a two-week waiting list to book a legal visit, which was reasonable, but there was no option for video-link appointments, which would have benefited some prisoners. The library stocked a range of up-to-date legal texts.

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

- 4.20 Effective, regular and well-attended forums were held for all protected characteristics groups and a designated member of the senior management team supported each of them. Prisoners had access to information on forums and support groups through up-to-date notice boards. The equality team had been strengthened since the last inspection and was now adequately resourced.
- 4.21 The diversity strategy was basic and needed to provide more detail on what was being delivered at the prison, but an up-to-date action plan was well implemented and reviewed regularly. The equality action team meetings had seen a recent improvement in attendance, although no prisoners or external groups were present, which was a gap: no external groups currently visited the prison. Progress was being made in reviewing and analysing data, including education and employment statistics aimed at the identification of disproportionate outcomes. However, not enough was done to share the outcomes of equality meetings or equality data analysis with prisoners.
- 4.22 In our survey, black and minority ethnic prisoners (see paragraph 4.26), Muslim prisoners, those with disabilities and young adults were more negative in response to several questions. For example, only 52% of respondents from an ethnic minority background said that most staff treated them with respect, compared with 82% of white prisoners, and the contrast was similar in the case of Muslims, and of those under 25. Some prisoners whom we met alleged racist behaviour and discrimination from staff. The prison needed to do more to understand and address these issues.
- 4.23 Prisoners were asked about any protected characteristics confidentially during induction. Equality and diversity prisoner representatives were active and enthusiastic in their roles in helping prisoners, with at least one based on each house block.
- 4.24 Prisoners lacked confidence in the discrimination incident report form (DIRF) system. During the last six months, 54 DIRFs had been submitted, which was slightly lower than the previous inspection. All PID workers had copies of the DIRF forms, but they were not always available at the DIRF boxes, which, as with the complaints boxes (see paragraph 4.17) were sometimes outside the staff office, compromising

confidentiality. One house block did not have a DIRF box that was accessible to prisoners, but this was rectified during our inspection. Responses to the DIRFs that we reviewed were not prompt, investigations were not thorough, and the complainant was not always consulted. There was no longer a prisoner scrutiny panel, but there were plans for external scrutiny of DIRFs and for more staff training on equality and diversity.

- 4.25 Members of the senior management team had recently undergone 'Show racism the red card' training, with plans to roll this out further, but records showed that most staff were out of date with training on equality, diversity and inclusion. We were told that mandatory equality training was due to be relaunched.

Protected characteristics

- 4.26 At the time of our inspection, a fifth of prisoners were from a black or minority ethnic background. In our survey, only 52% black and minority ethnic prisoners felt staff treated them with respect, compared with 82% of white prisoners, only 28%, against 54%, felt they were treated as an individual, and more, 37% against 14%, felt unsafe in the prison. The prison needed to do more to explore these perceptions and to share the results of data analysis (see paragraph 4.22).
- 4.27 As at the previous inspection, only a small number of prisoners identified themselves as from a Gypsy, Roma or Traveller background. A senior management team lead had been allocated to support this group in future.
- 4.28 At the time of our inspection, 15% of prisoners were foreign nationals and six individuals were detained under immigration powers; they were given the appropriate support. A temporary foreign national prison lead offered additional valued support to this cohort. The onsite Home Office immigration enforcement team worked effectively, engaging well with different departments, and regularly attending foreign national forums and safety intervention meetings. Some key prison documents, such as the induction pack and complaints material, had been translated into foreign languages. We saw examples of professional interpreting being used in meetings, but it was not always used on the house blocks and other staff and prisoners were often used to translate day-to-day conversations, which was not always appropriate. There was particularly good provision of English for speakers of other languages (ESOL) in the prison, with sessions well-attended with successful outcomes (see paragraphs 5.19 and 5.21).
- 4.29 In our survey, prisoners with disabilities were more negative than those without in several areas, including safety, and the prison again needed to do more to understand this. The 'Buddy' system of peer supporters was not running effectively (see paragraph 4.59), and not all were clear on their job role. Staff were aware of prisoners with personal emergency evacuation plans (PEEPs), which were now all regularly reviewed. Adapted cells were available on a house block holding prisoners convicted of sexual offences and house block seven, which, if

required, could accommodate a mix of prisoners convicted of sexual offences and the general population.

- 4.30 Young prisoners under 25 had been identified as being over-represented in some areas, including adjudications and the use of force, where prisoners aged 18-21 had been overrepresented by 25% in the previous three months. Some work was being done to engage this population, including drama and music workshops, regular key worker sessions and forums for young people and care leavers, but the offer was limited. Many were not engaged in purposeful activity and complained of boredom on the house blocks (see paragraph 5.4). Prisoners over 50 were more positive about their experiences, although many told us that they would have appreciated more recreational activities.
- 4.31 The prisoners who identified as gay or bisexual to whom we spoke felt that there was good support for them, although no external LGBT support networks attended the prison. As well as consultation forums, there were additional support meetings well attended by prisoners.
- 4.32 At the time of our inspection, there were two transgender prisoners, who received good support and staff were sensitive to their needs. Case review boards had demonstrated appropriate care and staff went to meet them at their previous establishment before they were transferred to Moorland.
- 4.33 No support was offered to veterans, although 26 such prisoners had been identified.

Faith and religion

- 4.34 The chaplaincy provided valuable support to prisoners, seeing all new arrivals promptly and those in the segregation unit daily. Almost all prisoners had access to a chaplain of their faith, with group sessions available for those who did not. Facilities for worship were generally good. No prison visitors or external faith groups currently attended the prison, but there were plans to allocate visitors for some groups.
- 4.35 In our survey, 90% of prisoners said they were able to attend religious services if they wanted to, compared with 73% in similar prisons, but there were no services on Saturdays or Sundays. There was now an additional session for Friday prayers to accommodate all Muslim prisoners who wished to attend, which was appreciated. When we visited, preparations for Ramadan were in hand, with different departments working well together.
- 4.36 There were regular chaplaincy forums attended by a representation of prisoners from different faiths. The chaplaincy delivered the Living with Loss course, and access to this was fair across the prison population.

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.

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

Strategy, clinical governance and partnerships

- 4.38 NHS England commissioned Practice Plus Group (PPG) to provide health care services and Time for Teeth for dental services. Partnership working between the health providers, the prison and key stakeholders was effective and underpinned by a regular meeting schedule with up-to-date terms of reference. A wide range of clinical governance and quality assurance meetings were driving service evaluation and improvement.
- 4.39 Health care services were well-led and leaders provided clear leadership to staff. Staff told us they received good support from health care managers. We observed a hard-working, diligent staff group delivering care with kindness and respect. Recruitment and retention of health care staff was much better than we normally see; the service had only one clinical vacancy at the time of the inspection.
- 4.40 Clinical governance arrangements were well-embedded, areas of patient risk were identified and actions to address them were monitored. We saw evidence that Prisons and Probation Ombudsman (PPO) recommendations following deaths in custody were implemented and reviewed.
- 4.41 There was good oversight of clinical incidents: the provider undertook good analysis, leaving it well-sighted on themes and trends. Regular local incident review group meetings provided staff with any lessons learned, both locally and regionally, which was good.
- 4.42 There was good clinical staff compliance with mandatory training, and all staff had an annual appraisal. The provider actively encouraged continuous professional development and was supporting several individuals towards achieving advanced clinical practice and Nursing Associate apprenticeships. Clinical and managerial supervision was reasonable, although the provider was aware of some gaps, particularly in primary care.
- 4.43 Daily clinical handovers, well attended by representatives of all teams, provided a forum for sharing pertinent patient information and any service updates. Patients with complex needs were reviewed regularly, with a strong multidisciplinary approach.

- 4.44 There were monthly patient health care forums, and health care leaders gathered feedback on service delivery through 'friends and family' questionnaires. Patients could complain directly to the health care team, but some of the responses we sampled failed to inform them of what to do if they were unhappy with the response. The provider acknowledged this and had plans to quality-assure complaint responses.
- 4.45 Health care rooms generally complied with infection prevention and control standards, apart from the clinical room in reception which required remedial works to make sure that the flooring was fit for purpose. The waiting area in the main health care facility was bright and welcoming, and displayed a good range of health-related materials.
- 4.46 Health service staff responded to all emergencies when on duty. Suitable emergency equipment was strategically placed across the prison, and the content of the equipment was subject to robust checking.

Promoting health and well-being

- 4.47 There was a prison-wide well-being strategy, with regular partnership meetings. Health promotion information was on display and newsletters were produced. Information was available in different languages.
- 4.48 Prisoner health champions were in place, with ongoing recruitment for existing vacancies. There were regular forums with updates on action taken as a result.
- 4.49 There were effective systems to prevent and manage communicable diseases. All new arrivals were screened for blood-borne viruses, and prisoners could access NHS health checks, screening and immunisation programmes. There had been delays to some areas of the screening programme, but this was being addressed. Prisoners had access to sexual health services. Condoms were available on request, but this was not advertised.
- 4.50 Prisoners were reviewed before their release to determine what support was needed, including medicines and ongoing referrals, and they were supported to register with a GP in the community.

Primary care and inpatient services

- 4.51 A nurse completed an initial health screen, which enabled continuity of care, and ensured that health needs were identified and appropriate onward referrals made. Secondary reception screens were not always completed within expected timescales, which was a risk; this was being addressed, resulting in major improvements.
- 4.52 There was an appropriate range of primary care clinics, including access to a GP and/or advanced clinical practitioner (ACP), and an effective appointments system. Overall waiting times were satisfactory. There was a hardworking primary care team who were motivated to

help patients. In our survey, 45% of respondents described health care as good, compared with 31% at the last inspection.

- 4.53 Primary care services were available seven days a week, but not overnight for the main prison, and weekend input was more limited. Care was delivered in the health care department and clinics were separated into two regimes, for prisoners convicted of sexual offences and for those held in the main locations. The provider was monitoring waiting times for both groups to ensure equality of access.
- 4.54 The provider had recognised that care planning for patients with long-term conditions needed further development: new templates based on national guidance were being implemented and additional training arranged. Most of the cases we looked at had a care plan, but they were not always personalised or reviewed. There were no staff taking lead roles for patients with a long-term health condition, but their oversight was managed by the GP or ACP to make sure that needs were met. Not all expected long-term health condition annual reviews had taken place; there was now an action plan to address this.
- 4.55 External health appointments were well managed, including monitoring of patients who required a two-week or 18-week referral. There were few cancellations by the prison and, where this was needed, there was clinical triage of patients.
- 4.56 A nine-bed intermediate care and reablement service had opened in April 2022 to offer six-week intensive intervention and support for patients being discharged from hospital or to prevent hospital admission. Only 15 patients had been admitted to date, which was fewer than expected; the situation was being reviewed with NHS Commissioners. Prisoners were assessed before admission to this unit and care plans developed to make sure that their individual needs were met. Patients had access to 24-hour nursing care. Staff levels and skill-set were appropriate and included an occupational therapist, GP and access to physiotherapy. Where risk permitted, prisoners could take part in the normal prison regime.

Social care

- 4.57 A memorandum of understanding with the local authority provided a clear operational framework for social care. These arrangements were well-promoted through posters and leaflets around the prison.
- 4.58 A prison social worker screened all referrals, prioritising and then conducting assessments, which were done promptly. Good access to occupational therapy enabled any additional equipment to be provided quickly. Many referrals originated near release, which made it difficult to organise timely and effective post-release support.
- 4.59 PPG provided all personal care support. Two prisoners currently in receipt of a care package were located on house block seven, which held prisoners convicted of sexual offences, with access to adapted cells and showers etc. Care plans were appropriate, and the two

prisoners appreciated the input. However, it was not clear how mainstream prisoners requiring such an environment would be able to access the unit. The peer supporters, 'Buddies', who provided more generalised support across the prison received no training or overt supervision, which carried potential risks (see paragraph 4.29).

Mental health care

- 4.60 Mental health and psychology services delivered care and treatment seven days a week. The team had a rich skill mix, giving access to a wide-range of evidence-based treatments and therapies, and also to a learning disabilities nurse.
- 4.61 The busy team responded to between 80 and 90 referrals a month; patients who were in crisis or referred urgently were seen within 24 hours. Well-attended, multidisciplinary meetings had good oversight of referrals and ensured that patients were seen by the appropriate clinicians. Prison staff we spoke to were complimentary about mental health services and knew how to refer prisoners about whom they had concerns.
- 4.62 It was positive that mental health staff were present in the segregation unit daily and attended all initial ACCT reviews. Leaders had good oversight of the service and used clinical audit to drive service improvements.
- 4.63 The team was supporting 96 patients, 12 of them through the care programme approach (CPA). Care was delivered in line with national stepped-care guidance, and records demonstrated that care plans and risk assessments were in place and were reviewed regularly.
- 4.64 Patients had access to individual and group-based psychological therapies, although valuable groupwork had been paused owing to the lack of rooms; we were told that this was due to be rectified. There was positive patient feedback about the compassion-based groups co-facilitated by nursing and psychology staff. Patients who required a psychiatric review could see the consultant psychiatrist without delay; they attended the prison weekly and provided remote support to the team.
- 4.65 There was good oversight of physical health monitoring for mental health patients, and robust arrangements for ensuring that blood samples were taken for those on medication.
- 4.66 Apart from some input to prison officer entry level training, the mental health team did not deliver any training to prison staff.
- 4.67 There had been one prisoner transfer to specialist mental health inpatient facilities under the Mental Health Act in the previous 12 months. Although the mental health team invoked the escalation processes, the transfer took 63 days, which was unacceptable.

Substance misuse treatment

- 4.68 PPG provided clinical and psychosocial support for prisoners with addiction problems. The team made valuable contributions to the prison drug strategy group, as well as working collaboratively with mental health professionals in delivering integrated and effective care.
- 4.69 An evaluation of prisoner needs had led to development of an incentivised substance free living (ISFL) unit on house block 5(B). There was a clear process for application and selection to live on the unit and, although a history of drug and/or alcohol abuse was not essential, the focus of the regime was to support prisoners in recovery. The environment and support available were good, although it was unclear why the unit had retained a split regime between landings, which reduced opportunities for general activity and therapeutic engagement.
- 4.70 There was good clinical support for prisoners, with 71 patients receiving opiate substitution treatment. Treatment was patient-centred, evidence-based and flexible, with patients clearly involved in all decisions affecting their care. Reviews took place appropriately, supported by case workers. Clinical staff were stretched, but leaders were developing contingency cover arrangements.
- 4.71 Psychosocial support was delivered by a well-led, cohesive, motivated and skilled team. Individuals suspected of misusing substances were seen and offered support, including harm minimisation advice. Referrals were assessed within five working days, with every prisoner on opiate substitution treatment expected to engage with the psychosocial team as part of their care.
- 4.72 Support for most prisoners was reasonably good and included guided workbooks, one-to-one support by an identified case worker and group work, with some groups jointly facilitated by peer supporters. There was no family work, but Narcotics Anonymous visited regularly and Alcoholics Anonymous sessions were planned.
- 4.73 For prisoners convicted of sexual offences, the range of support was more limited. In our survey, only 17% of such prisoners, compared with 36% of mainstream prisoners, said it was easy to see a substance misuse worker. While there was individual one-to-one work, access to mutual aid, group work and the opportunity to reside on the ISFL were not currently available to these prisoners.
- 4.74 The team organised ongoing prescriptions and access to naloxone (to reverse the effects of opiate overdose) before release. The support available from community services was more variable, even though the team had facilitated an open day for community drug teams to improve engagement pre-release.

Medicines optimisation and pharmacy services

- 4.75 Pharmacy services were provided seven days a week by a highly trained and experienced team, including several pharmacy technicians. Team members received a full induction and were encouraged to undertake additional training to enhance their skills. The pharmacy services were well run, and team members were proactive and knowledgeable. Patients did not have direct access to a pharmacist, but the pharmacy technicians managed most queries and received support from the regional pharmacist. There were plans to introduce pharmacy-led services, such as a minor ailments clinic.
- 4.76 Medicines were supplied by Well pharmacy and were usually delivered in the early afternoon to enable a second delivery if needed. The two teams worked well together and shared information about dispensing errors and prescribing concerns at regular meetings. Colleagues from both teams visited each site to understand how both services were managed. Patients' prescription requests and when the prescriptions were sent to Well were recorded. Delays with the supply of medicines were effectively managed through NHS prescriptions dispensed at another pharmacy, and access to some emergency stock medication.
- 4.77 Prescribing and administration of medicines were recorded on the electronic clinical record, SystmOne. Around 70% of patients, a high proportion, had all or some of their medication in possession. Pharmacy technicians supported the completion of risk assessments for each patient, which were stored on SystmOne and reviewed every six months or sooner if the patient's circumstances changed. Patients had in-cell storage facilities for their medicines, and the pharmacy technicians completed spot checks of the medicines stored as part of the monitoring of tradeable medicines. Outcomes from the spot checks included a review of the patient's in-possession risk assessment, and the patient could discuss the findings of the spot check at a 'safer prescribing' meeting.
- 4.78 Medicines administration took place at 8am, which supported patients who had work commitments, but the later administration time was around 4pm, which was early for patients prescribed night-time doses. Patients prescribed medication with specific daily dose times were given this appropriately. The team also supported patients observing a religious practice with their medication needs. Patients were routinely asked for their ID before their medication was supplied, and prison officers, with the support of health care representatives, supervised the movement from the wings to maintain patient confidentiality. Team members supplying medicines completed suitable checks to make sure that the patient had swallowed the medication. Patients received their medications in time for their release.
- 4.79 There was out-of-hours provision for certain medicines, such as antibiotics, which were kept in a dedicated cupboard. These were correctly labelled and a record generally kept of the medicines used. A minor ailments protocol and patient group directions enabled prisoners to receive some medicines without a prescription.

- 4.80 Medicines were generally stored appropriately in the treatment rooms and pharmacy, but the fridge temperature records on one wing were sometimes outside the accepted range; the records rarely showed the actions taken to address this. Controlled drugs were managed appropriately and there were safe arrangements for transporting medication around the prison.
- 4.81 There were a range of procedures for the pharmacy team and team members responded well when errors were identified. Senior technicians regularly attended meetings on patient safety and medicines management. We pointed out inconsistencies in the recording of omitted medicines to the pharmacy team, and they introduced a system to make sure these records were completed.

Dental services and oral health

- 4.82 Waiting times to see the dentist were reasonable and improving, supported by additional clinics. The dental team actively triaged patients to make sure that those needing urgent care were identified and seen promptly. Dental treatments and oral health advice were equivalent to those available in the community. The care records we reviewed showed that treatment options were discussed with the patient, including risks, and that patients were listened to. There was a system to make sure that medicines prescribed by the dentist were made available to prisoners promptly.
- 4.83 The dental provider, Time for Teeth, had robust governance processes. The dental surgery met health and safety requirements, and there was regular maintenance of equipment. Decontamination procedures and infection control standards were met and supported by a range of policies and procedures.

Section 5 Purposeful activity

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

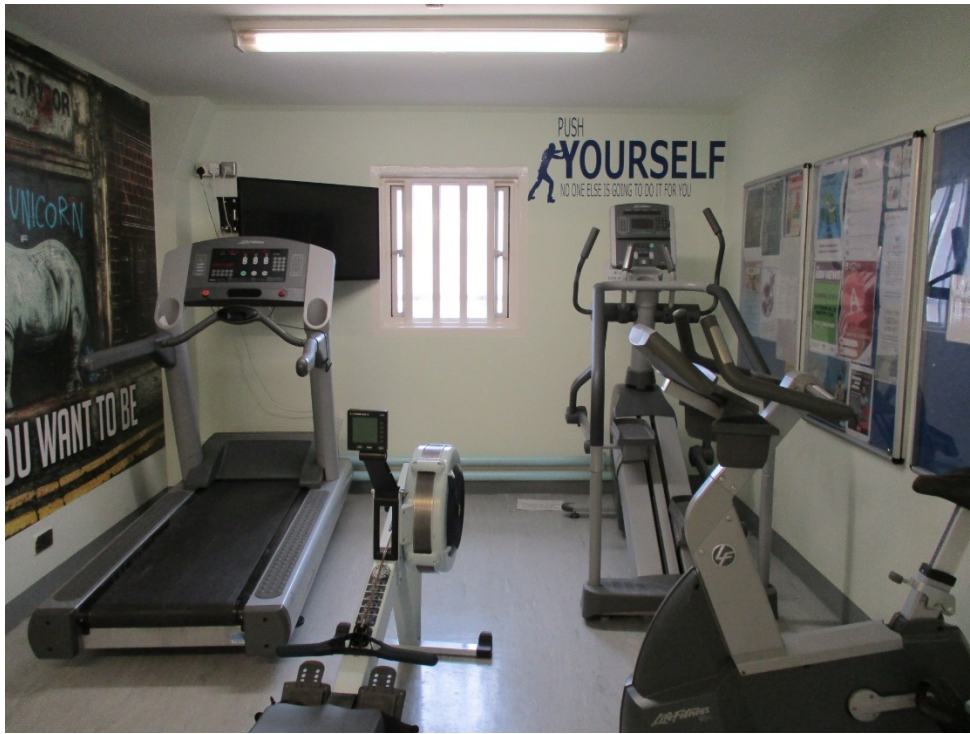
Time out of cell

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 Time out of cell had increased from a low base over the last few months. Prisoners who were employed or in education full-time had seven-and-a-half hours a day out of their cell on weekdays, including some evening unlock for domestic duties and exercise, which was positive. However, full-time places were limited and the great majority of prisoners were in part-time employment or education, receiving only between four and five hours a day out of their cell during the week. Unemployed and basic-level prisoners only had two hours a day out of their cell.
- 5.2 Time unlocked at the weekend remained poor and prisoners were only out of their cell for two hours a day. Although they could use the gym at weekends, there were no weekend religious services (see paragraph 4.35) and no other purposeful activity.
- 5.3 In our roll checks, a quarter of prisoners were locked up during the core day while a third were off the wing in activities and appointments. The regime was delivered consistently with cancellations rare.
- 5.4 Apart from the incentivised substance free living unit (see paragraph 4.69) and house block seven, there was no recreational activity on the units and many prisoners complained of boredom. Pool tables were no longer in use on most house blocks and, unless prisoners were working on the wing, there was nothing for them to do to support their rehabilitation and well-being.
- 5.5 Access to the exercise yard was needlessly inflexible. If prisoners chose to go outside, they were locked out with no staff supervision for one hour (see paragraph 3.27). If they did not go outside, they remained locked in their cell. New outdoor gym equipment was being installed in the exercise yards, but they remained austere and had limited seating.
- 5.6 The well-stocked library, run by Doncaster Metropolitan Borough Council, provided a range of books and other materials, with books also available from other libraries in the area. The library on house block four was no longer in use, although this continued to hold plenty of books and had previously been a good additional resource. There

were no on-wing library resources except for a small selection of books on house block seven and in the segregation unit. Positively, 58% of prisoners were active library members. There was a good selection of foreign language books, and over half of the foreign national population were active library members.

- 5.7 In our survey, 64% of prisoners said they could attend the library once a week, compared with 40% at the last inspection and in similar prisons. All house blocks had equal access, and a wing drop-off service was available, but the library was not open in the evening or at the weekend, and the allocated slots only gave time to collect books, without the chance to use it as a reading or study space.
- 5.8 Storybook Dads (where prisoners can record a story to send to their children) had completed 87 recordings in the last 12 months, which was an improvement from the last inspection. There was also an adapted version where prisoners could read personalised stories for their children, 'Stories by Dads', which was popular, with 68 recordings completed in the last 12 months. The stories included the child's name and was linked to key events through the year. The library was also delivering the 'Reading Ahead' challenge, and the education department was supporting Shannon Trust literacy mentors and had a good reading strategy in place (see paragraph 5.29).
- 5.9 The prison had restarted some creative activities to support learning and well-being. The drama and music workshops had reached only a small number of prisoners, but were appreciated by those who took part and more sessions were planned.
- 5.10 Prisoners could use the gym at least twice a week, including evenings and weekends. The department would soon have a full complement of staff and the physical education instructors (PEIs) had not been cross-deployed since the lockdown restrictions. Over half the prison population were active members and the provision was appreciated. There was fair allocation of prisoners to attend the gym. The timetable provided a range of sporting activities, including badminton, football and indoor cycling classes. The PEIs also delivered in-cell workouts via Connect TV, the prison's own in-cell channel, accessible to all prisoners.
- 5.11 The PE facilities were good, with cardiovascular and weights equipment in working order. There was no longer a grass football pitch, but an all-weather surface was well-used for outdoor sports. The sports hall had experienced some flooding, which was being fixed as part of the prison's roofing project. The changing areas and showers were clean, but there were still no privacy screens.



Gym equipment

- 5.12 The PEIs worked actively with other departments to deliver sessions for different groups of prisoners. These included remedial, mental health, drug recovery and over-55s gym sessions. They all had good attendance and sessions were tailored to individual needs. Safe handling and lifting, and Heartstart (basic life support) courses were delivered, but there were no further accredited courses and no employment-related qualifications. The Football Association Twinning project had recently restarted with Sheffield United, and there had been good uptake for this.

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: Good

Personal development: Good

Leadership and management: Good

- 5.14 Leaders and managers had implemented an ambitious and appropriate curriculum that met the needs of prisoners in a training and resettlement prison, and which was well developed, articulated and understood. There was a good focus on supporting prisoners to improve their personal and social well-being and to acquire the skills, knowledge and behaviour needed to gain employment on release and to reintegrate into society.
- 5.15 Prisoners could access a wide range of accredited courses which led to a qualification. As well as English and mathematics provision, prisoners could study for qualifications in English for speakers of other languages (ESOL), customer service, media, warehousing, barbering, cleaning, food safety, peer mentoring, employability, information technology, construction and forklift truck driving. However, a recent increase in the number of prisoners meant a few were placed on a waiting list for their planned activity, which particularly affected those requiring English and mathematics courses.

- 5.16 The allocation of prisoners to education, training and work activities was well planned and effective. Prison staff used information about prisoners to make sure they were assigned to employment and educational activities which were directly related to their future career aspirations and learning needs. For example, where prisoners who were close to their release date had identified warehousing as a possible career route, they were able to gain a forklift truck licence.
- 5.17 Leaders used their knowledge and understanding of prisoners' needs to review what the curriculum offered and to evaluate its effectiveness. Prison leaders worked with the education provider to make sure that improvements were measurable and sustainable. All of the recommendations from the previous inspection had been implemented and the quality improvement plan accurately identified the few areas which still required improvement. Leaders had a good understanding of any weaknesses, regularly reviewed what actions had been taken to improve outcomes, and revisited completed actions to make sure improvements were having the desired impact.
- 5.18 The pay rates available for education and training were comparable to other work activities in the prison. To encourage a higher participation rate, leaders had introduced additional payments for prisoners achieving qualifications, including in English, mathematics and ESOL. Prisoners working in the prison commercial workshops also benefited from extra payments when production targets were met.
- 5.19 Prisoners' starting points and prior learning were identified through well-established activities during the induction process. This enabled teachers to prioritise areas for development and to plan learning effectively. For example, prisoners on ESOL courses all had targets and activities to complete based on their individual needs. Teachers maximised opportunities to practise speaking, listening, writing and, in particular, reading. In mathematics, prisoners practised and reinforced key concepts such as multiplying and dividing by 10. Teachers reviewed the progress that prisoners made and used this to plan next steps in learning.
- 5.20 Prison staff swiftly identified and supported prisoners who had learning difficulties or disabilities and made sure that effective support was in place, such as coloured paper text and workbooks for those with dyslexia and allowing more time for prisoners who struggled to concentrate. As a result, many prisoners who struggled to learn in a classroom environment engaged in courses with one-to-one support and gained qualifications.
- 5.21 The education provider, Novus, worked with prison leaders to make sure that the content and structure of training courses were carefully planned. Teachers had designed engaging and challenging content for prisoners; the ESOL curriculum content, for example, centred around useful topics that related to prison and wider life, such as health, food, jobs, culture and technology, and which met the language development needs of adults. The employability and warehousing programmes

included content that improved prisoners' self-confidence and communication skills as well as their prospects for employment.

- 5.22 Teachers delivering education courses were well qualified and experienced in the subjects they taught. In warehousing, teachers used their industrial expertise to help prisoners develop the skills, knowledge and behaviour required by employers. Teachers planned learning tasks to enable foreign national prisoners to enhance their understanding of the English language and improve their ability to read.
- 5.23 Leaders provided a wide range of useful and supportive staff development activities to help teachers, trainers and instructors to deliver effective lessons and workshop sessions. Teachers structured and sequenced learning and most prisoners were able to build on their understanding of the subject. As a result they were able to acquire the skills, knowledge and behaviours that they needed to gain employment or improve their academic performance.
- 5.24 The quality of the education and training provided by the prison was good. Sessions were well structured and enabled prisoners to build on their knowledge and understanding of the subject and consolidate their learning. Teaching sessions were delivered effectively, which helped prisoners to retain and recall knowledge over time. Assessment was used well to enable teachers to identify and address any gaps in knowledge.
- 5.25 Prisoners knew what their learning outcomes were and what they needed to do to achieve them. Teachers discussed targets and outcomes with prisoners and they were encouraged to participate and improve their social skills as part of their education and work activities.
- 5.26 Prisoners benefited from useful developmental feedback that highlighted how they could improve their work and make better progress with their studies. For example, feedback received by prisoners on their written work helped them to improve their spelling and grammar.
- 5.27 In prison workshops, instructors demonstrated effective working methods, such as the correct use of tools and specialist equipment, which enabled prisoners to swiftly gain the skills required in industry. Prisoners worked together in teams in the commercial workshops, making sure that quality control processes were followed and that production targets were met. A range of responsible roles within industries workshops and incentive schemes, such as employee of the month, aimed to increase their confidence and aspirations.
- 5.28 Attendance at education, skills and work was good. Prisoners were enthusiastic about their learning and activities and arrived promptly, prepared to participate and learn from the start of the lesson. Workshops and work areas were suitably resourced and staffed, and prisoners in these areas were busy and purposefully engaged. However, a very small proportion of prisoners had decided not to

participate in any activities, despite regular attempts to engage them, and remained on their house blocks.

- 5.29 Leaders had recently developed and implemented a prison-wide strategy to encourage prisoners to read, but they had not yet introduced a suitable diagnostic tool to identify support for those whose reading skills needed improvement. Leaders had ambitious plans to increase the involvement of the Shannon Trust, and a growing proportion of prisoners was already taking part in the Trust's reading scheme. Prisoners working towards their English and ESOL qualifications were encouraged to read aloud and supported to develop their reading skills further.
- 5.30 Prisoners in education, skills and work activities were respectful to each other, staff and visitors. Prison staff modelled good behaviour and prisoners demonstrated tolerance and respect, for example, when listening to others read and when taking part in discussions.
- 5.31 Leaders had made sure that activities and a wide variety of enrichment opportunities broadened prisoners' interests. Recent activities included music and creative arts workshops. Prisoners had been able to submit entries to national competitions, including in art and creative writing, and foreign national prisoners had recently learned about St Patrick in celebration of St Patrick's day.
- 5.32 Prison staff had a good focus on helping prisoners to keep themselves physically and mentally healthy. Teachers conversed with prisoners about their welfare and recommended activities such as healthy eating, meditation and yoga. Prisoners appreciated these initiatives, along with the courses that they could study about healthy lifestyles.
- 5.33 The provision of careers advice was effective in guiding prisoners to possible employment and training opportunities on their release. Prisoners had access to useful resources, such as the Virtual Campus, and help to produce a CV, along with advice on how to improve their interview techniques. The partners situated in the resettlement employment hub, including NACRO and Jobcentre Plus, helped prisoners to access a wide range of advice and resources aimed at helping them to make positive life choices and be better prepared for their release back into society. However, leaders did not routinely evaluate whether prisoners managed to sustain employment after release.
- 5.34 Leaders had established effective and useful working relationships with a range of external employers. They provided careers advice in sectors such as construction and manufacturing. Employers attending the prison provided prisoners with information and guidance about possible career options. As a result of one of these relationships, leaders were shortly to open a bricklaying academy in conjunction with a large regional construction company who would offer employment to prisoners on release.

Section 6 Rehabilitation and release planning

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

Children and families and contact with the outside world

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

- 6.1 The prison had recently updated its family strategy, which provided a good overview of what was available for prisoners to build and maintain relationships with their families. PACT (Prison Advice and Care Trust) was contracted to provide support services to help prisoners maintain family ties. A PACT family engagement worker undertook casework with individual prisoners on relevant issues, including contact with their children and liaising with social services and other agencies. There was a vacancy for a part-time PACT family support worker to work with children during visits and family days.
- 6.2 Social visits took place four afternoons a week and had recently been increased from 90 minutes to two hours. Visits could be booked online or by phone, which was only available on two days a week. An automated message on the phoneline provided erroneous information about when bookings could be made, and so visitors often called when the service was not available. Although visit bookings had been low following the COVID pandemic, and the number of spaces had been halved, they had steadily increased over the last year and the take-up was now very good, with the possibility to restore capacity to its former level.
- 6.3 Facilities in the welcoming visitors' centre were reasonable but, in the absence of a family support worker, play facilities for children were limited. Visitors we spoke to were positive about their interactions with prison staff and we observed respectful treatment, including searches that were conducted professionally and sensitively.



Visits area

- 6.4 The visits hall was bright and welcoming. Food, including hot options, was available to buy. Oversight of visits was not intrusive, and prisoners could have physical contact with family members. There was a good-sized play area for children, but it was not in use because of the lack of a family support worker.
- 6.5 Family days took place every two months and had been increased to four hours. They currently took place in the visits hall, but there were plans to use outdoor space in the summer. The days were valued by prisoners and provided a positive visiting experience for their families. Provision of the Storybook Dads scheme had improved since our last inspection (see paragraph 5.8).
- 6.6 Video-calling facilities (see Glossary) were also available, but they took place in rooms that were unwelcoming and shared, limiting privacy. There was a low take-up of this provision.
- 6.7 As well as phone and postal contact, prisoners could also stay in contact with their families and friends through email; this was now more confidential than previously when prison information desk workers had delivered the email printouts to prisoners.

Reducing risk, rehabilitation and progression

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

- 6.8 Moorland held a complex population, including prisoners serving sentences of every length as well as indeterminate sentences, young adults, foreign nationals and licence recalls. Over half of all prisoners (58%) were serving sentences for sexual offences, and many prisoners were transferred late in their sentence in preparation for release.
- 6.9 There was no comprehensive needs analysis for reducing the risk of reoffending or strategy to make sure that priorities reflected the current challenges and need among prisoners. Despite this, regular well-attended reducing reoffending meetings led to some good work and action planning to improve outcomes for prisoners across all the pathways out of offending. In our survey, 60% of prisoners, compared with 44% last time, said that their experience at Moorland would make them less likely to offend in the future.
- 6.10 The offender management unit (OMU) was well resourced and almost up to full staffing complement. There were 10 full-time-equivalent (FTE) probation-trained prison offender managers (POMs) and 8.5 FTE prison-employed POMs. Nearly all the prison-employed POMs (6.5) were operational staff, but they were rarely cross-deployed to other duties, which meant they could focus on offender management work. An additional POM was due to take up post, bringing the team up to full capacity. Caseloads were allocated appropriately and mostly manageable.
- 6.11 The unit benefited from strong and capable leadership by the two senior probation officers (SPOs) and the head of offender management services. The culture within the OMU was collaborative, supportive and committed to improving prisoner outcomes. POMs and case administrators described an 'open-door' environment in which leaders were approachable and advice was readily available.
- 6.12 Too many prisoners were transferred to Moorland without an initial OASys (offender assessment system) assessment completed in their previous prison. POMs worked hard to address this backlog and, at the time of the inspection, most prisoners had one.
- 6.13 OASys reviews were not always timely, but the quality of those we examined was reasonably good, and some were excellent. Sentence plans were relevant, realistic and usually tailored to prisoners' individual needs. Most of the prisoners we interviewed were aware of their targets and in our survey, 76% of those who had a custody plan said they knew what they needed to do to achieve them.

- 6.14 Contact between POMs and prisoners had improved and was now frequent and well recorded. We saw good offence-focused work, and POMs were adept in addressing individual needs. They had been trained in trauma-informed approaches and this was evident in their skilled work, which involved challenging offending and custodial behaviour, while making links with adverse childhood experiences. Staff showed good knowledge of cases and spoke respectfully about prisoners. There was a strong sense of pride, conscientiousness and a 'can-do' attitude from all the OMU staff we spoke to.
- 6.15 Prison leaders had prioritised the allocation of key workers for prisoners deemed most vulnerable, such as some young adults, prisoners serving indeterminate sentences for public protection (IPP) and those with complex needs (see paragraph 4.3). Where we saw key work take place, it was supportive of prisoners' rehabilitation and release planning needs, and POMs and key workers worked very well together.
- 6.16 The prison held 30 IPP prisoners. Most had been recalled to prison following breach of their licence conditions and were waiting for a parole board decision before they could move on. There was appropriate oversight of all these prisoners, and work to assess their individual needs and review opportunities for progression. This was particularly the case for the eight who were beyond their tariff (see Glossary) and had never been released. POMs worked collaboratively with forensic psychology services and used the specialist advice available to them to discuss and troubleshoot individual complex cases.
- 6.17 Parole arrangements were managed well, and most dossiers were submitted on time.
- 6.18 Arrangements to assess prisoners eligible for home detention curfew (HDC) were usually prompt and processes administered efficiently. In the previous year, 138 prisoners had been released on HDC. Of these, 36% had been released beyond their eligibility date, usually only a few days late, but the longest wait had been about 76 days. Delays were attributed to reasons beyond the prison's control, such as waits to verify suitable addresses, receive police checks, outcomes from outstanding adjudications from previous establishments and a lack of space at an approved premises or bail accommodation and support service (BASS) address.

Public protection

- 6.19 All aspects of public protection work had improved since our last inspection and it was well integrated within offender management. The screening of new arrivals to identify public protection concerns was managed well and restrictions, where necessary, were applied appropriately. A weekly, well-attended interdepartmental risk management meeting (IDRMT) ensured robust oversight of all prisoners subject to communications monitoring and child contact restrictions. Reviews of monitoring arrangements were timely and thorough, and prisoners' telephone calls and mail were screened

promptly, usually by staff experienced in identifying risk. The detail in the monitoring entries that we reviewed was mostly good.

- 6.20 About 57% of the population were assessed as presenting a high or very high risk of serious harm to others, and nearly two-thirds were eligible for multi-agency public protection arrangements (MAPPA). The monthly 'high risk release' meeting considered these prisoners about three months before release to make sure that cases were properly managed and suitable arrangements were in place. Attendance at these meetings was limited and usually only included the SPO, public protection clerk and a member of security staff. POMs submitted written updates that were sufficiently detailed to inform and agree any outstanding actions that required completing, but a few contributions lacked enough detail to be useful.
- 6.21 POMs knew their cases well, and the handover of responsibility and ongoing sharing of information between the prison and community offender managers (COMs) was good: it was prompt and better than we usually see.
- 6.22 Prisoners eligible for MAPPA were identified appropriately, but confirmation of their management level was not always timely or clearly recorded in electronic case notes. Prison staff's written contributions to community MAPPA meetings varied in quality, but most provided useful information. The best examples were analytical and detailed a clear picture of the prisoner's risk, custodial behaviour, attitude and motivation, which also supported the likelihood of future compliance with licence requirements.
- 6.23 Risk management plans were generally good and included indicators that would trigger concern, and contingency plans to be followed in the event of increasing risk. In two cases, it was apparent that some content had been copied from a previous plan or sentence that required updating to make sure it was relevant, particularly in preparation for upcoming release.

Categorisation and transfers

- 6.24 Reviews of prisoners' categorisation levels were mostly timely, completed by POMs appropriately and countersigned by an OMU manager. Prisoners had the opportunity to submit views to support their case, either in writing or through discussion with their POM. The cases we reviewed were well considered, most were informed by an up-to-date OASys and decisions were defensible.
- 6.25 Staff in the OMU checked with authorities to ascertain the immigration status of foreign national prisoners. Recategorisation reviews now took place for those who were eligible to be considered for open conditions, such as prisoners not subject to deportation or who still had an avenue of appeal against any deportation decision.

- 6.26 There was robust management and oversight for prisoners waiting to transfer to another prison, as well as for those subject to any 'transfer hold', to make sure they were being held appropriately.
- 6.27 In the previous 12 months, 64 prisoners had moved to open conditions and 80 had transferred to another category C site. However, because of national population pressures, there were delays for some prisoners needing to move closer to their home for release or to undertake accredited offending behaviour programmes not available at Moorland. Sometimes these moves could not be facilitated at all.
- 6.28 HMPPS had introduced interim guidance to support prisons to transfer category D prisoners from closed to open sites to manage operational capacity issues across the estate. In one case, accompanied release on temporary licence (ROTL) had been used appropriately to facilitate such a move, following a detailed assessment of risk.

Interventions

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

- 6.29 Although the prison lacked a wider needs analysis for reducing reoffending, the programmes team manager undertook excellent work to develop a comprehensive profile of the treatment needs of the population; this was to prioritise places on programmes appropriately and plan for future provision.
- 6.30 The prison was commissioned to deliver two accredited programmes: Horizon (a medium-intensity programme for those convicted of sexual offences) and the Thinking Skills Programme (to help prisoners develop cognitive skills to manage their risks). It also offered 'Timewise', a non-accredited programme to support prisoners in developing conflict resolution skills.
- 6.31 Because of vacancies and the lack of fully trained and experienced staff, prisoners had reduced access to these interventions for the current year and the year ahead. The Horizon programme had not been delivered since April 2022 and was unlikely to resume until at least July 2023. This was a particular gap for prisoners convicted of sexual offences, many of whom were at the prison specifically to access this programme. Some prisoners would inevitably leave Moorland without having some of their treatment needs met.
- 6.32 One-to-one offending behaviour work delivered by POMs went some way to fill the gap left by the reduction in programme delivery, although it could not meet the needs of enough prisoners. In our survey, only 15% of prisoners convicted of sexual offences said they had done any offender behaviour programmes at Moorland, compared with 63% for the rest of the population. In our conversations with these prisoners, they described their frustration at not being able to access a programme before their release.

- 6.33 Shelter subcontracted the crime reduction charity Nacro to provide accommodation support for prisoners being released to the South Yorkshire area, and St Giles Trust for those being released to West Yorkshire. Shelter provided accommodation support for the rest of the region and joint working arrangements overall worked well. Referrals by COMs to probation-approved premises, and to initiate support from commissioned accommodation providers, were managed well and were usually timely.
- 6.34 Since April 2022, 89% of prisoners were recorded as having some form of accommodation on the night of their release, of whom 37% were recorded as released to sustainable accommodation (that is, in place for a minimum of 13 weeks after release). The prison worked to make continual improvements to the integrity of this data.
- 6.35 There was a good range of support to help prisoners manage their finances and debt. The Department for Work and Pensions employed two staff at the prison, who helped prisoners with their entitlements, benefits claims and readiness to apply for jobs. Since January 2023, they had engaged with over 430 prisoners.
- 6.36 The Growth Company (see Glossary) helped prisoners with a range of needs, including dealing with outstanding court fines, rent, mortgage and council tax arrears. Along with a prison-employed member of staff, they also supported prisoners to apply for bank accounts and forms of identification, and Ingeus (see Glossary) offered resources to help prisoners develop their budgeting skills.

Release planning

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

- 6.37 Moorland was a designated resettlement prison and about 80 prisoners a month were released. In our survey, 71% of those who expected to be released within the next three months said someone was helping them to prepare for this.
- 6.38 The community integration team was responsible for making sure that prisoners serving sentences under 20 months, and all prolific offenders managed under the integrated offender management model (see Glossary), had their resettlement needs met. The prison and COMs managed the resettlement needs of all others. All staff involved in prisoners' release planning, both in the prison and in the community, worked very well together, resulting in generally positive outcomes across all prisoner resettlement needs.
- 6.39 A resettlement hub had been established with additional resources from the centre, and was focused mainly on preparing for employment after release. It offered a valuable environment for prisoners to access a range of advice and support in person, such as education, training

and employment advisers, and service providers for accommodation and finance, benefit and debt advice.

- 6.40 Reception release procedures were efficient and respectful, and included checks of licence requirements, return of stored property, and provision of subsistence payments, travel warrants and temporary identification. There was a supply of discreet plain black holdalls for prisoners to carry their possessions and clothing. Public transport was available outside the prison gate.

Section 7 Progress on recommendations from the last full inspection report

Recommendations from the last full inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2019, Early days work was reasonably good. Violence overall had reduced but, despite good intelligence and investigation processes, there was no informed action plan to reduce it further. Plans used to manage the perpetrators of violence were inadequate. The incentives and earned privileges scheme was punitive in focus, and prisoners spent too long locked up on the reintegration unit. The management of adjudications had improved considerably. Levels of use of force were high and scrutiny was not sufficiently robust. The segregation unit was now well managed. Security work was very good and supply reduction measures had led to an impressive reduction in drug use. Levels of self-harm were high but the quality of the care for those in crisis was reasonably good. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendation

Data analysis and consultation with prisoners should be used to understand the root causes of self-harm. Results should inform an effective strategy and action plan to reduce the high levels of self-harm.

Achieved

Recommendations

All new arrivals should be able to have a shower, see health services staff and have a meal before being locked up on their first night.

Achieved

Prisoners should be allocated to activities at the earliest possible opportunity, instead of being locked up on the induction wing.

Achieved

An up-to-date analysis of the causes of violence at the establishment should be used to formulate an action plan to reduce violence.

Achieved

Intervention plans to manage perpetrators and victims should include individualised targets to address prisoners' poor behaviour effectively.

Achieved

The daily regime for self-isolators should be reliable and provide exercise, a shower and, when cell telephones are broken, a telephone call.

Achieved

The purpose of the reintegration unit should be clearly defined, its effectiveness routinely evaluated and the regime from arrival there should be purposeful.

No longer relevant

Governance of the use of force should be informed by robust data analysis which identifies trends. Senior managers should routinely scrutinise incidents to identify good practice and learn lessons.

Achieved

All drawing or use of baton incidents should be investigated.

Achieved

Strip-searching and instructions to squat during cell searches should only be authorised when supported by an individual risk assessment and supporting intelligence.

Not achieved

Prisoners should not be locked onto exercise yards without staff supervision.

Not achieved

The segregation of prisoners subject to assessment, care in custody and teamwork (ACCT) procedures should be regularly reviewed.

Achieved

Actions in response to recommendations by the Prisons and Probation Ombudsman should be monitored by managers, to ensure ongoing compliance.

Achieved

There should be sufficient Listeners to meet the needs of the population.

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2019, Staff–prisoner relationships had improved considerably and were now a strength. Some areas of the prison were in need of refurbishment but prisoners were able to keep themselves and their living areas clean and tidy. Cells were well equipped and the provision of in-cell telephones was positive. The food served to prisoners was good. Consultation arrangements had improved but the quality was inconsistent. There was a wide range of peer support roles in place. Prisoners expressed a lack of confidence in the application and complaints processes. Equality

work was underdeveloped and work was needed to understand and meet the needs of all prisoners with protected characteristics. The provision of health services and social care was reasonably good. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendation

Routine consultation and engagement with community organisations should inform an up-to-date equality and diversity strategy and action plan. Robust oversight by managers should ensure that the needs of prisoners with protected characteristics are consistently identified and met.

Not achieved

Recommendations

Toilets and showers should be fully screened.

Not achieved

Meals should be served at appropriate times.

Not achieved

Consultation arrangements should be effective in identifying prisoners' concerns and result in prompt actions where necessary.

Not achieved

The application system should not compromise prisoners' confidentiality, and responses to prisoners should be tracked.

Not achieved

Managers should consult prisoners, to understand their negative perceptions of the complaints system and provide assurance that the system is fair.

Not achieved

Effective consultation and support should be in place for all protected groups.

Achieved

Personal emergency evacuation plans should be kept up to date.

Achieved

Corporate worship for Muslim prisoners should routinely meet the demand.

Achieved

Automated electronic defibrillators should be easily accessible to prison staff, particularly when nurses are not on site.

Achieved

Patient information should be readily accessible in a range of formats and languages.

Achieved

Prisoners with identified mental health needs should be able to access a full range of individual and group psychological interventions.

Achieved

Patients requiring a transfer under the Mental Health Act should be transferred within the current transfer time guidelines.

Not achieved

The range of psychosocial interventions should meet identified need and include the provision of medium- to high-intensity courses.

Not achieved

Clinical substance misuse services should offer sufficient prescribing input to meet increased demand and complexity of need.

Achieved

Patient medication should be supplied in a timely fashion, to ensure that treatment is not interrupted.

Achieved

In-possession risk assessments should be reviewed in line with the local policy, to ensure that all risks are appropriately managed.

Achieved

Purposeful activity

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

At the last inspection, in 2019, the amount of time out of cell was too limited for a small but significant number of prisoners. The leadership and management of learning and skills were effective. There were sufficient activity spaces for the population but it took too long to allocate some prisoners to a purposeful activity. A broader curriculum met the needs of the population. Attendance and punctuality were generally good. The quality of teaching, learning and assessment was good. Most prisoners behaved well in activities and achieved a high standard across education and prison work, although too few achieved their mathematics functional skills qualification. The use of peer mentors in activities was good. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

All prisoners should have regular and predictable time out of cell which is sufficient to promote rehabilitation and mental well-being.

Partially achieved

All prisoners should have access to an hour in the open air every day.

Achieved

There should be effective monitoring of library and gym use, to ensure equitable access to these services.

Not achieved

Managers' observation of tutors and trainers should have a clear focus on the progress that prisoners have made.

Achieved

Prisoners should complete their education induction promptly, to ensure timely allocation to activities.

Achieved

Prisoners on the reintegration unit should be able to access work and education from week one of the reintegration programme.

Achieved

The number of prisoners allocated to contract workshops should be commensurate with the amount of work available.

Achieved

Targets set for prisoners should be individualised and enable them to develop their skills and improve the standard of their work.

Achieved

Prisoners on distance learning courses should receive good support to complete their programmes.

Achieved

Prisoners with poor English language skills should be well supported to develop their speaking and writing skills.

Achieved

The proportion of prisoners who achieve their functional skills mathematics qualifications should increase.

Achieved

Rehabilitation and release planning

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

At the last inspection, in 2019, Children and families work was mostly good. The strategy to reduce reoffending was not based on a comprehensive needs analysis. Too many prisoners lacked an up-to-date analysis of their risk and needs. Contact with offender supervisors had improved but did not focus on sentence progression. More training was needed to help offender supervisors to manage the high-risk prisoners on their caseloads. There were significant risks in the management of public protection arrangements. Recategorisation reviews were not robust. There were insufficient

programme places to meet the needs of the population. The release of some prisoners on home detention curfew was delayed by the lack of suitable accommodation. Release planning was good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendation

Public protection procedures should be given urgent and sustained attention, to ensure that prisoners' risks, both in custody and on release, are managed effectively.

Achieved

Recommendations

Emails to prisoners should be delivered without compromising confidentiality.

Achieved

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

Not achieved

All eligible prisoners should have an up-to-date offender assessment system (OASys) assessment of their risk and needs.

Partially achieved

Prison offender supervisors should receive sufficient training and professional supervision to manage high-risk prisoners and those convicted of sexual offences.

Achieved

Categorisation reviews should be completed in advance of eligibility dates, to maximise the amount of time that prisoners can spend in open conditions.

Achieved

Only appropriately trained, knowledgeable staff should assess risk and make recommendations about recategorisation.

Achieved

Foreign national prisoners should be considered for recategorization on the basis of their individual risk and circumstances.

Achieved

The provision of offending behaviour programmes should meet the needs of the population.

Not achieved

There should be more treatment opportunities for prisoners convicted of sexual offences.

Not achieved

Appendix I About our inspections and reports

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

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

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

Respect

Prisoners are treated with respect for their human dignity.

Purposeful activity

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

Rehabilitation and release planning

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

Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: in some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by HM Prison and Probation Service (HMPPS).

Outcomes for prisoners are good.

There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

Outcomes for prisoners are reasonably good.

There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

Outcomes for prisoners are not sufficiently good.

There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

Outcomes for prisoners are poor.

There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

Our assessments might result in identification of **areas of concern**. Key concerns identify the areas where there are significant weaknesses in the treatment of and conditions for prisoners. To be addressed they will require a change in practice and/or new or redirected resources. Priority concerns are those that inspectors believe are the most urgent and important and which should be attended to immediately. Key concerns and priority concerns are summarised at the beginning of inspection reports and the body of the report sets out the issues in more detail.

We also provide examples of **notable positive practice** in our reports. These list innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

Five key sources of evidence are used by inspectors: observation; prisoner and staff surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.

All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission and the General Pharmaceutical Council (GPhC). Some are also conducted with HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

This report outlines the priority and key concerns from the inspection and our judgements against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations*.

Criteria for assessing the treatment of and conditions for men in prisons

(Version 5, 2017) (available on our website at

<https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/>). Section 7 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

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

Inspection team

This inspection was carried out by:

Martin Lomas	Deputy Chief inspector
Martin Kettle	Team leader
Natalie Heeks	Inspector
Sally Lester	Inspector
Rebecca Mavin	Inspector
Chelsey Pattison	Inspector
Jade Richards	Inspector
Christopher Rush	Inspector
Charlotte Betts	Researcher
Grace Edwards	Researcher
Emma King	Researcher
Alexander Scragg	Researcher
Shaun Thomson	Lead health and social care inspector
Stephen Eley	Health and social care inspector
Helen Jackson	Pharmacist
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Cat Raycraft	Care Quality Commission inspector
Steve Battersby	Ofsted inspector
Mary Devane	Ofsted inspector
Steve Hunsley	Ofsted inspector
Cath Jackson	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.

Ingeus

Ingeus is an international company delivering services in health, employment, youth and justice. It holds the Commissioned Rehabilitative Services (CRS) contract in relation to a number of prisons, including HMP Moorland.

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).

Secure video calls

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

Social care package

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

Tariff

The minimum time to serve, set by the court, before prisoners on indeterminate sentence for public protection can be considered for release.

The Growth Company

The Growth Company is a social enterprise providing rehabilitation and resettlement support to offenders, as well as other services.

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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