



Report on an unannounced inspection of

## **HMP/YOI Thorn Cross**

by HM Chief Inspector of Prisons

2–19 May 2023



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# Introduction

Thorn Cross is an open prison in Cheshire with a capacity of 429 adult men. Located in a rural setting, it has consistently been a successful institution, and our findings at this inspection indicate that this continues to be the case. When we last inspected in 2016, we found that outcomes for prisoners were good in all four of our healthy prison tests. At this inspection, outcomes remained good in three tests, but had declined marginally to reasonably good in our healthy prison area of respect.

The prison was overwhelmingly safe. Violence and delinquency were rare and absconds were lower than nearly all comparator prisons. Prisoners reported that they felt safe, both when they arrived and throughout their stay. There had been some increase in the use of force, but this mainly concerned recording the use of handcuffs in circumstances where a prisoner had to return to closed conditions. That said, decisions to return prisoners were proportionate and second chances were afforded to many. Self-harm was similarly uncommon, although the prison had more work to do to limit the ingress of illicit items, such as drugs.

The prison remained a respectful place. Relationships were positive, although greater efforts were needed to ensure a more open and supportive stance from some offender management staff. The external environment was excellent which, when combined with good accommodation and very good communal facilities, was conducive to the support of well-being generally. Consultation and procedures for redress were reasonable and access to health care was good. The promotion of equality had lapsed, however, and leaders had only recently begun to re-energise initiatives. Despite this, outcomes and perceptions among those with protected characteristics were generally proportionate.

As an open prison, prisoners were not locked up and good efforts were made to promote family ties, especially the use of temporary release (ROTL) for home visits. ROTL was also used extensively to support other regime and resettlement activity, including the many prisoners who worked in paid employment outside the prison each day. The prison had developed plans to extend real work opportunities on ROTL still further and our colleagues in Ofsted judged the overall effectiveness of education, work and skills to be 'good'. Offender management and services for those being resettled were similarly effective, with prisoners receiving generally good support, but many prisoners told us that a small number of staff were rude and unhelpful.

Leadership at the prison was visible and strong. The central mission – to provide activity, allow prisoners to progress through their sentence, and eventually to support resettlement – was being delivered. The governor provided energy, direction and a leadership vision, and was well respected by enthusiastic staff. The prison's close work with partners, combined with their other efforts, contributed to the delivery of some very good outcomes for prisoners.

**Charlie Taylor**

HM Chief Inspector of Prisons

June 2023

# What needs to improve at HMP/YOI Thorn Cross

During this inspection we identified five key concerns, of which one should be treated as a priority. 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 concern

1. **Almost all prisoners we spoke to reported disrespectful and dismissive treatment by a small number of staff in the offender management unit (OMU).**

## Key concerns

2. **Senior managers had not paid sufficient attention to making sure there was fair treatment across different groups of prisoners.** There had been a lack of prisoner consultation, use of discrimination complaints processes and the monitoring of outcomes for those with protected characteristics.
3. **The quality of food served from the main kitchen was poor and prisoners had fewer opportunities to do their own cooking than in similar prisons.**
4. **Leaders had not developed a strategy to support prisoners' personal development and did not have a common set of topics or values that they wanted to teach or introduce to them before release.** Prisoners' grasp of values in modern Britain was superficial. Prisoners could not describe what they had learned to prepare themselves for their return to their communities. Teachers had not helped prisoners to improve their understanding of equality and diversity.
5. **There were weaknesses in public protection arrangements.** The interdepartmental risk management meeting did not routinely consider all prisoners who presented the greatest risk before their release. Oversight of arrangements to monitor prisoners' mail and telephone calls was not robust.

# About HMP/YOI Thorn Cross

## Task of the prison

HMP/YOI Thorn Cross is a category D open resettlement prison for young adult and adult male prisoners.

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

Prisoners held at the time of inspection: 425

Baseline certified normal capacity: 430

In-use certified normal capacity: 430

Operational capacity: 430

## Population of the prison

- 450 new prisoners were received in the previous year.
- 82% of prisoners were serving a sentence of four years or more.
- Five prisoners were under 21 and 23 were over 60 years old.
- 17% of prisoners from black and minority ethnic backgrounds.
- About 22 prisoners released into the community each month.
- About 150 prisoners were receiving psychosocial support for substance misuse.

## Prison status (public or private) and key providers

Public

Physical health provider: Greater Manchester Mental Health NHS Foundation Trust

Mental health provider: Greater Manchester Mental Health NHS Foundation Trust

Substance misuse treatment provider: Change Grow Live (CGL)

Dental health provider: Time for Teeth

Prison education framework provider: Novus

Escort contractor: GEOAmey

## Prison group

Greater Manchester, Merseyside and Cheshire Group

## Prison Group Director

Paul Holland

## Brief history

HMP/YOI Thorn Cross was purpose built in 1985 as an open establishment for male juvenile and young prisoners. In 2008, the age range was changed so the prison held men aged 18 to 25. The upper age limit was removed in 2013.

## Short description of residential units

Units 1–5: 60 single rooms each.

Unit 6: 10 rooms, each holding two prisoners; an additional four rooms are used to hold securely and for a short time prisoners transferring back to closed conditions.

Unit 7: 33 double rooms.

Unit 8: 44 individual self-contained temporary living units to accommodate prisoners working outside the prison.

**Name of governor and date in post**

Richard Suttle (temporary from April 2021; in post since August 2021).

**Changes of governor since the last inspection**

August 2016 to February 2019 – Mick Povall (acting governor)

February 2019 to April 2021 – Dan Cooper

**Independent Monitoring Board chair**

Geoffrey Thomas

**Date of last inspection**

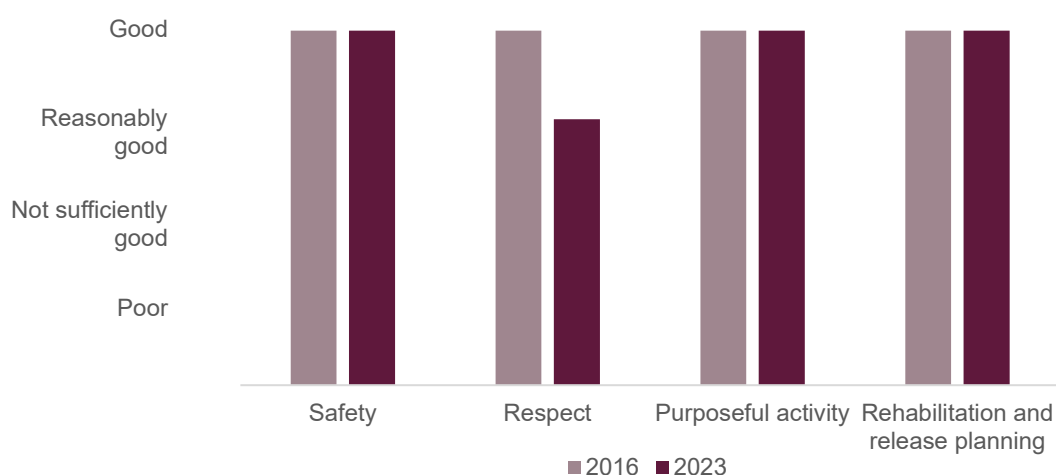
August 2016

## 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 Thorn Cross, we found that outcomes for prisoners were:
- good for safety
  - reasonably good for respect
  - good for purposeful activity
  - good for rehabilitation and release planning.
- 1.3 We last inspected Thorn Cross in 2016. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

**Figure 1: HMP/YOI Thorn Cross healthy prison outcomes 2016 and 2023**



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

- 1.4 At our last inspection in 2016 we made 32 recommendations, none of which were about areas of key concern. The prison fully accepted 30 of the recommendations and partially (or subject to resources) accepted two. For a full list of the prison's progress against the recommendations, please see Section 7.

### Progress on recommendations from the scrutiny visit

- 1.5 In April 2021, during the COVID-19 pandemic, we conducted a scrutiny visit at the prison. Scrutiny visits (SVs) focused on individual establishments and how they were recovering from the challenges of the COVID-19 pandemic. They were shorter than full inspections and



looked at key areas based on our existing human rights-based *Expectations*. For more information on SVs, visit <https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/covid-19/scrutiny-visits/>.

- 1.6 At the SV we made four recommendations about areas of key concern. At this inspection we found that one of the recommendations had been achieved, two had not been achieved and one was no longer relevant.

### **Notable positive practice**

- 1.7 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.
- 1.8 Inspectors found five examples of notable positive practice during this inspection.
- 1.9 Gym staff had organised participation in a national activity awareness day, 'On Your Feet Britain', in April 2023, which aimed to encourage health improvement through gentle exercise. They escorted a group of disabled prisoners with mobility difficulties on a beach walk. Participating prisoners reported positive outcomes in their mobility and confidence. (See paragraph 4.28)
- 1.10 The 'concourse' development of the central community hub had enhanced the campus feel of the establishment, while also promoting education and work. The area included a popular community café, the library, the education department, the peer mentor office, and information and jobs boards. (See paragraph 5.4)
- 1.11 Leaders had enrolled one prisoner on an apprenticeship as a chef de partie in a local pub. They had well-developed plans to extend this innovative practice to three more prisoners. (See paragraph 5.28)
- 1.12 A central employment hub housed partner agencies providing resettlement work for prisoners, including Achieve, Department for Work and Pensions, information, advice and guidance, the identification and banking administrator, and the pre-release officer. Prisoners appreciated the drop-in service for advice and support, which they could use without having to make an appointment. (See paragraph 6.28)

## 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 Thorn Cross was well led by a proactive and respected governor with a clear vision and ambition for the prison. The senior team were visible and passionate about their work. However, several temporary promotions and changes in senior management roles had interrupted or delayed progress in some areas, including prisoner consultation and the promotion of equality.
- 2.3 Operational staffing levels were good, although some experienced staff had been deployed to other prisons as part of a national process to relieve pressures at those with major staff shortages. There were some shortfalls in important administrative and probation roles at Thorn Cross, which added pressure on the remaining staff.
- 2.4 The responses to our staff survey was generally positive, and leaders had maintained a good focus on staff well-being. Work to understand the views of staff and prisoners included an assessment of prison culture carried out by HMPPS psychologists, with action taken to address the findings.
- 2.5 Staff and partners across all functions worked well together, and in many cases with prisoners, to deliver the core work of the prison. Work with the health and education providers, and with a range of employers, was effective in delivering the joint aims of all partners.
- 2.6 The prison was fulfilling its purpose as a category D prison, with most prisoners being tested for release in the community on town visits and home leave. However, leaders had recognised the need to increase the number of outside work opportunities, and had credible plans to achieve this. There was also an impressive range of work and education opportunities within the prison.
- 2.7 The prison's self-assessment was broadly in line with our findings. Leaders had identified appropriate strengths and weaknesses, but had not yet solved two major sources of prisoner frustration: the prison food and disrespectful treatment from some staff in the offender management unit (OMU).
- 2.8 The prison was well supported by the regional prisons team, and there was good communication between leaders at Thorn Cross and those at the main prisons in the region from where prisoners were transferred

in. HMPPS had provided funding to improve several areas around the prison, including a new OMU that was being built. A number of bids had been submitted to improve work areas and to provide a central dining facility, which would greatly enhance outcomes for prisoners.

## 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 Around eight prisoners a week arrived at Thorn Cross, with most having short journeys from other prisons in the region. The reception area was spacious and clean, and the holding room was comfortable and contained some relevant information about the prison. A safety interview by a manager identified any risks and vulnerabilities not already known to the prison.



**Reception safety interview room**

- 3.2 All new arrivals were met by a peer supporter, who made sure they had bedding and other essential items, accompanied them to the health care department for an initial medical screening, and gave them a tour of the prison grounds. This was a valued service that helped put prisoners at ease before they were taken to the first night unit (unit 6). In our survey, 99% of respondents said they felt safe on their first night, a higher proportion than at other category D prisons.

- 3.3 All first night cells were doubles and, although they were reasonably clean, they were the most cramped accommodation in the prison. Prisoners received a comprehensive induction to the prison over their first week, which included a presentation delivered by an officer as well as meetings with staff from key departments. The induction materials had recently been revamped and were up to date and engaging.
- 3.4 Prisoners typically stayed on the first night unit for up to three weeks before transferring to the induction unit (unit 7), where they stayed for a much longer period of two to three months while waiting for space to become available on one of the main units. The cells were very large, but the unit provided the worst living conditions in the prison (see paragraph 4.8).

## **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**

- 3.5 Thorn Cross was a safe prison. The recorded number of violent incidents was low with just two assaults in the last 12 months. Most prisoners in our survey (94%) reported that they had not experienced any bullying or victimisation, and only 2% said that they had ever felt unsafe, both of which were much better than comparable prisons.
- 3.6 As the levels of violence were low, challenge, support and intervention plans (CSIPs, see Glossary) were used in a more supportive capacity, for example, for prisoners facing adversity in the outside world. We saw one example of a CSIP opened when a family member of a prisoner was diagnosed with an illness, and another for a prisoner who was still affected by a historical assault. For the few cases of bullying or unexplained physical injuries, suitable action was taken.
- 3.7 Most prisoners behaved well and engaged in the regime at Thorn Cross. The freedom and opportunities for release on temporary licence (ROTL) were key motivators in this. Prisoners were generally positive about the variety of employment and education opportunities available inside the prison, but were frustrated by the delays in accessing paid employment in the community (see paragraph 6.8).
- 3.8 Other incentives to good behaviour included an attractive physical environment (see paragraph 4.9), good gym facilities and the opportunity to socialise with peers in the impressive community hub, 'the concourse' (see paragraph 5.4). The concourse characterised the positive community culture at Thorn Cross, and we observed well-informed peer mentors offering advice and assistance that helped to resolve low-level frustrations and complaints before they escalated (see paragraph 4.4).

- 3.9 Most prisoners who arrived at Thorn Cross had a history of good behaviour, which continued throughout their stay, so the prison's formal incentives scheme was rarely used. Rare movements of prisoners from the enhanced to the standard level of the scheme were appropriate. However, in a small number of cases managers had not reinstated prisoners to the higher level following a period of good behaviour, which was a missed opportunity to reward improvement. Following prisoner consultation, leaders planned to review the incentives scheme formally to make it more specific to open conditions.
- 3.10 The recently improved weekly safety intervention meeting (SIM) and enhanced risk management (ERM) meeting provided useful forums to maintain regular oversight of higher risk and complex prisoners. A further meeting to gain a more strategic overview of prisoner outcomes in safety had been held less frequently, which made it difficult to assess its effectiveness. The work of the safer custody team was not well promoted; some staff and prisoners were unfamiliar with its role or how to make a referral.

### **Adjudications**

- 3.11 There had been a reduction in the number of adjudications since our last inspection, with 283 disciplinary hearings in the previous 12 months compared with around 178 in the six months before the last inspection. Data collated by the prison highlighted that most adjudications dealt with drug or mobile phone finds.
- 3.12 In the sample of adjudication records we viewed, we found that charges were broadly appropriate with good regard for process; prisoners were given the opportunity to present their case and any relevant mitigation. Outcomes were generally fair, but in a small number of cases, usually concerning a late return from ROTL, the misdemeanour could have been dealt with more informally rather than by adjudication.
- 3.13 A quarterly meeting reviewed a basic range of data on adjudications, although there were no identified actions to learn from completed hearings to improve the process.

### **Use of force**

- 3.14 The use of force was high for an open prison. In the last 12 months, there had been 85 incidents compared with around 14 in the six months before the last inspection; this was also higher than at other similar prisons. However, full restraint techniques were very rarely used and almost all incidents involved the use of handcuffs on prisoners being returned to closed conditions. Leaders informed us that the use of handcuffs was based on a dynamic risk assessment, but all staff we spoke to said there had been an instruction to apply handcuffs to all prisoners being returned, which explained the increase in recorded incidents.

- 3.15 Use of force documentation was up to date but sometimes lacked sufficient detail to provide assurance that force was justified. Body-worn video cameras had been turned on for only 29% of incidents in the past 12 months.
- 3.16 Management oversight of force was not sufficiently robust. This was concerning for the very small number of cases where full restraint was applied.

### **Segregation**

- 3.17 A secure accommodation block with four cells was used to house prisoners before they were returned to closed conditions. The cells were a good size and kept clean. Length of stays were short, and prisoners were rarely held overnight.
- 3.18 In most cases, records demonstrated appropriate authority for segregation and a good level of interaction with segregated prisoners. However, we found examples where the health screening was incomplete, and in one case the authorising documentation had been completed before health care staff had assessed the prisoner's suitability for segregation.

### **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.

- 3.19 There was a prison-wide approach to managing risk in the prison and the community, working collaboratively with the offender management unit and the police. Good collaborative working made sure that security arrangements were proportionate for an open prison.
- 3.20 The number of absconds was low, at four in the past 12 months. Good relationships with the police and community had led to prompt recapture. There had been three ROTL failures in the last 12 months, which was lower than the average for open prisons and impressive given the scale of temporary release.
- 3.21 In the last 12 months, 128 prisoners had been returned to closed conditions, which was average for the type of prison. A comprehensive risk management meeting was convened before decisions were made to return a prisoner to closed conditions. In the sample of cases we examined, decisions were fair and proportionate, and we found examples where prisoners were not recategorised, but given a second chance in open conditions (see paragraph 6.26).
- 3.22 Prisoners returning from ROTL were swab-tested to identify a presence of drugs. Rather than taking the more punitive approach of returning



prisoners who tested positive to closed conditions, they were instead referred to the drug and alcohol recovery service Change Grow Live (CGL), who provided good support and intervention (see paragraph 4.55).

- 3.23 Security intelligence reports were collated and analysed efficiently each month; data had identified that the trafficking of illicit items, such as drugs and alcohol, was one of the prison's main threats. The main routes were prisoners returning from ROTL and intruders bringing illicit items on to the site.
- 3.24 Prison leaders had successfully reduced the number of intruders entering the prison to deliver illicit packages, which had been aided by an investment in cameras in vulnerable areas and good collaborative working in the community. However, the prison had still recovered large amounts of illicit drugs and mobile phones in the past year. Staff were not always deployed to conduct room searches following the receipt of intelligence; this was attributed to a staff shortfall caused by the loss of experienced officers on detached duty to other prisons. The random mandatory drug testing positive rate was 16.5%, mostly for cannabis, which was higher than at other open prisons. Although the prison had identified supply reduction as a priority, there was no clear action plan to reduce supply further.

## **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**

- 3.25 There had been no self-inflicted deaths since the last inspection, and recorded levels of self-harm were very low, with only one reported incident in the past 12 months. Only one prisoner had been supported using assessment, care in custody and teamwork (ACCT) case management, and our review of the documentation showed that this was opened and managed appropriately. There was no evidence that prisoners at risk of self-harm would be returned to closed conditions for that reason alone.
- 3.26 The environment at Thorn Cross was one that promoted well-being, with pleasant grounds, prisoners being able to spend all day out of their rooms, frequent access to the gym and the wide availability of purposeful activity. Prisoners talked positively about the support provided by the mental health team in the prison (see paragraph 4.52).
- 3.27 Prisoners with a history of self-harm or those thought to be at risk of self-harm were discussed at the weekly SIM (see paragraph 3.10). The SIM had been poorly attended, but the format had been changed



recently to enable more detailed discussions about individual prisoners of concern and better action tracking. It was too soon to assess the effectiveness of this.

- 3.28 There were only four trained Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) and the scheme was not running effectively. Only three of the four attended supervision meetings with the Samaritans, new arrivals did not have an opportunity to meet Listeners to understand their role, and the scheme was not well publicised around the prison. Leaders started to address this at the time of the inspection and planned to relaunch the scheme.

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

- 3.29 The prison had not maintained its links with the local safeguarding adults board. However, the nominated leader with responsibility for safeguarding had recently initiated contact with the local authority and intended to attend both the strategic and operational meetings. There were also plans to invite the local authority into the prison to provide staff training on adult safeguarding.
- 3.30 A new adult safeguarding policy had been introduced recently. Although most staff we spoke to were not aware of it, many were able to articulate relevant circumstances and incidents that they would refer to the relevant manager.

## 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.

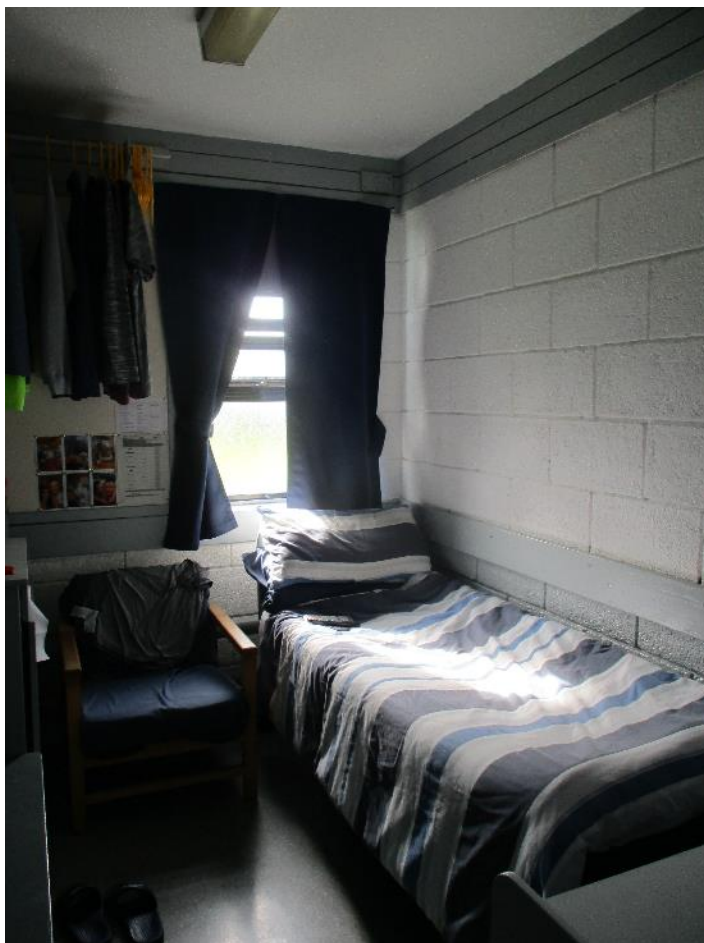
- 4.1 We observed positive and supportive interactions between prisoners and staff across most areas of the prison, including in workshops, the substance misuse service and the gym.
- 4.2 However, almost all prisoners we spoke to reported experiencing dismissive and disrespectful attitudes from a small number of staff based in the offender management unit hub. Many reported frustration about the lack of communication from this area, and felt anxious about approaching them to ask questions. Leaders had been aware of this issue for some time, but the steps taken had not resolved the problem.
- 4.3 Staffing on residential units was light – often just one officer during the day and sometimes none at night – and the interactions we witnessed were brief, polite and functional. The prison did not operate a formal personal officer scheme, although each landing had a designated officer whom prisoners were advised they could approach with any problems.
- 4.4 Peer mentors representing a wide range of functions, such as the substance misuse service, induction and education, provided a good service to prisoners (see paragraph 4.17). They were easily accessible in their office on the concourse, giving information, handling applications and supporting their peers to develop the skills to live independently. Some also attended the Prisoner Council (see paragraph 4.16) or took a lead role in representing protected characteristics groups.

## Daily life

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

### Living conditions

- 4.5 Living conditions on most units (1-5) were good. Prisoners lived in single rooms, most of which were kept very clean. There were sufficient toilets, showers and laundry facilities on each landing and, in an improvement from the last inspection, most rooms now had clothing rails with sufficient space to store clothes. However, prisoners complained that the hot water was off for days at a time. Units had large, clean communal areas, which prisoners could access until the evening (see paragraph 5.1).



Room on unit 5



**Unit 2 communal area**

- 4.6 Conditions on unit 6 (the first night unit) were similar, but the unit was smaller and prisoners had to share cramped rooms.



**Double room on unit 6**

- 4.7 Unit 8 consisted of prefabricated 'pods', which provided very good en-suite accommodation in a pleasant part of the grounds. This accommodation was prioritised for prisoners working offsite and provided a good incentive for progression.





**Pod accommodation on unit 8**



**Exterior of pods on unit 8**

- 4.8 Conditions on unit 7 (the induction unit) were notably worse than other areas. Prisoners shared large double rooms, but there were insufficient showers, toilets, telephones and laundry facilities for the number held on the unit. At the time of the inspection, there were only two working showers for 66 prisoners, and the tumble dryer was broken. Prisoners told us that because most people would only be on the unit temporarily

(for up to three months), some did not take pride in or responsibility for their environment and did not clean up after themselves. As a result, the unit was dirtier than other units, which frustrated many of those who lived there.



**Double room on unit 7**

- 4.9 The external areas were attractive and very well kept. There was an orchard, a nursery, beehives and a nature trail, as well as plenty of pleasant seating areas. Some parts of the grounds, the orchard and nature trail, were closed to prisoners for security and health and safety reasons. During family days they were opened up under the supervision of staff.





**Seating area in between residential units**



**Outside space**

## **Residential services**

- 4.10 In our survey, only 15% of prisoners said the food was good and only 26% that the portions were sufficient, which was much worse than the comparators of 54% and 60% respectively. Managers were aware of longstanding complaints about the quality of food. They had conducted a survey asking prisoners for their views and suggestions, and kitchen

staff regularly attended serveries to hear prisoners' views. In response, the kitchen had recently introduced new menus featuring more of the dishes requested by prisoners.

- 4.11 The kitchen was clean and well managed, but had been designed for a prison population of 300 so was too small for the current number. The limited capacity of the cooking facilities meant that batches of food often had to be cooked long before mealtimes and were then stored in heated trolleys before serving, which reduced the appeal and palatability of the meals. Leaders had plans to create a central dining facility that would alleviate these problems and support communal dining, but funding had not yet been approved.
- 4.12 Twelve prisoners were employed in the kitchen, alongside five catering staff. Prisoners could work towards a vocational qualification in catering, which had helped some to gain employment after release. During Ramadan, extra Muslim prisoners had been employed to prepare late evening meals for prisoners observing the fast. Serveries were clean and prisoners working there had received appropriate food hygiene training.
- 4.13 Prisoners who could afford it, or had sufficient money in their account, could buy cooked food and bakery products from a training café run by the education provider located on the concourse. Prisoners used the same ingredients as those in the prison kitchen, but food was cooked to order, served quickly and, as a result, was much more palatable.
- 4.14 Facilities for self-catering on the units were too limited. The association rooms were each equipped with two toasters, two microwaves and a grill plate. This was not enough for a category D prison and did not support the development of independent living skills. Because there was only one grill plate, Muslim prisoners could not use it for halal meals. Prisoners returning from work after the evening meal had been served sometimes found the association rooms locked, so were unable to prepare their own food.
- 4.15 The prison shop list was extensive with over 700 items. Despite this, only 44% of prisoners who completed our survey said the shop sold the things they needed, falling to only 11% of black prisoners compared with 52% of white prisoners. Prisoners told us there were few hair and skin products for black prisoners, and a lack of fresh food and ethnic food products. Many said that the money they were allowed to spend from their private funds each week was insufficient to keep pace with the rapid rise in shop prices.

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

- 4.16 Leaders were visible around the site, and prisoners were able to raise issues and discuss solutions informally. The Prisoner Council had not met for several months but had recently been re-established. The most recent meeting was well attended, including by the governor, senior managers and prisoner representatives. The minutes recorded a useful discussion of prisoners' concerns, with action points for managers.



However, these outcomes were not well communicated and many prisoners were not aware of the consultation process.

- 4.17 Prisoner peer mentors were based in an office on the main concourse, which prisoners could easily access (see paragraph 4.4). Mentors managed stocks of the various application forms and helped prisoners to complete them if required. They collected and recorded applications and distributed them efficiently to the appropriate departments. However, many prisoners said they did not receive a response to their applications, and there was no system to measure this.
- 4.18 Only 51% of prisoners responding to our survey said that it was easy to make a complaint, against the 64% comparator. Mentors said that it had often been difficult to find complaint forms, although they were available on the units during our inspection.
- 4.19 The number of complaints was very low, with only 121 received in the previous 12 months. The replies were generally polite and, where complaints were not upheld, they gave reasons for the decision. The head of business assurance carried out a quality assurance check on a sample of the responses. Most responses were returned within the set time, except for complaints about other prisons, which often took longer to resolve.
- 4.20 In our survey, only 37% of prisoners said that complaints were dealt with fairly, against the comparator of 58%. Some prisoners were concerned that the complaint forms were collected from complaints boxes by the orderly officer rather than someone perceived to be more independent, like a member of administrative staff. Many prisoners told us that they feared repercussions, including being returned to closed conditions, if they made a complaint. Managers were aware of this concern and could provide evidence to refute it, but this had not been communicated sufficiently to prisoners.
- 4.21 Prisoners had sufficient access to legal services. They could easily book meetings with legal advisers, either in person or by telephone conference call.

## **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**

- 4.22 The culture of the prison was generally respectful of diversity. Data indicated that outcomes such as access to release on temporary licence were similar for prisoners with protected characteristics and for the rest of the population. In our survey, there was very little difference between the responses of different groups, and conversations with prisoners and staff indicated that they did not consider that discrimination against people with protected characteristics was a feature of life at Thorn Cross.
- 4.23 Unexpected changes in the management team had meant that senior managers had not prioritised the promotion of equality for several months. During this period there had been no recorded equality action team (EAT) meeting, and little analysis and reporting of data on protected characteristics.
- 4.24 Activity to promote equality and diversity had only recently resumed. A newly appointed diversity manager was assembling a team of staff and prisoners to take these issues forward. An interim diversity action plan focused appropriately on improving the procedures for dealing with discrimination incident reporting forms (DIRFs), following indications that prisoners lacked trust in the process. The plan also included resuming EAT meetings and improving the collection and presentation of data on outcomes for different groups.
- 4.25 The number of DIRFs was very low – only five had been received in the previous year. All were investigated by the equality officer, who had provided a brief but polite response, but not all had been quality assured by a senior manager before they were returned to the prisoner. Managers were reintroducing systems for logging and quality assuring DIRFs, and were working with prisoner mentors to make sure that prisoners understood the process and felt confident to submit them where appropriate. DIRFs and collection boxes were now available on all the residential units.

## **Protected characteristics**

- 4.26 Managers with responsibility for protected characteristics had continued to convene focus groups, but although there was evidence of some lively discussion, few actions had been agreed. Focus group meetings were open to all, but there was little continuity of attendance and some records indicated that those attending tended to focus on their own issues rather than prison-wide concerns.
- 4.27 Around 17% of prisoners were from black and minority ethnic backgrounds. In general, these prisoners told us they were treated with respect, and in our survey their responses were similar to those of the white population. An exception was the prison shop, where very few minority ethnic prisoners said they could buy the things they needed (see paragraph 4.15). This concern had been raised at an equality meeting, but no action had yet been taken.

- 4.28 Prisoners were encouraged to disclose any disabilities at induction to trigger appropriate support. Reasonable adjustments were provided in many cases, but in our survey only 52% of prisoners with disabilities said they were getting the support they needed. Prisoners with serious mobility and visual impairments had prisoner carers to assist them, and some had been moved into accommodation with en-suite bathrooms to meet their needs. The prison had recently participated in the 'Britain On Its Feet' initiative, which enabled some of the more severely disabled prisoners to experience a walk along a beach while released on temporary licence. For those with less serious disabilities, special gym sessions were available, and some prisoners with mental health problems were offered therapeutic work, such as caring for livestock in the farms and gardens department. Personal emergency evacuation plans were in place and were revised weekly. Copies were sent to unit offices to be displayed so staff knew what support was needed in an emergency.
- 4.29 There was insufficient support for young prisoners (under 25 years old), of whom there were around 30 at the time of the inspection, including five under 21. Around half of them were care leavers. Those we spoke to said they had not been offered any specific help, though some felt that unit staff had been keeping an eye on them because of their age. There were 23 prisoners over 60, with a focus group for older prisoners, and a good programme of activities and support for former armed services personnel.
- 4.30 The prisoner focus group for sexual orientation had met every two months. Minutes recorded discussions exploring participants' understanding of LGTB and gender issues and promoting tolerance. Despite this, very few prisoners had chosen to disclose that they were gay or bisexual. There was little acknowledgement of events such as Pride, and not enough support to give these prisoners confidence that they would not be discriminated against if they disclosed their sexuality.

## **Faith and religion**

- 4.31 The chapel was an attractive space located on the prison concourse, and was easy for prisoners to access. There were chaplains for Anglican, Catholic, Muslim and Buddhist faiths, and visiting Hindu and Sikh chaplains when needed. All new prisoners visited the chaplaincy as part of their induction and were offered the opportunity to register their faith so they could attend worship.
- 4.32 The chaplaincy offered a range of religious services and celebration of religious festivals. Chaplains had developed community links to benefit prisoners; for example, the recent Eid meal was supported by donations from the Muslim community outside the prison. Christian and Muslim study groups were held each week, and the Sycamore Tree course promoting victim awareness was offered four times a year.
- 4.33 Chaplains were prominent in prison life, visiting all the units twice a day. They worked as a team to provide support to both prisoners and staff, whether they followed a faith or not, particularly those

experiencing distress. They contacted prisoners' families in cases of illness or bereavement, liaising with prison managers to enable appropriate arrangements to be made.

## **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.

- 4.34 HM Inspectorate of Prisons generally undertakes the inspection of health services jointly with the Care Quality Commission (CQC) under a memorandum of understanding agreement between the agencies. However, the CQC was unable to fully support the inspection on this occasion.

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

- 4.35 Greater Manchester Mental Health NHS Foundation Trust (the Trust) was the lead provider of health care at Thorn Cross. Well-sighted and stable leadership arrangements meant there was effective understanding of service pressures and responsiveness to clinical need, leading to good outcomes for most patients.
- 4.36 Accountability arrangements were clear and effective partnership working between health partners and the prison was impressive, with clear mechanisms to report and drive improvements in health care. These included incident reporting systems that were used to encourage learning within the health team. There was clinical audit, including of infection control, with some locally determined activity, which was positive. There were no patient forums and, although user views were sought and acted on, this was an area which could be improved. Complaints management was geared towards local face-to-face resolution, which was positive and made sense given the few complaints received. Some written responses to health complaints were vague and did not always fully capture the issue raised by the patient, and the team agreed to review quality assurance processes during our visit. Non-attendance rates for some clinics, such as the GP and dentist, were high, and the service had not been fully able to gather the reasons for this; this should be an area of greater focus.
- 4.37 The service was open mainly 7.00am-5.30pm on weekdays, and 7.15am-12.00pm at weekends, delivered by a relatively small team that reflected the profile of the prison. Out-of-hours advice was available, in addition to the NHS 111 facility. Staff cover across all pathways was reasonable, supported by the occasional use of overtime or regular agency staff to cover any shortfalls.
- 4.38 Staff compliance with mandatory training was good. Clinical supervision for professional staff was facilitated, although that within the primary care team was less well planned and more informal,

meaning that learning and development in this particular setting was not formally captured.

- 4.39 Virtually all clinical activity was provided within the health centre. The facility was clean, well maintained and looked very much like a community practice. Space was limited, but treatment rooms were private and complied with infection control standards. Clinic access times were managed well to make sure that patients rarely waited long to attend an appointment.
- 4.40 Relationships with patients were good. Prisoners we spoke to were positive about the care they received, and health staff clearly knew their patients well. Some staff were unsure about how to access interpreting services, but these arrangements were well established, and senior staff were on hand to advise if this was required.
- 4.41 All nursing staff had undertaken immediate life support training. All resuscitation equipment was held within the health centre with several automated external defibrillators located in key positions around the site; equipment was regularly checked and maintained.

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

- 4.42 There was no current prison-wide health promotion strategy, although a review of health promotion was under way. Nevertheless, the health care team was supporting several important activities. Each residential unit, the library and the health care department had a range of literature, posters and information to advise prisoners on available services, which encouraged greater personal autonomy. During our inspection, a stand in the concourse was promoting greater awareness of mental health.
- 4.43 A newly appointed registered nurse held a portfolio to support health promotion activity. Although there were no peer mentors to assist with communication, a range of support was offered, which included sexual health, blood-borne virus immunisation, health screening and smoking cessation. The physical environment was also geared towards supporting well-being, giving prisoners the opportunity to access pleasant grounds and a walking trail (see paragraph 4.9).

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

- 4.44 A registered nurse completed an initial health screen for all new arrivals. A more comprehensive secondary health screen was completed within seven days and referrals for further detailed assessment were made as clinically indicated. Prisoners were given a leaflet with useful information on how to access health services in the prison.
- 4.45 A GP from Care Dox offered five sessions a week, which was proportionate to demand. There was a two-week waiting time for routine appointments and a 'did-not-attend' rate of 17% - this was attributed to the ease of getting another appointment and home leaves,

but needed to be explored and assessed more objectively. Emergency appointments could be booked into the GP sessions as required. Out of hours, the prison could call the NHS 111 service or contact the on-call manager for advice.

- 4.46 There was a range of primary care and allied health professional support within the health care centre, and waiting times were relatively short. Appointments could be booked by prisoners in person or through the health care staff. However, there was a high number of missed appointments for all health care clinics due to prisoners who did not attend, with combined rates of 180 for March 2023 and 169 for April. Prisoners missing these appointments were sent a letter and invited to reapply if they wanted an alternative appointment.
- 4.47 Prisoners with long-term conditions identified from reception screening or application were managed effectively by the GP and the primary care nurses. Care plans were managed effectively. Two hospital escorts a day were allocated and prisoners could attend hospital appointments on their own or with an escort, subject to risk assessment.
- 4.48 Discharge clinics were held two weeks before the prisoner's release. On their final day, they were seen and given a minimum of seven days' supply of any prescribed medication and a summary of their care.

### **Social care**

- 4.49 A memorandum of understanding between the prison, the local authority and health provider had been developed but was not yet formally signed off. Nevertheless, arrangements to assess and support prisoners with social care needs were effective. There was good liaison with the local authority and prompt access to a specialist occupational therapist to assess need and facilitate any additional support, including any equipment or adaptations, which could be accessed promptly if required.
- 4.50 No current prisoners needed a package of personal care. However, no information for prisoners about potential social care support and how this could be accessed was on display or readily available. A very small number of prisoners with significant disabilities were being supported and were largely living independently, with some support from dedicated peers.

### **Mental health care**

- 4.51 The Trust provided mental health services in the prison. The population was largely stable and the profiled service reflected overt prisoner demands. For example, no prisoners had required transfer to hospital under the Mental Health Act in the last 12 months.
- 4.52 The team was led by a Team Manager based across two sites; HMP Thorn Cross and HMP Risley, with the core on-site team currently consisting of a part-time mental health nurse for three days a week, a

psychology assistant and dynamic psychological well-being practitioner who provided therapeutic interventions, including group work. Additional input was provided through trauma-informed counselling delivered by the separately commissioned 'Outspoken' practitioners. A learning disability nurse based at Risley visited when required, although there was currently no one on their caseload. General cover was provided by practitioners based at Risley. The service also benefited from the range of well-being initiatives provided by Change Grow Live (CGL), who provided drug and alcohol recovery services at the prison.

- 4.53 The mental health nurse saw all new arrivals to complete a well persons screening to identify any mental health care needs. Referrals could be made by prisoners and staff, but there was no referral meeting; all initial triage and follow-up assessments were completed by the mental health nurse. At the time of our inspection, only 11 patients were on the team's caseload, with some short waits to access talking therapies. Patients prescribed antipsychotic medication were subject to appropriate physical health screening, and treatments were reviewed regularly. The clinical records we reviewed were adequate, but care planning varied in quality.
- 4.54 In our survey, 44% of prisoners felt they had needed help with a mental health problem, of whom 48% said they had been helped. It was reassuring, therefore, that the service recognised that there may be unmet and potentially unseen need, and was mobilising major investment to address this. This would see recruitment to additional psychiatry, nursing and psychological posts. It was also anticipated that access to some provision would be less formal and be facilitated through, for example, drop-in sessions, available in line with the prison regime. These developments were well advanced.

### **Substance misuse treatment**

- 4.55 Change Grow Live (CGL) delivered an impressive range of support that was appreciated by prisoners we spoke to who were using the service. In our survey, 50% of prisoners said the service was good, compared with 37% for similar prisons. The CGL lead was a member of the prison's senior management team, and we saw strong and effective partnership working. Governance of the service was highly effective. We saw inspiring and value-based leadership, evidence of learning from incidents, good use of audit and a strong reporting model. All CGL staff accessed relevant training and participated in well-organised professional supervision.
- 4.56 All prisoners were introduced to the service as part of their induction to make sure that they knew how to access services, and were given harm minimisation advice. Patients in receipt of clinical opiate substitution treatment (OST) were reviewed promptly to agree care arrangements. CGL provided local community-based services, meaning practitioners had integrated caseloads and good knowledge of contemporary themes.

- 4.57 Clinical treatment focused on supporting individual patient goals, and treatment was evidence-based and flexible. Eight patients were receiving OST, and records demonstrated detailed care plans and regular reviews involving recovery practitioners and the patient.
- 4.58 The psychosocial recovery workers provided support for 151 prisoners. Caseloads for the two senior recovery workers were high due to a current vacancy, but the collaborative team ethos and wider skill mix ensured that a comprehensive range of support was provided. This included one-to-one support, group work and general mental well-being, low-intensity support. This input was supported very effectively by a small team of peer workers located in the health care centre who provided opportunities to interact, offered support and signposted to services. Feedback from prisoners was encouraged, and the accessibility of the team ensured the prisoner voice was well captured and used to improve the service. Mutual aid through Alcoholics Anonymous had just recommenced and Narcotics Anonymous was due to be reintroduced.
- 4.59 The samples of written and electronic data we reviewed showed regular, focused qualitative contacts, including impressive multidisciplinary, intensive support for individuals that had enabled them to remain in the open prison setting.
- 4.60 Support for prisoners returning to the community was effective, including training and provision of naloxone (used to reverse the effects of opiate overdose). The team liaised closely with the OMU and attended the discharge board meetings. CGL had established good working relationships with external partners, and could offer direct support into the local community through its own networks.

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

- 4.61 The on-site pharmacy based at HMP Risley provided individually labelled medicines. Pharmacy services were delivered by the pharmacy technician, who would see patients on request. The pharmacist also visited the site once a week to provide some additional support.
- 4.62 Prescriptions were delivered promptly and securely, and were safely stored in the designated treatment room in the health care centre. Most medicines were prescribed in possession, in line with the resettlement function of the prison. In-possession risk assessments were reviewed for new arrivals, and a dedicated pharmacy technician oversaw these arrangements, which included regular cell checks.
- 4.63 Medicines could be collected at 7.30am (including weekends), 11.30am and 4.30pm, with the nursing team administering not-in-possession medicines for patients receiving controlled drugs. A separate session for OST delivered by CGL clinicians followed immediately after the 7.45am administration. Patients accessed the treatment area one at a time through an electronically controlled secure entry/exit system, which enabled total privacy and close supervision. Prescribing and



administration were completed on the SystmOne clinical IT system, and the arrangements we observed worked well.

- 4.64 For a very small number of patients, medicines such as the antidepressant amitriptyline were prescribed in possession although they were on the policy restricted list. They were provided in possession under exceptional time-limited purposes, but the rationale and duration of these treatments were not always clearly documented in the notes. The policy was due for review and these variations should be considered as part of that.
- 4.65 A selection of over-the-counter remedies could be accessed during routine medicine administration, and several patient group directions (PGDs), authorising appropriate health care professionals to supply and administer prescription-only medicine, were available for urgent treatment and standard vaccinations. A small amount of suitable stock items were held on site, and CGL had its own secure cupboard and key management arrangements for all OSTs.
- 4.66 Joint medicine management meetings with HMP Risley had identified learning points and areas for development. Patients being transferred or released were given a minimum of seven days' supply, although this could be up to a month, based on individual circumstances.

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

- 4.67 Time for Teeth had been commissioned to provide a full range of dental treatments since April 2023. They offered six sessions a week, two hygiene/therapist sessions and four dentist sessions. Patients asked at the health care reception area for an appointment, and the dental team then triaged and allocated appointments. Urgent referrals were seen at the next available clinic, and waiting times for routine appointments were only two weeks, which was impressive.
- 4.68 The dental suite was modern and had a separate decontamination room. Infection control standards were met, all equipment was sterile and clinical waste disposed of appropriately. The service had enhanced air purification capability, which reduced the risk of contamination. The dentist and therapist promoted good oral health and disease prevention. Equipment certifications and maintenance schedules were up to date.
- 4.69 Patients were encouraged to register with a dentist before they were released from Thorn Cross and were given a leaflet explaining how to do this.

## 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 Prisoners had a reasonable time out of their rooms. They were never locked, but were expected to remain on their unit between 8pm and 7.30am.
- 5.2 Most prisoners were in full-time activity, including education, prison jobs or paid work in the community on release on temporary licence (ROTL). Outside of these activities, prisoners could associate on the units, on the main concourse over a coffee, and on benches sited around the attractive grounds.
- 5.3 The prison had provided a range of enrichment activities, including music, sports and fundraising events in the prison, and community initiatives, such as renovating veterans' graves at the local cemetery.
- 5.4 The concourse was an excellent facility that enhanced the campus community feel of the establishment, while also promoting education and work. As the gateway to the gym and the chapel, many prisoners passed through the concourse each day. The area included a community café run by The Clink (a charity that trains prisoners for a qualification in catering), the library, the education department, the peer mentors' office, and information and jobs boards. The prison also had plans to relocate the employment hub to the concourse (see paragraph 6.28).



**The concourse**

- 5.5 There had been a major investment in the gym since the previous inspection and it was now an impressive facility much valued by prisoners. In our survey, far more respondents than at similar prisons said they could go to the gym or play sports more than twice a week, 83% against 60%.
- 5.6 PE staff supported prisoners to achieve a qualification in fitness and physical activity, and the prison was part of the Twinning Project with a local football club (see Glossary), which was highly regarded by those who had taken part.
- 5.7 All the residential units also had outside static exercise equipment so prisoners could exercise in the open air. The prison grounds included an attractive and informative nature walk, passing the orchard, apiary and pond, although prisoners were disappointed that these were only open on family days.
- 5.8 Gym staff had organised participation in a national activity awareness day, 'On Your Feet Britain', in April 2023, which aimed to encourage health improvement through gentle exercise. They escorted a group of disabled prisoners with mobility difficulties on a beach walk. Participating prisoners reported positive outcomes in their mobility and confidence.
- 5.9 The library, run by Livewire (Manchester Council), was open Monday to Thursday (including two evenings) as well as all day Saturday. In our survey, 94% of respondents said they could visit the library at least once a week, against the comparator of 68%. Library staff invited all prisoners to join, and data indicated that 94% were members. The library regularly used themed displays to attract new users; at the time

of our visit the theme was Eurovision, the song competition on TV at that time.



**Library display with a Eurovision theme**

- 5.10 In addition to a well-stocked selection of books, prisoners could borrow DVDs and use the computers to support learning, including driving theory tests. The library supported the Shannon Trust literacy programme and the Storybook Dads scheme enabling prisoners to send recorded stories home to their children.

## Education, skills and work activities



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

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

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

Overall effectiveness: good

Quality of education: good

Behaviour and attitudes: good

Personal development: requires improvement

Leadership and management: good.

- 5.12 Leaders had a clear and ambitious vision for education, skills and work in the prison. Their goal was to provide prisoners with the knowledge, skills and behaviours that they needed to gain employment on release. Their strategy was for prisoners to progress from education to work within the prison, and finally to work in the community.

- 5.13 The highly visible governor and the senior leadership team were committed to the education and training of all prisoners. They had an accurate understanding of the rapid and considerable progress that they had made since the pandemic, and the additional work that they needed to complete to achieve their vision.

- 5.14 Leaders provided sufficient full-time activity places. They used information about the education levels of the prisoners, and the job market, to select an appropriate range of courses and employment opportunities. The provision of part-time places in education and, for a few, in-prison work activities gave prisoners appropriate flexibility to

study two different courses in education or to combine education with work in the prison.

- 5.15 Leaders had nurtured effective working arrangements with about 40 employers, including an appropriate blend of local and national employers reflecting the places where prisoners were released. Leaders had strong and extensive links with employers in the construction and catering sectors to meet the significant skills shortages in these areas. Through these partnerships, prison managers developed up-to-date and relevant courses that led to excellent external placements, which allowed prisoners to apply their knowledge in the workplace.
- 5.16 Leaders had developed effective plans to adapt the curriculum further and to improve the balance and composition of the activity places. They were aware that a minority of prisoners were frustrated by the length of wait for external placements, and a few prisoners were in activities that did not challenge them sufficiently. Leaders had responded by successfully requesting an increase in the number of external work placements to 150 in the next financial year. They were also in advanced negotiations to provide higher-skilled internal employment opportunities.
- 5.17 Managers swiftly provided new arrivals with an informative and supportive induction, clearly establishing the behavioural expectations of the prison and the choice of activities available. In most cases, prisoners were allocated to appropriate courses. Managers explained the prison's three-step policy and the importance of achieving a basic level of literacy and numeracy before moving into internal and then external employment. They used the information provided by the prisoner and from initial assessments effectively to plan an appropriate curriculum. This allowed prisoners to quickly develop the foundational skills they needed to make progress in education, skills and work.
- 5.18 The proportion of prisoners in sustained purposeful activity was high. For activities where pay was in the direct control of prison leaders, they had ensured that the level was not a disincentive to attend education. Leaders had, therefore, achieved both recommendations from the previous inspection.
- 5.19 Leaders managed the quality of the work of the education provider (Novus) closely and effectively, and had developed a collaborative and productive relationship. They were clear about their expectations of Novus, setting precise targets and meeting regularly to discuss progress. Leaders took swift and effective action when required. Prison and Novus managers conducted frequent reviews of the quality of education, work and workshop activities. Teaching in education and training was consistently good. However, managers did not visit and report on the quality of external placements with same level of detail.
- 5.20 Novus provided strong classroom-based education and vocational training in workshops. In education classes, the quality of teaching was strong in English, mathematics, business, art and information

technology. Well-qualified teachers were effective in planning the curriculum. They adapted their approach to the starting points of prisoners and to meet their interests and career plans. In English, teachers set individual targets for prisoners to improve specific gaps in their knowledge. For example, a teacher supported a learner to improve the structure of their sentences, and the use of capital letters, full-stops and apostrophes. The teacher explained the principles, demonstrated them through examples, and then gave the prisoner enough time to practise what they had learned.

- 5.21 Teachers and trainers taught the content of the courses in an order that helped the prisoners to learn. For example, in level 3 business, teachers started with the basic principles of recording business transactions before introducing the more complex notion of the business plan. In art, teachers develop prisoners' skills in shading techniques and mark-making with distinct types of pencil, before moving to the production of complete pieces of art.
- 5.22 Teachers monitored prisoners' progress well through distinct types of assessment. They used questioning sensitively to check on prisoners' learning, and also used frequent short tasks to enable them to correct misconceptions swiftly. As prisoners approached the end of the course, teachers used more formal and extended assessments, and provided detailed written feedback. Prisoners made prompt progress, and most who completed the course achieved their qualifications.
- 5.23 Within education, managers identified prisoners' learning needs promptly and completed detailed support plans, which were implemented effectively. Prisoners with additional learning needs received good in-class support from specialist support and mentors. This was not always the case in work and workshops.
- 5.24 In vocational workshops, leaders planned courses that included plastering, painting and decorating, catering and hospitality. Trainers sequenced learning activities so that prisoners could develop their knowledge and skills over time. For example, in catering and construction, trainers ensured that prisoners understood the fundamental health and safety requirements before progressing on to more complex tasks and independent work. In catering and hospitality, prisoners learned about food hygiene and safety before acquiring basic practical skills to cook meals for different customer groups. Prisoners were able to retain this knowledge and work to a professional standard within the prison kitchens and café.
- 5.25 Knowledgeable and experienced vocational trainers improved prisoners' vocational skills through clear explanation and demonstrations. For example, trainers taught prisoners in plastering how to apply external render in a variety of colours, create marbled finishes and plaster round edges to industry standards. In painting and decorating, prisoners learned how to prepare walls, measure, cut and hang a range of different wallpapers, and use paint spray guns to a good standard.

- 5.26 Prison leaders had agreed commercial contracts with Timpson repairs, Max Spielman photo printing and the Made with Hope charity. Within these workshops, prisoners were punctual, fully occupied and focused on meeting production targets. Prisoners listened intently to the manager's instructions, understood their work priorities, and worked well as part of a team. They swiftly acquired the skills necessary to complete their jobs. For example, at Timpson's, prisoners learned how to strip soles and heels from shoes when preparing them for repair, and how to use dye and paint to make sure heels and soles matched.
- 5.27 Most external work placements were in construction and catering trades. The quality of the placements that we visited was high. All the prisoners we visited could explain how they had been prepared well for their placement. For example, one prisoner had achieved his level 2 in functional skills English, then a catering qualification in the prison, worked in the prison café and was now working in the kitchen of a high-end restaurant. Another prisoner, in a paid maintenance role, had completed his painting and decorating qualification in the prison and was fitting doors and painting interiors to a high standard while on placement.
- 5.28 Leaders had enrolled one prisoner on an apprenticeship as a chef de partie in a local pub. They had well-developed plans to extend this innovative practice to three more prisoners.
- 5.29 Most education and skills work offered was up to level 2. Prisoners could learn at higher levels by attending college, and through distance learning courses. For example, a few prisoners studied level 3 plumbing at the local college. About 20 prisoners were studying on distance learning courses, including degrees in online marketing, sociology and sports coaching.
- 5.30 Leaders offered prisoners a 12-week course before their release. Staff in the employment hub helped the prisoners to search for jobs, make applications and prepare for interview. Prisoners had good access to the 'virtual campus', providing internet access to community education, training and employment opportunities. Prisoners who attended the course received detailed release plans, and nearly half gained employment on release.
- 5.31 Leaders had worked with Novus and the Shannon Trust literacy project and had made a positive start in supporting reading in the prison. They had agreed an appropriate reading strategy, and had trialled an assessment tool that used phonics as the basis for identifying non-readers. Teachers in education had been trained in phonics. Although leaders had picked eight Shannon Trust mentors, surprisingly few prisoners had been identified as non-readers and the mentors had only one prisoner to support.
- 5.32 Attendance in education, skills and work was high. Prisoners worked well in a calm and respectful environment, and displayed positive and respectful attitudes. They worked hard and were keen to progress with their plans for resettlement.



- 5.33 Leaders and managers offered a wide range of sporting, cultural and community-based enrichment activities. They worked with a local football club to offer prisoners the opportunity to gain football coaching qualifications using professional facilities (see paragraph 5.6). Leaders did not monitor closely enough which prisoners benefited from enrichment activities.
- 5.34 Leaders did not have a clearly defined strategy to support prisoners' personal development. Prisoners' grasp of values in modern Britain was superficial. They were unable to describe what they had learned to prepare themselves for their return to their communities. Teachers had not helped prisoners to improve their understanding of equality and diversity. Teachers and trainers did not teach prisoners about the changes in society since they entered prison. For example, teachers did not discuss with prisoners the changing role of women in society or how to live harmoniously in a diverse community.

## 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 Most prisoners were able to maintain good contact with their families through release on temporary licence (ROTL). In the previous 12 months, ROTL had been used more than 4,000 times by 534 prisoners to maintain family ties; both figures were above the average for all open prisons.
- 6.2 Prisoners' families could also visit them at the prison in two-hour slots on Fridays and at the weekend. The visits hall was spacious and welcoming with hot and cold refreshments on offer at the café. The creche had been closed and replaced with a games room for families to use together, which included a games console, American pool and foosball. Families also had access to a small grass area during their visit.





**Visits hall (previous page) and visits hall games room**

- 6.3 POPS (Partners of Prisoners), a user-led charity, provided a family support service at Thorn Cross. POPS had held a range of family days, with several more planned throughout the year. These days were often themed, for example an egg hunt during Easter, and families were allowed to use the beautiful grounds, which provided a sense of normalcy for younger children. Families had also been invited to a planned prisoner awards ceremony to celebrate the achievements of their loved ones.
- 6.4 POPS had recently hosted its first family forum for some time, enabling families to ask questions about Thorn Cross, including directly to management, and to give feedback and suggestions for improvement. With only four families in attendance, take-up was low but there were plans for further development.
- 6.5 The use of secure video calling (see Glossary), introduced during the restricted COVID-19 regime, had ceased. Leaders said that individual prisoners could still request this, but it was not well publicised and few prisoners were aware that it was an option. There were no in-cell telephones and prisoners often had long waits to use the few communal telephones during busy times. Not all communal phones were sufficiently private.

## 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.

- 6.6 Work to reduce reoffending was well coordinated and focused on the prison's priority to increase the number of prisoners working in the community. In our survey, 72% of respondents said their experiences at the prison had made them less likely to offend in the future.
- 6.7 The reducing reoffending strategy set out how prisoners could make progress towards release in three main stages. During the first 'engage' stage, they were encouraged to become familiar with life at an open prison while improving their education or holding a prison job. At the next 'grow' step, prisoners had the opportunity to work at one of the prison workshops, such as Max Spielman or Timpson's. At the final stage, 'thrive', they could access paid work in the community on ROTL.
- 6.8 The strategy was built on the capacity to service outside work places, but the prison was not resourced to manage external placements for all prisoners. This meant that prisoners could not usually progress to phase three, working out in the community, until the final 12 months of their sentence. This was frustrating for the 50 prisoners who still had two years or more to serve. However, the prison had increased the number of external work placements since the previous inspection. There were currently 90 prisoners in paid employment in the community, and there were credible plans to increase this in the near future (see paragraph 5.16).
- 6.9 The prison communicated well with counterparts in the local regional prisons who regularly transferred prisoners to Thorn Cross. An information booklet had been devised for prisoners in these category C prisons to inform them about what was available at Thorn Cross. However, the booklet was not clear enough on the local ROTL policy, which would have helped to manage expectations and explain that access to ROTL and outside work was not as quick as those transferring in might have believed.
- 6.10 Once ROTL was authorised, the process was well managed. Two-thirds of the population had been assessed as suitable for ROTL; the remainder had arrived in the previous three months. In the previous 12 months, almost 30,000 ROTL events had taken place for a range of reasons (see also paragraph 6.1), and Thorn Cross had the lowest number of ROTL failures in the open estate.
- 6.11 The offender management unit (OMU) had a key role in processing ROTL to help prisoners maintain family ties (see paragraph 6.1). Vacancies among the case administration staff tested the capacity of the unit to complete the necessary paperwork and respond to frequent

queries from prisoners about the progress of their application. In a bid to dissuade prisoners from attending the unit without an appointment, leaders had recently expanded the OMU surgery to three times a week to answer queries. A prisoner OMU mentor also worked at the unit's reception each day to pass on paper requests.

- 6.12 Despite these arrangements, most prisoners we spoke to were negative about their experience when attending the OMU, with some alleging that staff were dismissive or had used foul language (see paragraph 4.2).
- 6.13 The two senior managers of the OMU were relatively new in post but had a clear focus on staff development. A regular team meeting had resumed, which also included guest speakers from other departments and external experts, for example in working with younger prisoners.
- 6.14 The senior probation officer (SPO) had introduced regular supervision for all prison offender managers (POMs), and those we spoke to were knowledgeable and enthusiastic. All prisoners who were assessed as presenting a high risk of serious harm were allocated to one of the probation POMs to manage, while the prison officer POMs managed and supported the lower risk cases.
- 6.15 The caseloads of POMs were not as high as we sometimes see, and the SPO had set an expectation that probation POMs should contact each prisoner monthly. Contact between prison POMs and their prisoners was expected to be every six weeks. In the cases we reviewed, these expectations were generally adhered to, and occasionally exceeded. We saw some excellent work by POMs to encourage prisoners to progress through their sentence plan. Often this was in liaison with other support services, such as CGL. Most of the prisoners we spoke to were positive about the support they received from their POMs.
- 6.16 National guidance is that the prisoner's offender assessment (OASys) should be reviewed by the sending prison before they are transferred to open conditions. The SPO had been working with establishments that frequently transferred prisoners to Thorn Cross to ensure compliance with this, and in the previous six months very few prisoners had arrived without a current assessment. The assessments were reviewed following transfer, and we found that most prisoners had an up-to-date OASys.
- 6.17 The quality of OASys assessments was mixed, but some were exceptional, and all had sentence plan targets related to accessing ROTL to support resettlement. In our survey, 92% of prisoners who said they has a sentence plan said they understood what they needed to do to achieve them, and 97% who had accessed ROTL said that this had helped them achieve their targets.
- 6.18 The number of prisoners serving life or indeterminate sentence for public protection (IPP) had reduced since the previous inspection. Parole processes for these prisoners were managed well with very few

delays. However, there was no specific provision to develop independent living skills or other aspects of personal development for prisoners who had spent a lengthy period in custody (see paragraph 5.34)

## **Public protection**

- 6.19 A quarter of the population were assessed as being a high risk of serious harm and almost a third were subject to multi-agency public protection arrangement (MAPPA). The prison did not accept prisoners convicted of sexual offences due to its proximity to a school.
- 6.20 Initial screening processes for new prisoners did not always identify mistakes in the alerts added to a prisoner's record at a previous establishment, for example whether they were eligible for MAPPA or not.
- 6.21 The prison generally managed potential risks from prisoners going into the community on ROTL well, in liaison with a community offender manager (COM). In the cases that we reviewed, the COM liaised with the police and, where appropriate, the victim liaison officer before the first period of ROTL. The COM also completed safeguarding checks and home visits, and maintained contact with the prisoners and home occupiers before and after overnight releases.
- 6.22 The risk management plans for most high-risk prisoners required them to reside at an approved premises (AP) for a period on release, and we saw examples where they were granted ROTL to spend a night at the premises before then, which was positive. In a small number of cases these were cancelled at the last minute by the AP, which led to frustration. As a result, the prison invited an AP manager to the prison every month to share information and answer prisoners' questions to alleviate any anxiety about their release accommodation.
- 6.23 The monthly interdepartmental risk management meeting (IRMM) considered the risk of new arrivals as well as very high-risk prisoners (MAPPA level 2 and 3) six months before release. However, the meeting did not routinely consider the actions needed to manage the risk from other high-risk prisoners immediately before release, such as the many with a history of domestic abuse or harassment.
- 6.24 Very few prisoners had been identified as requiring telephone or mail monitoring, either on arrival or before release. However, systems to manage these rare occasions needed to be more robust; in one case we reviewed, administrative errors meant that the calls of one prisoner had not been monitored.

## **Categorisation and transfers**

- 6.25 Decisions to categorise prisoners as suitable for open conditions were taken at the sending establishment. Recent national changes to optimise the use of spaces in the open estate meant that some prisoners arrived at Thorn Cross with very little time left to serve, which



limited the work the prison could do with them. However, OMU managers were consulted before the transfer of any prisoner who had been assessed as high risk of serious harm to determine whether they were suitable for Thorn Cross.

- 6.26 Decisions to return prisoners to closed conditions were taken following a multidisciplinary meeting, and in the cases we reviewed they were appropriate. We saw many examples where prisoners had not been returned to closed conditions automatically following a transgression but had been able to remain at Thorn Cross with support; for example, one prisoner who failed mandatory drug testing had stayed with engagement with CGL (see paragraph 3.22).

## Interventions

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

- 6.27 As an open prison, Thorn Cross was not commissioned to provide accredited offending behaviour programmes. The chaplaincy had recently resumed delivery of the Sycamore Tree victim awareness course (see paragraph 4.32), and some prisoners had been able to use ROTL to complete the Building Better Relationships course, addressing violence in relationships. We also saw examples of prisoners accessing other community interventions, such as Gamblers Anonymous.
- 6.28 The employment hub was an excellent resource, where caseworkers were co-located with a range of partners to support prisoners and improve their chances of gaining employment on release. Partners included Achieve North West Connect, Department for Work and Pensions, The Growth Company (careers information, advice and guidance), an identification and banking administrator, pre-release probation worker and the prison employment lead. It was disappointing that the prison did not offer any money management courses, particularly for those who have served long sentences and could lack experience and confidence in this area.
- 6.29 Most prisoners left Thorn Cross with appropriate documentation to show their right to work. Prison data indicated that about 40% of prisoners were in employment six weeks after release.

## Release planning

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

- 6.30 There were about 22 releases into the community each month, with most released to the local area. A small number of prisoners were released on home detention curfew (HDC). The process was managed

well; the reasons for prisoners being released after their eligibility date were outside the control of the prison.

- 6.31 The pre-release officer worked with prisoners at all levels of risk, which we do not always see. The officer invited all prisoners with 12 weeks left to serve to the employment hub to agree a release plan, and subsequently worked closely with the COM to make sure these were completed. The quality of the plans we reviewed was among the best we have seen.
- 6.32 Prisoners were also invited into the hub closer to their release date for a discharge board chaired by the information, advice and guidance officer, which offered a further opportunity to confirm that resettlement needs had been met.
- 6.33 In addition to the scheduled support from the resettlement partners, prisoners could call in at the employment hub for an update or advice at any time, which was positive.
- 6.34 On the day of release, prisoners passed through reception where staff made sure they understood any licence conditions. A selection of donated clothing was available for prisoners who needed it. The prison also managed the timings of discharges to minimise disruption to the local community.



## Section 7 Progress on recommendations from the last full inspection and scrutiny visit reports

### Recommendations from the last full inspection

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

#### Safety

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

At the last inspection, in 2016, prisoners felt safe at Thorn Cross. Early days work at the prison was thorough and prisoners received good help and support. There was little evidence of violence or bullying, and incidents of self-harm were very low. Security was proportionate, and absconds and release on temporary licence (ROTL) failures were low. A comparatively high use of adjudications contrasted with an underused incentives scheme. The integrated drug and alcohol service was excellent. Outcomes for prisoners were good against this healthy prison test.

#### Recommendations

All new arrivals should be able to make a free telephone call.

**Achieved**

The prison should devise and implement its own violence reduction strategy based on local intelligence, including clear provision for identification of perpetrators and relevant interventions, and support plans for victims.

**Achieved**

The prison should develop a safer custody policy specific to the risk and needs of the establishment.

**Achieved**

The prison should introduce a recognised and confidential Listener scheme to supplement the work of peer support workers.)

**Partially achieved**

Strip-searching of prisoners should be intelligence-led or based on specific suspicion.

**Not achieved**

The prison should implement a behaviour management strategy that makes more effective use of incentives and earned privileges and reserves the adjudication process for more serious offences.

**Not achieved**

## Respect

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

At the last inspection, in in 2016, the environment was well maintained and welcoming. Living accommodation was clean and well equipped. Applications and complaints were now dealt with more quickly and appropriately. Staff- prisoner relationships were mostly very good, and general prisoner consultation was effective. Work to ensure equality for all groups required improvement. The chaplaincy was a real strength. The health services were very good. There were problems with catering practices and the food was poor. Outcomes for prisoners were good against this healthy prison test.

### Recommendations

All showers should be kept clean and well maintained.

**Partially achieved**

Prison managers should ensure that prisoners have consistent and regular access to basic items, such as cleaning materials.

**Achieved**

The diversity and equality inclusion policy should be developed to ensure sufficient focus on prisoners, as well as staff.

**Not achieved**

Staff with designated roles for equality and diversity should attend the diversity and equality action team meeting or make a submission in writing.

**Not achieved**

There should be regular consultation and support forums with prisoners from all minority groups, and issues raised should be pursued appropriately and within a reasonable time limit.

**Not achieved**

Prisoners should have access to a pharmacist, including face-to-face advice, medicine use reviews and pharmacist-led clinics.

**Achieved**

In-possession medication risk assessments, including both the drug and the patient, should be completed routinely and consistently, and reasons for the determination should be recorded on SystmOne. Lockable cupboards should be provided for patients prescribed in-possession medicines.

**Partially achieved**

All patient records should be locked away in line with the Caldicott requirements on the use and confidentiality of personal health information.

**Achieved**

The prison should improve the quality and quantity of the food provided, and ensure that prisoners receive adequate levels of nutrition.

**Not achieved**

Hygiene rules for cleaning and the safe storage and preparation of food should be followed at all times.

**Achieved**

The catering department should ensure that Food Standards Agency regulations regarding the use of colour-coded chopping boards and separate utensils for the preparation and serving of halal food are followed in the kitchen and serveries.

**Achieved**

## **Purposeful activity**

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

At the last inspection, in 2016, time out of cell was excellent. The management of learning and skills was good and there was good quality vocational training and work opportunities. Some prisoners were not fully occupied during their work periods, and pay rates were low in key areas. The quality of teaching was good and maths and English were well embedded. Personal development and behaviour were also good and success rates were high. The PE programme focused appropriately on the physical well-being of prisoners. Outcomes for prisoners were good against this healthy prison test.

## **Recommendations**

Prisoners' pay should not disadvantage those attending learning courses in the prison.

**Achieved**

Prison work should fully occupy prisoners at all times, and enable them to develop useful work skills and attributes to prepare for employment on release.

**Achieved**

Prisoners working as library orderlies should be able to gain formal accredited qualifications.

**Not achieved**

The opening times of the library should be extended to be more accessible to prisoners.

**Achieved**

The library should collect data to provide clear information for further analysis on the different prisoner groups that use the facility.

**Achieved**

The prison should provide a full programme of recreational PE and offer vocational PE qualifications.

**Achieved**

## **Resettlement**

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

At the last inspection, in 2016, the resettlement needs of most prisoners were met. Most prisoners had a good quality offender assessment system (OASys) assessment and a sentence plan with appropriate targets. Assessment procedures for ROTL were good but application of the system caused significant frustration. Public protection procedures were sound. While there was some good pre-release provision, resettlement planning required better integration, and better coordination of services and improved communication with prisoners were needed. Through-the-gate support for those with specific health and drug support needs was very good. Outcomes for prisoners were good against this healthy prison test.

## **Recommendations**

Decisions to move prisoners into open conditions should be informed by a review of their OASys assessment.

**Achieved**

NOMS should work with the Parole Board to ensure that there is no delay in the scheduling of oral parole hearings for indeterminate sentence prisoners.

**Achieved**

The prison should address prisoners' perceptions about the application of release on temporary licence (ROTL) rules at Thorn Cross.

**Not achieved**

The prison should ensure that management oversight and quality assurance arrangements for OASys are clear and consistent, and that uniformed offender supervisors receive formal supervision.

**Achieved**

The release on temporary licence information requests that the prison sends to community offender managers should ensure they clearly recognise the priority to be given to these, the impact of delays and their required actions.

**Achieved**

Indeterminate sentence prisoners should be supported to develop the necessary skills for living independently.

**Not achieved**

There should be a systematic and formal method for the community rehabilitation company and all agencies involved in resettlement work to share information about individual prisoner resettlement outcomes, and these should be communicated effectively to prisoners to enable them to make best use of their time in open conditions.

**Achieved**

More prisoners should be working outside the prison on release on temporary licence.

**Achieved**

There should be sufficient investment to ensure coordination and continued development of the family support work.

**Achieved**

## **Recommendations from the scrutiny visit**

The following is a list of the recommendations made in the scrutiny visit report from 2021.

The use of force and segregation should be subject to rigorous management oversight which provides assurance that they are used proportionately and accountably.

**Not achieved**

All serious incidents of self-harm should be reviewed so that lessons can be learned.

**No longer relevant**

Effective communication strategies should be implemented to make sure that prisoners are informed about the progression of their cases and are able to contribute to key processes involving them, such as ROTL boards and sentence plan reviews.

**Achieved**

A multidisciplinary risk management meeting should review all high and very high risk-of-harm prisoners before their release and make sure that suitable actions are taken.

**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
Deborah Butler	Team leader
Lindsay Jones	Inspector
Alice Oddy	Inspector
Steve Oliver-Watts	Inspector
David Owens	Inspector
Nadia Syed	Inspector
Dionne Walker	Inspector
Sam Moses	Researcher
Helen Ranns	Researcher
Sam Rasor	Researcher
Joe Simmonds	Researcher
Steve Eley	Lead health and social care inspector
Lynn Glassup	Health and social care inspector
Alison Cameron-Brandwood	Ofsted inspector
Dan Grant	Ofsted inspector
Alison Humphreys	Ofsted inspector
Martin Ward	Ofsted inspector
Joe White	Care Quality Commission 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.

### **Leader**

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

### **Protected characteristics**

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

### **Protection of adults at risk**

Safeguarding duties apply to an adult who:

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

**Secure video calls**

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

**Social care package**

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

**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.

**Twinning Project**

A partnership between HMPPS and professional football clubs to twin every prison in England and Wales with a local professional football club, to engage prisoners in football-based programmes to improve their mental and physical health and well-being, and obtain a qualification to help improve their life chances and gain employment on release.

## **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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