Report on an unannounced inspection of

HMP Dartmoor

by HM Chief Inspector of Prisons

19 June – 6 July 2023

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Introduction

Having been scheduled to close for some years, Dartmoor, one of the oldest jails in the country, received a reprieve in 2021 because of ongoing population pressures in the English prison estate. Many of the problems we highlight in this report stem from the costly failure by the prison service to plan adequately for this situation and, on this inspection, it was disappointing to see the doubling up of cells that were designed for, and at our last inspection held, one prisoner. Given the relatively older age of the Dartmoor population, the long sentences many are serving and the already inadequate numbers of work, training and education places, the inspectorate would be very concerned if the number of prisoners increases further.

At our last inspection in 2017, we described a prison that was decaying fast with damp cells and buckets strategically placed underneath leaking roofs. This failure to invest in the infrastructure meant that the prison had not had some of the improvements that we have seen elsewhere, such as the introduction of in-cell phones, electronic kiosks, or fit-for-purpose health, education, or laundry facilities. Given the state of the jail, the leaders had done well to keep the prison clean and there had been refurbishment of some showers.

Leaders had not developed adequate systems for collecting and monitoring accurate data in a number of key areas that were directly affecting outcomes for prisoners. They were not aware that there had been a decline in the number of social visits. Recently the booking line had been out of action, meaning prisoners were not able to see family and friends, which is already a challenge in such a remote prison. The monitoring of mail for some high-risk prisoners was not happening and the collection and response to incident reports was inconsistent.

We were very concerned by the failure of leaders to monitor the regime adequately. It was significantly worse than they thought and was curtailed more than 80% of the time, with ad-hoc decisions to keep prisoners locked up made by individual officers. This meant that prisoners often were not allowed outside more than twice a week, and one prisoner who had been on the induction unit told me he had only been outside once in the eight days since he had arrived. This ongoing issue had not been identified by the regional team.

Attendance at education was low, and again this was not being monitored or addressed. The offer from the education provider had not taken into account either the needs of the prisoners or regional labour shortages. Waiting lists to get work or into education were much too long and education staff shortages meant there were a limited range of courses available.

One of the strengths of the jail was the peer work. Prisoners could earn work in trusted positions and reception orderlies, listeners and some excellent work done by the Peaceful Solutions scheme were helping to transform the lives of some troubled prisoners. The report from our 2017 inspection was highly critical of the support prisoners were receiving in progressing through their sentences, so we were very pleased to see a considerable improvement on our latest

inspection. The very effective senior probation officer had built a well-motivated team that was offering some excellent support to prisoners. Disappointingly, despite this very good work, access to specific accredited interventions, which formed an important part of many prisoners’ sentence plans, held back sentence progression as they were not available at the prison. This was a cause of much frustration.

Relationships between staff and prisoners were a real strength of the prison, although we did come across some officers whose behaviour was negatively affecting what was a generally positive culture. Leaders were at an early stage of addressing this challenge.

The handover from the health provider to a new contractor had proved unnecessarily difficult and staffing levels were not yet at the right level, although prisoners were generally favourable about their care.

It was concerning to find a training prison failing to fulfil its key purpose: there were too many prisoners with not enough to do and an education and training offer which was much too limited. With a reasonable staffing situation and some enthusiastic prisoners and staff, there is the opportunity to make Dartmoor into a much more effective jail, but if the prison service forces further population increases on the jail, then progress is likely to be affected.

Charlie Taylor
HM Chief Inspector of Prisons
August 2023

What needs to improve at HMP Dartmoor

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

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

Priority concerns

1. **Oversight and monitoring of key areas, such as the implementation of the regime, reporting of violence, self-harm and other incidents, scheduling of visits and delivery of education, was weak.** This meant that leaders were often unaware when key services were withdrawn from prisoners.

2. **The daily routine did not run consistently; key elements, including access to outside exercise, showers, and association with peers, were often curtailed.**

3. **A protracted period of staffing shortfalls was affecting access and waiting times for health care, particularly dental services and primary care.** Seven months after the transfer of services, the new provider did not have a comprehensive understanding of the staffing profile or vacancies.

4. **Leaders did not understand the education needs of the population well enough.** They did not offer enough spaces for meaningful purposeful activity that met prisoners' needs.

5. **Prisoners' achievements across education, skills and work were low and there was no effective strategy to improve them.**

Key concerns

6. **Large amounts of drugs were coming into the prison.**

7. **The prison had increased its population by overcrowding 49 cells, which meant that 98 prisoners now lived in cramped conditions.**

8. **Support for several minority groups was poor and understanding of their needs was undermined by the lack of rigour in discrimination incident report form investigations.**

9. **The health care environment was not fit for purpose, with very little refurbishment or repairs having been undertaken for many years, and the rooms used for clinical interventions were unsafe for practice.**

10. **Leaders had not successfully managed prisoners' attendance at education, skills or work activities.**

11. **Leaders had not ensured that careers information, advice and guidance were effective and informed a coherent plan for prisoners to develop the knowledge, skills and behaviour they needed to be successful in their next steps.**

12. **Support for children and families had deteriorated.** Social visits were underused, the visits booking line had been suspended, and leaders were not monitoring the impact of this.

13. **Staff were unaware of their responsibility to monitor prisoners' mail, which meant that some prisoners had sent and received post without the necessary safeguards in place.**

About HMP Dartmoor

Task of the prison/establishment
HMP Dartmoor is a category C training prison.

Certified normal accommodation and operational capacity (see Glossary)
Prisoners held at the time of inspection: 684
Baseline certified normal capacity: 640
In-use certified normal capacity: 688
Operational capacity: 689

Population of the prison
- 406 new prisoners received each year (around 33 per month).
- 21 foreign national prisoners.
- 8% of prisoners from black and minority ethnic backgrounds.
- Seven prisoners released into the community each month.
- 53 prisoners receiving support for substance misuse.
- 300 prisoners referred for mental health assessment each month.

Prison status (public or private) and key providers
Public

Physical health provider: Oxleas NHS Foundation Trust
Mental health provider: Oxleas NHS Foundation Trust
Substance misuse treatment provider: psychosocial services – Change Grow Live (CGL); clinical services – Oxleas NHS Foundation Trust
Dental health provider: Time for Teeth
Prison education framework provider: Weston College
Escort contractor: Serco

Prison group/Department
Devon and North Dorset

Prison Group Director
Jeannine Hendrick

Brief history
HMP Dartmoor is located in Princetown, on Dartmoor in Devon. Owned by the Duchy of Cornwall, it received a grade II heritage listing in 1987. It was established in 1809 to hold French and American prisoners of war from the Napoleonic and American wars.

Despite numerous years of uncertainty in regard to HMP Dartmoor's future as a prison, confirmation of a 25-year lease extension was granted in 2022 and takes effect from Christmas Day 2023.

Short description of residential units
Arch Tor – 144-bed unit; integrated unit for mainstream prisoners and those convicted of a sexual offence. Comprises four landings, with 132 single occupancy cells and 12 double occupancy cells.

Burra Tor – 146-bed unit; integrated unit for mainstream prisoners and those convicted of a sexual offence. Comprises five landings, with 134 single occupancy cells and 12 double occupancy cells.

Coombe Tor – Decommissioned unit.

Down Tor – 143-bed unit; integrated unit for mainstream prisoners and those convicted of a sexual offence. Comprises five landings, with 122 single occupancy cells and 21 double occupancy cells. Dedicated first night centre.

East Tor – 54-bed unit; integrated unit for mainstream prisoners and those convicted of a sexual offence. Comprises two landings, with 49 single occupancy cells and five double occupancy cells. Dedicated enhanced unit for employed prisoners.

Fox Tor – 48-bed unit; integrated unit for mainstream prisoners and those convicted of a sexual offence. Comprises two landings, with all single occupancy cells. Prioritised for social care provision and allocated peer support orderlies.

Granite Tor – 157-bed unit; integrated unit for mainstream prisoners and those convicted of a sexual offence. Comprises five landings, with all single occupancy cells.

Stone Tor – six-bed unit. Segregation unit.

Name of governor and date in post
Stephen Mead, January 2021

Changes of governor/director since the last inspection
Bridie Oakes-Richards, December 2014 – January 2021

Independent Monitoring Board chair
Jo Wymer

Date of last inspection
14–24 August 2017

Section 1 Summary of key findings

Outcomes for prisoners

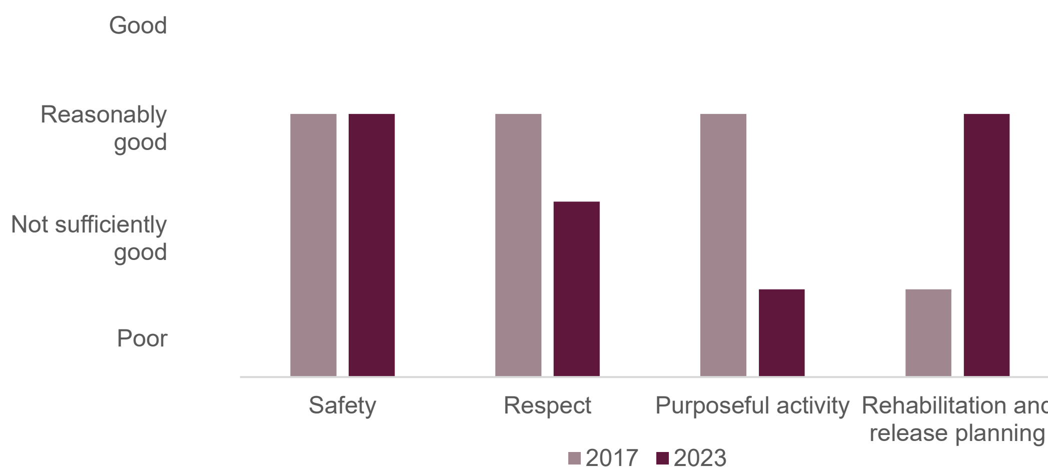
1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and rehabilitation and release planning (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

1.2 At this inspection of HMP Dartmoor, we found that outcomes for prisoners were:

- reasonably good for safety
- not sufficiently good for respect
- poor for purposeful activity
- reasonably good for rehabilitation and release planning.

1.3 We last inspected HMP Dartmoor in 2017. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

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



Progress on key concerns and recommendations from the full inspection.

1.4 At our last inspection, in 2017, we made 43 recommendations, four of which were about areas of key concern. The prison fully accepted 31 of the recommendations and partially (or subject to resources) accepted 11. It rejected one of the recommendations.

1.5 At this inspection, we found that all of our recommendations about areas of key concern had not been achieved. This included one recommendation in the area of respect, one in purposeful activity and two in rehabilitation and release planning. For a full list of the progress against the recommendations, please see Section 7.

Progress on recommendations from the scrutiny visit

1.6 In September 2020, during the COVID-19 pandemic, we conducted a scrutiny visit at the prison. Scrutiny visits (SVs) focused on individual establishments and how they were recovering from the challenges of the COVID-19 pandemic. They were shorter than full inspections and looked at key areas based on our existing human rights-based *Expectations*. For more information on SVs, visit https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/covid-19/scrutiny-visits/.

1.7 At the SV, we made eight recommendations about areas of key concern. At this inspection, we found that two of the recommendations had been achieved and six had not been achieved.

Notable positive practice

1.8 We define notable positive practice as innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

1.9 Inspectors found one example of notable positive practice during this inspection.

1.10 Prison offender managers met as a group, without managers, and this forum gave rise to positive change. (See paragraph 6.18)

Section 2 Leadership

Leaders provide the direction, encouragement and resources to enable good outcomes for prisoners. (For definition of leaders, see Glossary.)

2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.

2.2 The governor had been in post for about two and half years, and, after a period of change and instability, he had established a stable senior team, including a new deputy governor, appointed in 2022. He had identified several priorities in his self-assessment report and made progress in some areas, including equality and diversity and sentence progression. However, the self-assessment report did not use data effectively to identify the key failings we found during this inspection. There was also a lack of timeframes and measurable milestones for future improvement.

2.3 The establishment had been through a difficult period since the previous inspection. After several years of being earmarked for closure by national leaders, there had been a lack of investment in the site. The lease on the site had been extended in December 2021. This had led to some, much needed, capital investment, including the refurbishment of shower facilities, and there were plans for in-cell telephones and a new laundry facility. However, these projects were taking some time, and other issues, including a lack of closed-circuit television, poor clinical facilities and leaking roofs, remained unresolved.

2.4 The failure by national leaders to plan successfully for predicted population pressures meant that the prison had been required to increase its population by overcrowding 49 cells. This was termed 'sustainable crowding' by HM Prison and Probation Service leaders, although there was little evidence of anything that would mitigate the impact on the 98 prisoners who were now living in cramped conditions.

2.5 A key theme of this inspection was a lack of effective assurance systems. This meant that leaders were unsighted on shortcomings in many areas, including the delivery of the daily routine, incident reporting, visits booking, education provision and public protection.

2.6 In particular, we found that domestic periods, exercise and other activities were regularly cancelled or reduced, with little notice given to prisoners. While these were sometimes reduced to provide staff escorts, at other times the reason for the curtailment, and who had authorised it, was unclear. Both local and regional leaders were unaware of this issue.

2.7 Leaders had not provided enough activity spaces for the population; this had been made worse because of the overcrowding, some staffing shortfalls in activities and broken machinery in the woodwork workshop. Some problems, including broken equipment, had taken far too long to resolve. In addition, waiting lists for education classes were poorly managed, with more than 300 prisoners on lists for both English and mathematics courses. There was no clear plan to address this.

2.8 The transfer of the health care contract had not been managed well. In particular, a freeze on recruitment during this protracted process had led to staffing shortfalls, resulting in a deterioration of services.

2.9 More positively, leaders had enabled prisoners to take responsibility for their communities in several successful peer support schemes.

2.10 Managers in the offender management unit had transformed delivery of services for prisoners. The unit was now well ordered and the quality of assessments of prisoners’ risks and needs had improved. Offender managers were also carrying our much more one-to-one work with prisoners than we usually see.

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 In our survey, most respondents (91%) said that they had been treated well in reception. Our findings supported this view; reception staff and prisoner orderlies were welcoming of new arrivals and tried to address their concerns. All facilities, which included some multi-occupancy waiting rooms with useful noticeboards, toilets and small private rooms for health care and reception staff interviews, were kept clean by prisoner orderlies.

Reception holding room

3.2 Most prisoners arrived in the afternoon. Reception processes were completed in good time. All new arrivals went through the body scanner and had private interviews with an officer and a nurse, where they could raise any concerns. Peer support was used well. A Listener (a prisoner trained by the Samaritans to provide confidential emotional support to fellow prisoners) attended reception and an Insider (prisoners who introduce new arrivals to prison life) accompanied a first night officer to greet new receptions and walk with them to the first night unit. The first night officer interview was another opportunity to assess how new prisoners were feeling and for them to share any concerns in private before being locked up for the night.

3.3 Personal property was checked in with new arrivals in reception, so that they could take all items that they were allowed to have in-possession to their first night accommodation. A small choice of vaping products, grocery packs and telephone PIN credit was available for them to buy in reception.

3.4 Cells on the first night unit had been made double occupancy as part of the response to population pressures elsewhere in the prison estate (see paragraph 2.4). They were small for two people and did not give a positive early impression of the prison. This was compounded for new arrivals by the lack of in-cell telephony, which many had valued at their previous prison.

3.5 The induction programme lasted a week and included sessions from departments around the prison. Prisoners' progress through it was tracked. The main induction room had been closed because of the presence of radon gas, so the Insiders' room was being used as an alternative induction venue. Induction materials were informative and Insiders were helpful. Prisoners on induction had the same daily regime as others on D wing and were able to mix with them when not taking part in induction sessions.

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

3.6 In our survey, 26% of respondents said that they felt unsafe at the time of the inspection, and more prisoners than at similar prisons said that they had experienced verbal abuse (48%), bullying (27%) and theft of property (34%). These perceptions resulted from a nervousness about the integrated regime (whereby prisoners who were vulnerable because of the nature of their offence or other situational issues – most often debt – were integrated with mainstream prisoners) and an increase in drug use and associated debt.

3.7 As a result of a lack of investment, prisoners faced problems which were less common elsewhere. These included queue jumping and bullying for use of the wing telephone, and theft of property from cells, which staff were unable to investigate thoroughly because of a lack of closed-circuit television (CCTV).

3.8 In the previous 12 months, there had been 66 prisoner-on-prisoner assaults, which was comparable with the number in similar prisons, but only 15 assaults on staff, which was low. During the inspection, there was a serious hostage incident, but this was a rare event at the establishment and had been referred to the police.

3.9 There had been issues with the recording of data on prison information management systems, which presented a misleading picture. In the last 12 months, a total of 59 incidents had been reported using the incident reporting system, but 81 incidents had taken place. The safety analyst had been working to improve this.

3.10 The use of challenge, support and intervention plans (see Glossary) was poor. Investigations did not explore all aspects that had led to the incident, or motivators for the prisoner's behaviour, which meant that plans did not address the individual's needs and often contained generic actions, such as staff monitoring of a prisoner's behaviour on the unit. Often, reviews did not take place on time and were not multidisciplinary. Notably, in a minority of cases, reviews were chaired by the prison offender manager, and these were of much better quality, with discussion that was aimed at changing behaviour.

3.11 The safety strategy was reasonable; it was current and focused on the prison's needs. It contained a wide range of actions, but neither the monthly safer custody meeting nor an action plan was used to monitor delivery. The safety team had done some good work, including a survey on safety, and was conducting another on debt to make sure that they understood the issues fully, although leaders did not use this information to drive change.

3.12 There was good use of peer support, including 'peaceful solutions' (prisoners trained to offer one-on-one support for those struggling with bullying and debt) and safer custody representatives (see also paragraph 3.34).

3.13 At the time of the inspection, 12 prisoners were self-isolating on the residential units, choosing not to interact with other prisoners or the regime, some for many months. Leaders had recently introduced a document to enable staff to monitor regime delivery for each of these prisoners. This confirmed what the prisoners had told us, that, although they could have an hour out of their cell in the afternoon on their own, if they wished, they rarely received time in the open air or had meaningful interactions with staff.

3.14 There were limited incentives at the prison to encourage positive behaviour. Around 450 prisoners were on the enhanced level of the incentives scheme, but this offered little reward. Leaders had created

an enhanced wing, which held just over 50 prisoners; however, there was little difference in facilities there from those on other wings, although these prisoners benefited from a slight improvement to the regime. When speaking to prisoners located on the wing, they said that it was quieter there than in the rest of the prison, which they found to be its main advantage.

Adjudications

3.15 In the last year, there had been 1,069 adjudications. The main charges were connected to substance misuse.

3.16 There was good oversight of adjudications, including by the governor, who quality assured the process, feeding back to heads of function on emerging themes. We found that most adjudications had a good level of enquiry, and awards were proportionate.

3.17 There had been a recent increase in the number of suspended awards for prisoners found guilty of taking an illicit substance; while these can be appropriate, the lack of suspicion drug testing meant that it was highly likely that these awards would not be activated, even if the prisoner continued to take illicit substances.

Use of force

3.18 Levels of use of force were low, with 114 incidents in the last 12 months. In our survey, only 4% of respondents said that they had been restrained in the last six months, which was lower than in similar prisons.

3.19 The use of body-worn cameras was improving, and in recent months over three-quarters of incidents had been captured. Positively, leaders were now monitoring whether these had been turned on before the incident took place.

3.20 Governance had lapsed; while footage of each incident was viewed by an instructor, regular scrutiny by senior leaders had stopped several months before the inspection. In the footage we viewed, force was proportionate and we observed some good examples of de-escalation.

3.21 The quality of written records on use of force incidents varied, but they were mostly of an appropriate standard. There were currently no outstanding forms, which had been highlighted as an issue at the previous inspection.

3.22 Unfurnished accommodation had been used on four occasions in the last year, with an average length of stay of one hour. On three of these occasions, we found its use to have been disproportionate and unnecessary.

Segregation

3.23 In the previous 12 months, 120 prisoners had been held in the segregation unit. The average length of stay was 12 days.

3.24 Living conditions in the unit had improved since the previous inspection, benefiting from new showers, which were in excellent condition. Cells were clean and most were free of graffiti. The addition of a piece of exercise equipment on the landing, which prisoners could use as an alternative to time in the open air, was a good initiative.

3.25 Overall, time out of cell (see Glossary) on the unit was too limited for most prisoners, with only half an hour in the exercise yard and a shower offered each day. We were told that a few prisoners had been allowed to continue to attend offending behaviour courses, on the basis of their low risk level, but there were no records of how many segregated prisoners had accessed these interventions.

3.26 Reintegration planning was weak. Leaders had put in place 'one-page' plans to help manage segregated prisoners, but these lacked actions to address the reasons for segregation and were not delivered consistently. We were concerned that, after the announcement of the inspection, five prisoners had been moved from the segregation unit back to the main wings, and the prison failed to assure us there were appropriate reintegration plans in place for these individuals.

Security

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

3.27 Intelligence was processed swiftly and highlighted that the main threat to security in the prison was the supply of illicit items – mainly drugs and mobile phones. In our survey, 58% of respondents said that it was easy to get illicit drugs at the prison, 41% that it was easy to get alcohol and 25% that it was easy to get tobacco, all of which were higher than at other prisons (29%, 25% and 13%, respectively).

3.28 Leaders had put some measures in place, including photocopying all mail, and some searching had resulted in finds such as mobile phones. However, the value of this was undermined as not enough intelligence was actioned; for example, since the beginning of 2023, only 10% of all requested suspicion drug tests had taken place.

3.29 Leaders had prioritised random mandatory drug testing with the available resources, and this had been operating since November 2022. This showed a positive rate of 14.5%, which was higher than the average for similar prisons. The main substances in use were psychoactive substances and cannabis.

3.30 There had been some investment in security equipment, such as the body scanner and machine to detect drugs coming in through the post. However, there were still weaknesses in security arrangements; for example, there was a lack of operating CCTV, including in key external areas such as exercise yards, as well as on most residential units. In addition, there was no X-ray machine to search property and incoming parcels.

3.31 Leaders were alert to staff corruption and were working with the police on concerns. They conducted some ad hoc staff searching, but there was no enhanced searching for staff entering the prison.

Safeguarding

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

Suicide and self-harm prevention

3.32 There had been 18 natural-causes and five self-inflicted deaths since the previous inspection. This included two self-inflicted deaths since our 2020 scrutiny visit which were being investigated by the Prisons and Probation Ombudsman (PPO). There was a suitable focus on action to implement recommendations from previous PPO investigations.

3.33 The number of recorded self-harm incidents had increased since the previous inspection, with 271 in the last 12 months, which placed Dartmoor in the top third of similar prisons. Thirty of the incidents had been assessed as serious.

3.34 Delivery of the safety strategy was supported by monthly safer custody meetings, which were preceded by a meeting with prisoner safer custody representatives and Listeners, which gave insight into their views of safety at the prison. Attendance at the main meeting was inconsistent, preventing an effective whole-prison approach from being taken. The use of data, led by a safety analyst, to help leaders understand the incidence and causes of self-harm was developing well, but had not yet led to actions to address the causes of, and reduce, levels of self-harm.

3.35 There was multidisciplinary attendance at the weekly safety intervention meeting (SIM), at which prisoners of most concern were discussed. Notes of the meeting showed good sharing of knowledge about prisoners, but not always a clear focus on agreeing actions to be taken.

3.36 Over the last 12 months, 183 assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of

suicide or self-harm had been opened. Prisoners had mixed views about the staff support they received while subject to ACCT management. Reviews usually involved chaplains and health care professionals, and some virtual family involvement had taken place.

3.37 Electronic case notes detailing ACCT reviews were good for some prisoners, but the overall quality of ACCT documents needed improvement. Required conversations were not recorded consistently or were cursory, ongoing records were unsigned and undated, and care map actions were not always completed before ACCTs were closed. There were also gaps in some daily post-closure monitoring after an ACCT was closed.

3.38 The two constant observation cells had been used 19 times in the last year, for 13 different prisoners. These were adequate, although stark, facilities.

3.39 Twelve trained Listeners offered 24-hour support. The rota detailing which of them was on call was available to staff around the prison. The constant observation cells doubled as care suites for Listeners and prisoners to speak in private. Links with Plymouth Samaritans were good. Listeners had a fortnightly support meeting with them and a telephone number to contact them on, if needed, between these meetings. In our survey, more prisoners (46%) than at similar prisons (34%) said that it was easy to speak to a Listener, and their use was recorded in some ACCTs.

3.40 An evening test call we made to the prison's safer custody line, for families to raise concerns about a prisoner, was responded to promptly.

Protection of adults at risk (see Glossary)

3.41 The prison's policy informed staff how to recognise vulnerability and the actions that could be taken to address this. It did not include the name of the prison's adult safeguarding lead or how to make a referral to them. In practice, the SIM (see paragraph 3.35) was the forum for discussion of prisoners at risk.

3.42 Links with the adult safeguarding board were maintained by the prison group director's office, and a member of their team attended meetings on behalf of prisons in the area. Senior managers at the prison were clear on how to seek the board's input, if needed, when dealing with a concern about, for example, neglect or abuse.

3.43 There were good social care links with the local authority (see section on social care).

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

4.1 Most of the day-to-day conversations we saw between staff and prisoners were good; they were more than just transactional, and prisoners told us that staff generally treated them with respect.

4.2 Our survey supported these observations, with 82% of respondents saying that there was a member of staff they could talk to if they had a problem, which was higher than in other prisons. However, we saw a small minority of staff who were less engaged with prisoners and were curt.

4.3 There were several different groups of peer mentors. The prisoner council was active and represented each wing at regular meetings (see also paragraph 4.19); an orderly was based on each wing to help with prisoners' day-to-day administration, such as applications; schemes such as the Shannon Trust had mentors that helped with numeracy and literacy; and peer support orderlies helped prisoners with a disability in their daily routine.

4.4 While there was a good key work policy (see Glossary) in place which detailed the regularity and content of key work sessions, it was not being followed. Nearly all prisoners had an identified key worker, but it took on average of 63 days from arrival at the establishment until a first meeting took place. Sessions were infrequent and records of the meetings lacked depth. Only around eight per cent of all key work sessions that should have taken place over the last 12 months had done so.

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 As a result of population pressure nationally, HM Prison and Probation Service (HMPPS) leaders had increased the roll of Dartmoor by 49 prisoners. All were held in shared cells designed to house one person. This meant that 98 prisoners were subjected to cramped conditions, with inadequate amounts of furniture, for long periods of the day. Leaders had partially screened off in-cell toilets, but prisoners were still in full view of their cellmate while using them. To alleviate this issue, some prisoners had made a screen from a prison bed sheet, risking being placed on report and a potential sanction.

Shared cell on A wing

Shared cell on A wing

4.6 Cell furniture was poor, with lots of broken cupboards and missing chairs. On G wing, a replacement programme had begun, but the furniture had not arrived at the time of the inspection.

4.7 Prisoners kept their cells clean and most were free of graffiti. We also saw fewer cells affected by damp than at our scrutiny visit.

4.8 Communal areas were clean and in good condition, and the wings were bright.

B wing

4.9 Laundry facilities were poor; every wing had either a broken dryer or washing machine, and in some cases both. This meant that prisoners had long delays in washing their own clothes, and this was a cause of frustration. In our survey, fewer respondents than at the time of the previous inspection said that they had access to clean clothing each week (63% versus 77%).

4.10 Prison clothing, towels and bedding were taken weekly to HMP Channings Wood and fresh supplies of each should then have been issued to prisoners. However, in our survey, only 36% of respondents said that they received clean bedding each week, which was far less than at the time of the previous inspection and at other comparable prisons, and also a cause of annoyance.

4.11 Prisoners struggled to access showers because the regime was regularly curtailed (see paragraph 5.2). In our survey, 72% of respondents said that they could have a shower each day, which was better than at the time of the previous inspection (31%), but worse than at similar prisons (89%).

4.12 There was a shower refurbishment programme ongoing, and the new showers were a significant improvement. Serveries that had been on the landings, and therefore open to dirt dropping from above, were also being replaced, and relocated into rooms solely for the use of serving

food. At the time of the inspection, only one wing had an operational servery that was exposed on the landings.

4.13 The Two Bridges unit was a portacabin that was to be used to support and provide activities for prisoners who could not attend work because they were retired or disabled; it had not fully opened, but prisoners had access to it with peer mentors in the afternoons.

Residential services

4.14 The kitchen provided a varied selection of meals, with a wide range of healthy and cultural options. The menu ran over five weeks and there was consultation with prisoners twice a year, to coincide with summer and winter food choices. Bread was baked on site and vegetables were freshly prepared each day. Portion sizes were good.

4.15 All prisoners who handled food had the appropriate qualifications, both in the kitchen and on the serveries, and hygienic clothing was available to collect for these workers when required.

4.16 The kitchen was a large and well-laid-out space, and all equipment was well maintained and operational.

4.17 A course run by The Clink (a charity that provides training in catering and horticulture) taught culinary skills, and prisoners taking it could work in the kitchen and use their new expertise; two prisoners had gone on to work in the industry after release (see also paragraph 5.25).

4.18 Prisoner perceptions of the prison shop were poor, with only 57% of respondents to our survey saying that it sold the things that they needed, compared with 75% at the time of the previous inspection. The order and delivery processes were reasonably efficient, with few complaints, and prisoners were regularly consulted about the products available. However, there were too few items on the list.

Prisoner consultation, applications and redress

4.19 Consultation with prisoners was good. There was a prisoner council, which had a monthly meeting with staff and leaders. This was co-chaired by a functional head and a prisoner representative, which was a good initiative. Prisoners could ask to speak to staff from any department to have their questions answered, normally at the following meeting. There was no action plan, but we tracked several of the recent issues that had been raised and resolved, such as the introduction of X-boxes and families being allowed to send in books and DVDs.

4.20 There was an annual survey which was confidential, asking questions that prisoners might not have wanted to answer in public – for example, about the availability of drugs, bullying and also more day-to-day things such as the regime.

4.21 Prisoner perceptions of the application system had deteriorated since the previous inspection, with 75% of respondents to our survey saying

that it was easy to make an application compared with 88% previously. Prisoners we spoke to said that this was because of the frequent regime restrictions. In addition, only 36% of respondents said that they received a response to their applications within seven days, compared with 58% at the time of the previous inspection. However, those we observed were generally processed quickly, with responses returned reasonably swiftly from most departments, although there was no oversight. Wings and prisoner orderlies kept a record in some cases, but there was no tracking, so leaders did not know if all areas were responding promptly or if responses were appropriate. However, 61% of respondents to our survey said that applications were dealt with fairly, which was better than in comparable prisons (50%).

4.22 There was a high number of complaints, with 1,940 submitted in the last 12 months. In the sample we viewed, most were appropriate and could not have been dealt with at a lower level; the few that could were sent back unanswered to the prisoner, with a request to use the appropriate system, instead of providing an answer and guidance on which system to use in the future.

4.23 There had been recent improvements in the quality of responses to complaints and in their timeliness. Most were now responded to within five working days, as stipulated by HMPPS.

4.24 A quality assurance process had been implemented and this was beginning to generate improvements in the responses to complaints. In the sample we viewed, we found some that did not fully answer the complaint and lacked a thorough enquiry, but a number of these dated back to before the implementation of the quality assurance process. Few respondents spoke to prisoners about their complaint.

4.25 Prisoners had reasonable access to their legal representatives by telephone, video link or face-to-face visits. As there were no in-cell telephones, prisoners wishing to make such a call were taken to a private booth in the legal visits area. All three methods of contact were fully booked for a month in advance at the time of the inspection, suggesting that demand outstripped the available number of slots.

4.26 The ‘access to justice’ laptop computers (to allow prisoners to exercise their legal rights and pursue cases) were outdated, never used and needed replacing.

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

4.27 The establishment held a diverse population. A member of the senior leadership team was the identified lead for each of the protected groups, and diversity and inclusion was part of the safer custody team remit, but there was no staff member whose primary role was to focus on delivery and drive improvement.

4.28 The governor had identified diversity and inclusion as a priority for the prison and was clear about how he wanted the work to progress. The recently updated strategy and action plan laid the foundations for the work. Leaders recognised that much work was still needed.

4.29 Prisoner attendance at the two-monthly diversity and inclusion action team (DIAT) meeting, chaired by the governor, had improved. Prisoner representatives for the different groups also met before each DIAT, to discuss the data being presented and give feedback/raise issues for discussion at the main meeting. Data discussed were prepared locally and refined as needed; for example, when young prisoners suggested that they were disproportionally required to share cells, this was investigated and found not to be the case.

4.30 A total of 84 discrimination incident report forms (DIRFs) had been submitted in the previous 12 months. The level of investigation into many of these lacked rigour and prisoners who submitted a DIRF were often not spoken to as part of the investigation. DIRF responses were not sufficiently quality assured; this was being addressed with the involvement of 'bethechange' (a local community interest company) to carry out quality assurance and run forums for black and minority ethnic prisoners.

Protected characteristics

4.31 Consultation forums took place, but some were more frequent than others. The recent first meeting for the small population of foreign national prisoners reflected the limited provision for them, whereas a forum for younger prisoners had met more often, focusing on a theme requested by prisoners at each meeting. Maturity screenings were used to identify young adults who would benefit from completing the Choices and Changes resource pack (a pack designed to help develop maturity in young adult prisoners), with support from their prison offender manager or key worker.

4.32 In our survey, black and minority ethnic prisoners had similar perceptions to those of their peers, with the exception of a poorer experience in reception. Consultation with these prisoners and discussion at DIAT had identified concerns about there being no staff from a black and minority ethnic background and a lack of staff cultural awareness. Training was being arranged to start to remedy this.

4.33 The prison was not designed to accommodate older prisoners or those with mobility difficulties, but had a large number of both. Nearly 40% of prisoners were 50 years of age or older and 10% were over 70. Activities for those who were retired or unable to work were limited as the planned provision was not yet fully in place. Many of the oldest prisoners, and those with complex needs, lived on F wing, where they were helped by peer support orderlies (see paragraph 4.62). Some adaptations had been made to aid daily living, but the cells were not suitable for mobility, and other, aids that prisoners needed (see also paragraph 4.63).

4.34 Half of the prisoners who responded to our survey considered themselves to have a disability, which was more than the 33% known to the prison. In our survey, they, and prisoners with mental health problems, were more negative in their perceptions about the prison than other respondents, which needed further investigation. Prisoners with physical disabilities had similar issues with the site to those of older prisoners and there was ongoing demand for cells on the lower landings for those who could not easily get to higher floors. Temporary ramps were used for access to areas such as the chapel. Seventy-seven prisoners had personal emergency evacuation plans, which were available to staff in wing offices.

4.35 The recent appointment of a neurodiversity manager had already identified 199 prisoners with neurodiverse needs which was a promising step forward.

4.36 The LGBT forum had recently been split to introduce a separate forum for transgender prisoners. Prisoners told us that they experienced homophobic and transphobic abuse which was not treated as seriously by staff as racist abuse. Transgender prisoners did not feel supported by the prison and were finding it difficult to maintain their gender appearance, and there was no link with a female prison to share prison shop or clothes ordering arrangements.

4.37 Veterans were identified and could attend a group at which SSAFA (Soldiers, Sailors, Airmen and Families Association) provided advice and information.

Faith and religion

4.38 Faith provision was strong, with a large, committed team of chaplains and volunteers. Prisoners had good opportunities for worship and to attend groups with others of their faith. In our survey, 76% of respondents said that they were able to speak to a chaplain of their faith in private. There were ongoing problems in finding Rastafarian

and Spiritualist chaplains, although prisoners of these faiths could still meet.

4.39 The main chapel was an attractive facility used by larger faith groups, while those of other faiths used two smaller rooms for their meetings and services. Stepped access to the chapel made it more difficult for prisoners with mobility difficulties to attend (see paragraph 4.34).

The chapel

4.40 The chaplaincy provided good pastoral support, from arrival to transfer or release. In addition to weekly services, chaplains provided a weekly induction session for new arrivals, which included an introduction to 'peaceful solutions' (see paragraph 3.12), and a focus on making the best use possible of time spent at the prison. 'Living with loss' groups provided support for bereaved prisoners. Chaplains met all new arrivals within 24 hours, made daily visits to prisoners in the segregation unit and those who were designated as 'rest in cell' because of ill health and spoke to prisoners on an assessment, care in custody and teamwork (ACCT) case management document at least weekly. They also attended most ACCT reviews. Prisoners on F wing benefited from an Official Prison Visitor.

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.

4.41 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC issued 'requirement to improve' notices following the inspection (see Appendix III).

Strategy, clinical governance and partnerships

4.42 Oxleas NHS Foundation Trust ('Oxleas') had been in place as the main health provider for seven months. An interim head of health care was working closely with partners to manage the service. This had been challenged by the ongoing staffing vacancies, which had often forced the head of health care into clinical practice, to ensure patient safety. The transfer of contracts had been delayed by nine months because of legal complications. This had created a nine-month freeze on recruitment for an already challenged service, with no additional mitigation within the local or regional risk registers. Continuing delays in staff consultation by the provider meant that local and regional managers were unable to provide a comprehensive staffing profile or vacancy rate, delaying recruitment further. Historical staffing shortfalls had created gaps in access for patients in several specialised areas, particularly for those waiting to see a dentist.

4.43 Incidents were reported electronically and learning had been shared with staff. We identified incidents, such as the unsafe transfer of prisoners from other establishments, which had not been reported as a safeguarding incident. The management of those transferred had been managed well. However, there was limited analysis or learning from the unexpected and frequent critical hospital admissions for those with an underlying health condition.

4.44 Despite a recent comprehensive infection prevention and control report, the health care rooms were not fit for purpose because of the environment and the lack of safe systems of work assessments. We saw staff delivering clinical and invasive treatments in rooms without the appropriate equipment, and this had been ongoing since the previous inspection.

4.45 Staff were identifiable and worked well as a team. Many were working additional shifts or taking on large caseloads to prevent shortfalls. Many told us that they were exhausted. Managers had made sure that that essential training and supervision were undertaken.

4.46 There was a confidential health care complaints process, with records kept consistently by the administration team. Complaints were often

inappropriately relabelled as queries, but were responded to promptly. Not all responses provided the patient with a resolution – a deterioration since the previous inspection. Complaints reflected the impact of low staff numbers, citing access to care and medical supplies. Actions to improve services identified by complaints, incidents and consultation events were often limited by the availability of staff.

4.47 The increasing number of emergency responses were well managed, and the addition of a registered paramedic was a positive initiative. Leaders had not ensured adequate checking of equipment in the emergency bags.

4.48 The quality of health record-keeping was variable across the teams; we noted several areas where entries were too brief and care plans for those with ongoing health conditions were not in place. Several patients told us that they had not received essential medical items or dressings. It was not always clear if a consultation had been face to face or if the practitioner had been a doctor or nurse, which was not in line with expected standards. However, mental health, GP and paramedic notes were comprehensive.

Promoting health and well-being

4.49 There was no overarching prison health promotion plan and there were no annual health promotion days planned. Health care information and available services could be viewed on noticeboards, and leaflets were handed out to individuals for specific issues such as substance misuse, mental ill-health and chronic diseases.

4.50 Health promotion activities were limited by staffing pressures and some initiatives had ended, such as health checks and abdominal aortic aneurysm screening, which had not been undertaken since November 2022. However, six-monthly retinal screening took place and a ‘healthy weight’ group was about to start. Some services were offered on an ad hoc basis, when staffing capacity allowed – for example, smoking cessation and flu vaccinations.

4.51 Blood-borne virus screening was consistent and took place on reception, but access to sexual health screening was limited because of the lack of access to suitably qualified staff, so was offered ad hoc. Those with more complex sexual health needs were under hospital care in the community.

4.52 The national outbreak control policy was available to staff and local outbreak contacts were advertised for those managing outbreaks out of hours.

Primary care and inpatient services

4.53 Oxleas primary care staff were available from 7.45am until 6.30pm, but delivered a reduced service because of significant staff shortages. Prisoners transferring into the prison received comprehensive health screening and were referred to other services as needed. There was

reasonably good access to health care professionals in emergencies and for urgent issues.

4.54 A confidential health applications process was in place, but prisoners told us that these often went missing or they did not get a response. Nurses held triage and treatment clinics daily. A designated long-term conditions nurse ran clinics on two days each week, which did not completely meet the needs of the complex population, but most had a plan of care.

4.55 Access to a GP had improved recently, with an on-site presence four days a week and a remote session on Tuesdays. Prisoners told us that it was not easy to see a GP at times, as there was little cover for absences and their applications were sometimes diverted to alternative professionals, without being communicated adequately to the patient. However, in our survey, more respondents than at comparator prisons rated the GP care they received as very or quite good. Urgent cases were seen within 24 hours and, at the time of the inspection, routine waits were up to four weeks.

4.56 The cleaning regime in the health care unit was inadequate as it relied on orderlies and health care staff, with no professional cleaning service offered by the prison. Clinical waste was not removed in a safe and timely manner. Rooms were cluttered and had insufficient secure storage space, which meant that stock and paperwork were not stored securely and confidentially.

4.57 Allied health professional services, such as physiotherapy, optician and podiatry, had reasonable waiting times of up to four weeks for initial assessments. The podiatry service had recently added extra sessions to manage its growing waiting list.

4.58 External appointments were managed by a dedicated member of staff, who dealt with referrals, bookings and appointments efficiently. This was a very busy function which the service had good oversight of and prioritised. Good internal and external working arrangements and relationships helped to ensure high attendance rates. The prison and health partners were often challenged to find escorts for the emergency admissions.

4.59 A discharge coordinator helped to plan transfers in and out of the prison. Patients were offered a pre-release appointment and were given help to register with a GP in the community, set up appointments and order medicines.

Social care

4.60 Social care arrangements were well advertised and applications were overseen by an in-house occupational therapist, who coordinated referrals promptly to the local authority. Formal assessment by the local authority took around four to six weeks.

4.61 Personal care for nine prisoners, most of whom resided on the ground floor of F wing, was delivered by the Oxleas nursing team. Nurses were only available up to 6pm and were allocated based on shift availability. Clinical and regime pressures sometimes restricted the level of support provided.

4.62 Most plans referenced the use of trained peer support orderlies to provide routine support. While this was, in many ways, positive, it meant that these orderlies were supporting several prisoners with complex needs throughout the day and at weekends. We saw examples where they were expected to maintain fluid balance and dietary intake charts, and several described feeling under pressure with limited support or supervision.

4.63 No cells could accommodate wheelchairs, despite several being in use throughout the prison. Specialist equipment was not always delivered in a timely fashion, although prisoners with poor mobility or impaired communication had the means to summon assistance. Pre-release planning was well coordinated and made sure that support could be maintained in the community.

4.64 The stairlift to the health care unit had been out of order for some time, which affected a large proportion of patients with frailty or mobility issues.

Mental health care

4.65 Mental health provision was proportionate to demand, delivered by an impressive, well-led and cohesive team. Effective joint working with the prison made sure that risk information was shared effectively.

4.66 Prisoners were seen during induction, to explain the mental health support available and how to access it. Anyone identified with acute or ongoing mental health needs during the initial health screening were seen within two working days. A duty worker system operated from Monday to Friday, so immediate advice and support could be triggered if needed. All routine applications were seen within five working days.

4.67 There were some vacancies in the team, including for a learning disability nurse and attention-deficit hyperactivity practitioner. A duty worker scheme (which included practitioner input into ACCTs) was covered by just two registered mental health nurses, supported by the clinical lead, which could have stretched resources substantially, particularly during periods of leave. No contingencies had been developed to address this risk, but the clinical lead assured us that other professionals would prioritise clinical input if this scenario emerged.

4.68 A clinical psychologist and experienced psychological therapists provided good one-to-one support and a range of groups. Cognitive assessment and dementia support were available from a specialist nurse, although any new patients faced long waits to be seen. In addition, a speech and language therapist supported prisoners with

autism or communication difficulties. Professional development opportunities were afforded, and new advanced roles were being developed as part of a new model of care.

4.69 A psychiatrist covered both the establishment and HMP Channings Wood, with a minimum presence of at least one day a week on-site. Records confirmed that a health care assistant routinely undertook physical health checks for patients who had been prescribed antipsychotic medication.

4.70 Clinical notes indicated regular and qualitative contacts with patients. Care plans appropriately described assessment, goals and interventions. Support included the development of patient health and communication ‘passports’. A multidisciplinary meeting was held twice a week, which made sure that caseloads were reviewed and patient care allocated appropriately. A total of 21 patients were currently cared for under the care programme approach. The SystmOne (the electronic clinical record) records we sampled suggested good oversight and multidisciplinary input into these cases. Only two patients had been transferred under the Mental Health Act in the last 12 months, both of which had taken place in a timely fashion.

Substance misuse treatment

4.71 Oxleas and Change Grow Live jointly provided an integrated substance misuse service. The psychosocial services manager and clinical lead were involved with the drug strategy plans and contributed to the service improvement actions. The prison had identified ongoing demand for illicit substances, which increased the work of the clinical team to promote harm minimisation and addictions treatments. No drug-free living unit was available.

4.72 An appropriate range of patient-centred opiate substitution (OS) prescribing was available for those with addictions. The nurse-led clinic supported 48 prisoners, but the service was stretched at times because of cross-deployment to primary care and medicines administration roles. Thirteen-week reviews were prioritised and undertaken jointly. Patients had the opportunity to discuss their care and long-term plans. The single prescriber was able to plan her leave and urgent prescribing was undertaken by the GP in her absence. A funding request for injectable OS was being pursued.

4.73 Psychosocial care was managed through caseloads, but these were currently very high because of staff vacancies. Groups and one-to-one care were in place, but interventions were infrequent for each individual because of the lack of capacity to forward plan. Staffing profiles were clear in this team and vacancies were actively filled by practitioners with a varied skill mix.

4.74 Substance misuse staff were involved in the induction process and discussed harm reduction for those who might be offered illicit substances.

4.75 Naloxone, a reversal agent for opiate overdose, was available for those being released with this risk, and the nasal spray for use in the prison was also due to be available soon. The small number of prisoners being released with substance misuse issues were supported, and care was transferred to community teams.

Medicines optimisation and pharmacy services

4.76 Medicines were supplied by a nearby prison with a registered pharmacy and were dispensed from two administration rooms in the health care unit and a treatment room on F wing. Prescribing and administration were recorded on SystmOne, and prescriptions were clinically screened by pharmacists at the supplying prison.

4.77 Vacancies in the team limited the services that could be offered to patients. A pharmacist came to the prison one day each month to complete medication reviews and attend medicines management meetings. This limited presence meant that both patients and staff had restricted support from a pharmacist.

4.78 Medicines were administered twice a day by pharmacy technicians and nurses. There was no provision for lunchtime or evening doses. This meant that many patients could not receive not-in-possession medicines at appropriate dosing intervals, and received sub-therapeutic doses for conditions including pain and anxiety.

4.79 Queues at the pharmacy were not always well managed and the lack of supervision increased the risk of bullying, diversion and trading of legitimate medicines or illegal drugs. The prison provided patients with locked storage in their cells to help them store their medicines safely.

4.80 Medicines were stored appropriately in the administration rooms. However, the F-wing treatment room was very cramped and was not always secured, which presented a risk of unauthorised access. Controlled drugs were managed appropriately. Medicines were stored and transported through the prison securely. Cold-chain medicines were kept in suitable refrigerators, which were monitored regularly.

4.81 Medicines reconciliation was completed routinely within 72 hours of prisoners' arrival. Nearly all patients had an in-possession risk assessment completed on arrival, with a plan to review this after three months. However, reviews were not completed consistently, which led to missed opportunities to move patients to in-possession status. Pharmacy staff followed up prisoners who had not attended the pharmacy to collect not-in-possession medicines after three days. Those who had in-possession medicines were required to make an application to go to the pharmacy to collect them. Those who did not apply were not followed up, which resulted in missed doses and newly prescribed medicines not always being collected.

4.82 A stock of medicines to treat minor ailments was stored in the administration rooms and records were made of receipt and supply; patient group directions were available to allow nurses to supply and

administer these. There was not a good stock of these medicines in the F-wing treatment room and supplies were obtained from prescription-only stock.

4.83 Patients leaving the prison were generally given either a seven-day supply of their medicines or a prescription. There were provisions to manage the discharge process, making sure that patients were linked with a prescriber on release.

4.84 The pharmacy recorded and reviewed any errors which were made, to learn from them. The pharmacist attended two-monthly medicines management meetings with colleagues from other areas of the health care team. The prescribing of abusable medicines was monitored and was generally low level.

Dental services and oral health

4.85 Time for Teeth provided a full range of NHS dental care. There had been a large increase in dental provision in the new contract, but the provider had experienced delays in increasing the number of clinics because of staff vacancies. The service had only recently started running 10 clinics a week and planned to introduce a further two nurse-led triage clinics in the coming weeks, to help reduce the waiting list and improve efficiency.

4.86 Waiting times for the dental service were too long, at up to 24 weeks for an initial assessment and up to a further 39 weeks to begin a treatment plan. This meant that some patients could wait over a year for a treatment plan to start. However, the service responded to urgent needs within 24 hours and offered pain relief and antibiotics if needed.

4.87 The dental suite was clean and tidy, and met infection prevention and control standards. There was a separate decontamination room. Equipment was serviced and maintained appropriately.

4.88 Governance arrangements were good and dental staff were suitably trained and supervised.

4.89 Patients gave mixed feedback about the service they received. They complained about the long waiting times but complimented the service once they received it.

Section 5 Purposeful activity

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

Time out of cell

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

5.1 Time out of cell was poor for most prisoners, especially at weekends, when there was less work. In our roll checks, which were completed during the week, although few prisoners were locked up, only 41% were off the wings attending work or education. Those unlocked during these checks were on the wings for association.

5.2 Prisoners and staff told us that the regime was regularly curtailed because of staff shortages, which meant that prisoners missed exercise sessions and the opportunity to have a shower or make a telephone call. In the records available to us, we found that, over a one-month period, nearly half of all exercise periods had been cancelled. Leaders kept records of any projected regime restrictions; these showed that, in the month before the inspection, there had been a restriction to prisoners' time out of cell 89% of the time. In addition, wing staff regularly curtailed exercise on weekdays.

5.3 When the regime was not disrupted, time out of cell for unemployed prisoners could be as little as three hours 45 minutes per day; those working fared much better, with just over seven hours a day. At weekends, all prisoners had around three hours 45 minutes a day out of their cells. In addition, the regime did not always run to time, with prisoners regularly being unlocked late, further eroding the time available to them.

5.4 Prisoners who worked had no free time unlocked on the wings during the working day and so were given an hour in the evenings. However, this time was also often curtailed limiting prisoners' ability to telephone their families, make applications or have a shower.

5.5 Our survey supported these findings, with only 47% of respondents saying that they could get association on more than five days in a typical week and16% saying that they got exercise more than five times a week, both of which were far worse than in other similar prisons (61% and 71%, respectively).

5.6 The gym had a well-established timetable that allowed prisoners access four times a week. Those who were in full-time work could attend in the evenings. PE staff were flexible and made efforts to

maximise the numbers of prisoners accessing the gym at each session; generally, any prisoner who could get to the gym was accepted and allowed to participate. There were some good initiatives, such as specific sessions for prisoners who were nervous about attending the gym for any reason.

5.7 Parts of the gym needed repair; the roof leaked onto the badminton court, which rendered it unusable in wet weather, and the flooring in this area was also worn. The laundry equipment was not all working, and the prisoner orderlies struggled to get gym clothes washed and dried in a timely manner.

The gym

5.8 The shortage of PE staff meant that the focus had been placed on getting prisoners into the gym and not on any course work, such as first aid or coaching in various sports.

5.9 Plymouth Argyle Football Club attended the prison and took 12 prisoners as part of the football twinning course each week.

5.10 Access to the library was very good, with 86% of respondents to our survey saying that they could go once a week or more, which was far better than in similar prisons (42%). We observed a steady flow of prisoners attending the library when we visited, and around 350 prisoners attended each month.

5.11 The library also facilitated activities to promote reading, including reading challenges and various groups, such as creative writing, taking place each week. The Shannon Trust (which provides peer-mentored reading plan resources and training to prisons) was also active, with

more than 20 prisoners being supported by peer mentors in both learning to read and write, and basic numeracy.

Education, skills and work activities

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

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

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

Overall effectiveness: Inadequate

Quality of education: Inadequate

Behaviour and attitudes: Inadequate

Personal development: Inadequate

Leadership and management: Inadequate

5.13 Leaders did not provide enough activity spaces for the population. They had made some work roles part time, to create more activity spaces. Too many prisoners were unemployed or only occupied for half the time, which was not sufficient for a training prison. Although staff had planned spaces for approximately 80% of the population, the proportion of prisoners in an activity was far lower because staffing shortages and equipment problems meant that many work and education sessions did not take place. A large workshop in woodwork was not running and others, such as braille, horticulture and textiles, were running at reduced capacity. Managers were allocating prisoners to work which did not align with their ambitions, just to get them off the wings.

A section of the wood workshop

Textiles workshop

5.14 Leaders and managers had made slow progress towards improving the provision. For example, they did not scrutinise sufficiently information about prisoners' low attendance or achievement across education, skills and work. Consequently, none of the recommendations from the previous inspection had been achieved.

5.15 Leaders did not know how many prisoners needed to improve their English and mathematics skills, although recognised that they did not provide enough opportunities for them to do so. Waiting lists for English, mathematics and other education courses were far too long. The recent introduction of outreach provision was not reaching enough of the prisoners who needed it. As a result, too many prisoners did not develop the vital skills they needed to progress within the establishment or on release.

5.16 The content of the curriculum was limited to the achievement of qualifications or the content of job roles available in the prison, rather than the knowledge, skills and behaviour that prisoners needed on release. Training was only available in some limited areas within business, hospitality, horticulture, art and mentoring. However, in construction, managers offered vocational courses up to level 2 and had used the dynamic purchasing system to offer further training in construction, including valuable training in the construction skills certification scheme, first aid and utility cable detection. The small number of prisoners studying on Open University and distance learning courses were supported well. However, access to the virtual campus (see Glossary) for prisoners studying on these courses was not consistent because of staff shortages, which meant that they were not always able to use it to look for work.

5.17 Workshops that were running did not align well enough with the opportunities available to prisoners on release. The only workshops offering qualifications were kitchens and braille. Leaders and managers had not identified enough employers or jobs linked to the skills that prisoners developed in work areas. As a result, too many prisoners did not develop new knowledge and skills relevant to their next steps. However, they produced high-quality work in areas such as gardens, horticulture and braille.

5.18 Staff did not inform prisoners sufficiently well about the available education, skills and work during their induction. Leaders did not make sure that the staff delivering information, advice and guidance were suitably informed about prisoners' needs to provide high-quality advice. Prisoners were frustrated by long waiting lists and a lack of opportunity to take part in purposeful activity. The allocations process was not effective enough. Staff and prisoners were not clear about recently introduced course 'pathways', and prisoners were added to waiting lists for multiple unrelated courses. They were assigned to courses based on how long they had been without an activity, rather than their needs, except for a 'Moving on' course that prisoners were allocated to when approaching their release date. As a result, they did not have a coherent plan for their development throughout their time in the establishment.

5.19 Leaders and managers had incentivised prisoners through the local pay policy to take part in education or more highly skilled work roles such as mentoring. However, they did not incentivise English and mathematics classes suitably for those who needed to develop their skills the most.

5.20 Across most education, skills and work, staff did not set sufficiently detailed or meaningful targets for prisoners, nor did they set clear expectations or deadlines for the targets to be completed. As a result, too many prisoners spent months or years doing the same role, using the same skills, and without gaining any additional knowledge, skills or responsibility.

5.21 Staff at the education provider, Weston College, did not make sure that enough education and skills training took place. Too many lessons had not taken place because of staff shortages, sickness or annual leave. As a result of staffing disruptions and low attendance, prisoners struggled to retain and recall what they had been taught, which meant that their achievement was too low.

5.22 Teachers mostly gave clear explanations and clear demonstrations for tasks. In mathematics, they helped prisoners create appropriate graphs to show data clearly and to understand how statistics can be used to disguise information in media reports. Teachers checked what prisoners knew before moving on to new topics. They provided helpful feedback to guide learners to improve and helped them to recognise the progress they had made. Where prisoners attended, most learned essential practical skills.

5.23 In too many instances, teaching staff did not receive or use information on prisoners' starting points and additional support needs effectively to plan teaching and training activities. Prisoners did not receive advice about the support available to them, especially for those with additional learning support needs. Staff did not identify strategies to support prisoners with additional learning support needs early enough. Trained peer mentors identified prisoners who were struggling and supported them well. Teachers did not consistently implement plans to support prisoners, and instructors often did not know of specific strategies to meet prisoners' needs. As a result, too many prisoners did not make the expected progress.

5.24 In industries, staff did not track or record prisoners' progress consistently well against the required skills. For example, in work areas such as digital printing and polytunnels, staff did not identify gaps in prisoners' knowledge and skills to set future work to help them to improve. They did not routinely share information on prisoners' progress and next steps with them effectively. Consequently, prisoners did not know what progress they had made.

5.25 In better work areas, such as the kitchens, most prisoners who attended learned well the knowledge and skills to do their work to a high standard. For example, they completed mandatory training in food hygiene at levels 1 and 2, knife skills and manual handling. They learned how to use equipment specific to their job roles, and how to work in a team and within timescales to prepare ingredients. Managers had partnered with The Clink to provide links to further opportunities in the sector (see also paragraph 4.17). As a result, prisoners worked safely in the kitchens and produced high-quality food.

5.26 Leaders had been too slow to implement a reading strategy. They did not know the level of need for reading support across the population. Managers had identified a small proportion of the population with low reading levels, who were supported well through the Shannon Trust (see also paragraph 5.11). Trained mentors helped prisoners to improve their understanding of phonics, as well as mathematics. Too few prisoners had received targeted support for improving their reading skills. Leaders and managers were not measuring the impact of the work of the Shannon Trust mentors effectively enough.

5.27 Across industries and education, teaching staff promoted reading and took prisoners to the library as part of their activities. For example, prisoners working in digital printing researched topics such as steam engine railways and the history of sudoku, using books and magazines from the library. Some prisoners enjoyed reading for pleasure and shared books with each other. A few prisoners took part in a reading club and a creative writing club to enhance their reading further.

5.28 Generally, the behaviour of the small proportion of prisoners taking part in education, skills and work was respectful and calm. Teachers made clear their expectations about respect, language and behaviour, and most prisoners adhered to these. Prisoners who were in work, approached their tasks with a positive attitude – for example, wearing the appropriate personal protective equipment. As a result, those in both education and work environments felt safe.

5.29 Leaders and managers recognised that they did not promote the range of opportunities beyond education, skills and work activities well enough. Leaders offered additional activities, including a prison choir, and creative writing and cinema sessions. While these were targeted effectively, not enough prisoners took part in a wider personal development curriculum. However, the small proportion of prisoners who attended developed their knowledge of topics such as healthy lifestyles and healthy relationships, and this increased their confidence. Values of tolerance and respect were rarely promoted across education, skills or work, except within the art, and painting and decorating classes. On these courses, prisoners improved their understanding of these values through discussions about human rights, diversity and disability.

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 Support for children and families had deteriorated in some key areas. In our survey, only 18% of respondents said that it was easy for their family to visit, and the prison's remote location was a barrier to family contact for many prisoners. Support offered to mitigate against this issue was variable.

6.2 The Prison Advice and Care Trust (PACT) family engagement worker delivered a range of support to target prisoners' specific needs and engage them with their families The visitors centre, managed by PACT, provided good support to prisoners' families on arrival. The facilities were clean, bright, and welcoming. The family engagement worker prioritised support for those going through care proceedings at family court, providing brief interventions and signposting to other organisations.

6.3 The organisation providing Storybook Dads (whereby prisoners record stories for their children) employed seven prisoners as recording editors. This was an impressive initiative, with over 174 stories recorded at the prison in the last 12 months, and the editors enjoyed their work. In addition, they helped prisoners produce a similar amount of bespoke thoughtful and creative items, such as personalised growth charts, Christmas baubles and photograph frames.

6.4 A total of 12 family days, for up to 15 prisoners, had taken place in the last 12 months, four of which had been designated as adult only, to reflect the needs of the older population. Prisoners we spoke to about these said that the events had been well organised and enjoyable. There were arrangements to deliver more family days over the forthcoming year.

6.5 The telephone line for booking social visits had been suspended and visits could only be booked online. This meant that friends and relatives who were unable to use the internet could not book a visit. Leaders we spoke to were unaware of the scale and impact of the problem.

6.6 The recently refurbished visits hall, with a well-equipped children's area and kitchen, was underused. Social visits took place on Fridays, Saturdays and Sundays, but uptake had halved since August 2022 and was declining. Leaders had not monitored visits data for the last three months and did not a have a plan to address this issue. Secure video calling (see Glossary) was used more often, but was only available from Monday to Thursday afternoons, which some prisoners said made it unsuitable as their friends and family had work and childcare commitments during those hours.

Visits hall

6.7 Prisoners' incoming and outgoing mail was poorly managed and they waited too long for their letters. We found an accumulated pile of letters in the post room that had been there for three days. Managers confirmed that post room staff were often redeployed to work elsewhere in the prison. It was evident that leaders had not given this area sufficient priority.

Reducing risk, rehabilitation and progression

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

6.8 The offender management team was almost fully staffed, and caseloads were falling as newly appointed POMs took on cases. It was well led by a respected, energetic senior probation officer (SPO). A recent population needs analysis had been used to inform the reducing reoffending policy. Monthly meetings were well attended but important data, such as access to social visits and the numbers of prisoners released without employment or education, were not monitored.

6.9 Of the 20 cases we reviewed, most had an up-to-date offender assessment system (OASys) assessment which was of reasonably good quality. All 20 cases had a sentence plan, mostly of at least a reasonably high standard. Prisoners we spoke to had a good level of knowledge of their sentence plan, which was consistent with our survey results, where more respondents that at similar establishments said that they knew they had a plan. All reviewed cases had a risk management plan within their current OASys report, and the quality of these was mostly good.

6.10 Half of the OASys assessments in our sample had been written by POMs in Dartmoor. In every other case, they had been done by probation staff in the community or at a previous prison. The quality of these assessments and the subsequent plans completed by Dartmoor POMs was at least as good as those written externally.

6.11 Progress made by most prisoners against targets in the sentence plans was reasonably good. There was insufficient delivery of formal accredited offending behaviour programmes, and this was reflected in the cases we reviewed. However, the POMs had been delivering a range of one-to-one interventions to prisoners, which had gone some way to mitigating this gap.

6.12 There were targets for engagement with drug and alcohol services in half our cases, but achievement was poor; progress in other areas, such as mental health, behaviour, education and offence-related work, was better.

6.13 Recorded contact between POMs and their allocated prisoners was inconsistent but had improved substantially since the previous inspection. This contact was demand led; reaching a key point in a prisoner's sentence triggered some contact – for example, completing recategorisation applications or contributing to external multi-agency public protection arrangements (MAPPA) meetings.

6.14 There was little key worker (see Glossary) input to support offender management. In a quarter of the cases we reviewed, there were no key work entries at all.

6.15 The recording of casework not directly involving the prisoner but supportive of them, such as liaison with community professionals, was good. This was particularly the case for cases managed by a trainee probation officer, who had undertaken most of her training placement at the prison and had been diligent in her attention to recording her work.

6.16 There had been two trainee probation officers doing the 15-month training programme in the prison. This initiative provided considerable extra resource to the offender management unit (OMU).

6.17 At the time of the previous inspection, the absence of an SPO had contributed to the poor outcome in this healthy prison test. That position had been transformed by the current SPO. The introduction of regular professional supervision sessions had improved practice standards and also driven performance. POMs were now held to account for, among other things, the amount of contact they had with their allocated prisoners and the timeliness of tracked processes, such as handovers to community probation officers.

6.18 Peer supervision sessions, where POMs met as a group, without managers, were also a good initiative. They discussed individual practice as well as how to improve systems and processes in the department. The meetings were recorded and used to inform managers. The POMs valued this time and gave several accounts of positive change arising from this forum.

Public protection

6.19 At the time of the inspection, a total of 439 prisoners were assessed as presenting a high or very high risk of serious harm. Arrangements to manage the risk of these prisoners, through the interdepartmental risk management team (IDRMT) meeting, were good.

6.20 Attendance at the IDRMT meeting was multidisciplinary and updates were provided from relevant departments. Prisoners were discussed eight months before their release date. This made sure that MAPPA management levels were identified before release. Actions agreed at meetings were followed up promptly and monitoring of risk management was good.

6.21 Among the MAPPA cases in our sample, seven had reached the pre-release window. In all these cases, we found sufficient evidence of MAPPA management levels being notified correctly, and appropriate risk management being discussed between the POM and community offender manager (COM). The OMU was good at identifying the handover point and this was a standing item at supervision sessions between the SPO and POMs. Public protection aspects of each case nearing release were identified, and in the following six months would be discussed at two or three supervision sessions. This was in addition

to the thematic checks provided by IDRMT meetings and pre-discharge boards.

6.22 The MAPPA F reports (information-sharing reports) we reviewed were reasonably good overall. Although prison-employed POM reports were of as high a quality as those of their probation-employed POM colleagues, there was not enough identification of good practice within the group, so that this could be adopted more widely and consistently. POMs attended MAPPA meetings, and the SPO attended meetings where MAPPA level 3 cases were discussed.

6.23 At the time of the inspection, there were four prisoners subject to telephone and mail monitoring. Telephone monitoring was up to date, but staff working in the post room were unaware of their responsibility to monitor those prisoners' mail. As a result, some prisoners had sent and received mail without the necessary checks, which was unacceptable. The matter was addressed promptly when we raised it with leaders.

Categorisation and transfers

6.24 Recategorisation reviews were completed in a timely fashion and there was no backlog at the time of the inspection. The decisions made in the cases we reviewed showed appropriate justification and rationale. POMS discussed the review with the prisoners on their caseload, which engaged them in the process and helped prepare them for the outcome.

6.25 In the previous 12 months, few progressive transfers to category D establishments had taken place. For prisoners who were recategorised to category D, transfer to open conditions was slow. At the time of the inspection, there were only five category D prisoners, all of whom were returns from the open prison estate.

Interventions

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

6.26 There were long waiting lists for the small number of accredited offending behaviour programmes available. This made it harder for those with a sentence plan target to complete an accredited programme, and to progress in their sentence.

6.27 In our survey, only 37% of respondents said that they had completed an offending behaviour programme, and 44% that they had completed one-to-one work, both of which were similar to the figures at other prisons. The interventions team was carrying several vacancies and the offer of accredited programmes was restricted to the thinking skills programme and Resolve (a moderate-intensity programme to reduce violence). Just 69 prisoners had competed an accredited programme in the last 12 months. There were plans to implement Kaizen (an

accredited offender behaviour programme for men who have been convicted of violent or sexual offences), but there remained an absence of targeted programmes for those convicted of sexual offences. The waiting list for these prisoners to undertake courses at other prisons was long, with one prisoner already having waited for four years.

6.28 There were 100 prisoners serving life or indeterminate sentences and support for these prisoners was good. Two POMs were trained to work with lifers and intended to train lifer key workers when the key work scheme was better embedded across the establishment (see also paragraph 4.4). These POMs held most of the lifer caseloads and met these individuals monthly. The 'lifer lounge', which ran once a month in the library, was a good initiative, providing an opportunity for lifers to meet and share concerns. The lifer suggestion box encouraged creative ideas; for example, the recent suggestion of learning to cook was being explored.

6.29 Three lifers had been trained as lifer mentors and provided peer support to others. Prisoners we spoke to received good support from the lifer lounge and peer mentors, but said that it was restricted by the unpredictability of the regime. Sessions were often cancelled or cut short, with little notice (see also paragraph 5.2).

6.30 Recent collaborative working between lifer POMs and the regional psychology team placed a good focus on supporting prisoners serving an indeterminate sentence for public protection. Each of these prisoners had a clear pathway of bespoke work to complete, which was reviewed monthly, but it was too soon to assess its effectiveness.

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.

6.31 The establishment was not a resettlement prison, but 81 prisoners had been released in the last 12 months. This was a reduction on the number being released at the time of the previous inspection and reflected good work to transfer prisoners for local release. POMs tracked those nearing release and ensured a timely handover to community probation officers.

6.32 Low and medium risk of serious harm cases were seen 12 weeks before release by a probation services officer from the resettlement team at HMP Channings Wood, who attended the establishment one day a week for this purpose. He provided detailed descriptions of these interviews and the status of each resettlement pathway in the prison electronic case record system, which was also visible to the COM on the Probation Service case management system. High risk of serious harm cases were the responsibility of the COM, who, as described

above, was engaged early on and was subsequently chased for progress on outstanding points.

6.33 Weaknesses in record keeping for prisoners released without accommodation meant that leaders were unsighted on the numbers involved. However, when we raised our concerns, they committed to review and address this.

6.34 Only 13 prisoners discharged in the last 12 months had had employment in place for release and there was little monitoring of the sustainability of this work.

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 2017, men were positive about their escort experience, and support on arrival and during their early days at the prison was good. Levels of violence were very low, but the prison's response to bullying needed to be stronger. The integrated regime had been a positive development, but it had left some prisoners feeling unsafe at some time. Men vulnerable to self-harm generally received good support and safeguarding links were developing. Some important security intelligence did not lead to action being taken. Disciplinary processes were well managed. Use of force was generally proportionate, but too much paperwork was missing. Segregation was well managed. Substance misuse support was reasonably good overall. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

All prisoners should be informed about Dartmoor's integrated regime before arriving at reception.
Achieved

Initial safety screenings should be conducted in private.
Achieved

Men should have phone numbers authorised at the earliest opportunity.
Achieved

Perpetrators of antisocial behaviour should be encouraged to address their problematic behaviour, and their victims should be supported effectively.
Not achieved

The prison should have an up-to-date consolidated death in custody action plan.
Achieved

Staff should receive training on their adult safeguarding responsibilities.
Not achieved

Outcomes from information reports, including searches and drug tests, should be carried out quickly.
Not achieved

The prison required a more flexible and responsive approach to people with extremely complex needs and for whom the IEP system was not promoting a change in behaviour.
Not achieved

Managers should ensure that all use of force paperwork is complete.
Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2017, living conditions were mixed. All men had a single cell and the environment was clean. However, the fabric of buildings was poor and many cells were damp, shabby and poorly equipped. Efforts were made to provide men with what they needed to live decently, but regime curtailments undermined them. Staff-prisoner relationships were good. Equality and diversity work was too mixed. Some good work was being carried out with the sizeable older and disabled population, but the environment presented significant challenges. Faith provision was very good and complaints were generally well managed. Health care was reasonably good overall. The food was good and the shop provision appropriate. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

Facilities and the built environment should allow elderly and disabled men full access to their cells and the prison regime.
Not achieved

Recommendations

All cells should be properly maintained and kept warm and dry, and all toilets should be screened.
Not achieved

Prisoners should be able to shower and use the phones every day.
Not achieved

Prisoners should be able to access their stored property without significant delay.
Not achieved

The prison should establish more links to community organisations to support men with protected characteristics.
Not achieved

Discrimination investigations should be subject to external quality assurance and there should be clear actions to address discrimination when it is proven.
Not achieved

There should be regular support forums and improved support for foreign national prisoners from all staff.
Not achieved

Trends in complaints should be analysed and action taken to address recurring issues.
Achieved

Prisoners should be able to use Access to Justice laptops.
Not achieved

Health care practitioners should receive regular, documented clinical supervision.
Achieved

Clinical audits, particularly those for infection control compliance, should occur regularly.
Achieved

The pharmacy service and medicines management should be reviewed to ensure that the ordering and storage of medicines are scrutinised by a pharmacist and that patients have access to medicine use reviews and pharmacy-led clinics.
Not achieved

Patients should be supplied with their medicines on time to ensure their treatment is not disrupted.
Not achieved

Medicines should be administered and supervised in line with established recommended dosage schedules for optimal care.
Not achieved

Essential dental surgery equipment should be maintained and serviced routinely, and repairs carried out promptly to ensure a safe and full dental service.
Achieved

Patients should be transferred to mental health services within the current time guideline.
Achieved

Breakfast packs should be issued on the morning they are to be eaten.
Not achieved

Purposeful activity

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

At the last inspection, in 2017, significant regime curtailments were having a negative impact on prisoners' time out of cell. Ofsted rated learning, skills and work activities as good overall. Leadership and management were better than previously, and prison senior managers provided excellent leadership on improving the service. There were now sufficient places to occupy most men full time and a good range was offered. However, not all places were always available or being used and punctuality needed to improve. Teaching was generally good. Achievements were good in most areas, but needed to improve in some aspects of functional skills. The library was well used. The gym provision was reasonably good but take-up was low. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

The regime should be sufficient to allow men consistent access to a good amount of time out of cell and the basic amenities and facilities they need.
Not achieved

Recommendations

Until a full regime can be delivered, the prison should ensure that the core day provided is predictable, and that men have a minimum association period and at least one hour's exercise in the open air every day.
Not achieved

The provision provided by the college and its subcontractors should be evaluated accurately.
Not achieved

All prisoners should be allocated to activities, which they should be able to attend. They should also have enough to do.
Not achieved

Prisoners' use of English and maths should be developed to help improve their life chances.
Not achieved

The prison should ensure instructors are able to assess and record the skills that prisoners develop in prison work.
Not achieved

Prisoners should attend their lessons and activities on time.
Not achieved

Prisoners' achievements on low performing courses should be improved and reliable data for those who study with subcontractors held.
Not achieved

PE staff should evaluate data on attendance and use the information to target non-users.
Achieved

Resettlement

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

At the last inspection, in 2017, despite releasing a significant number of men, Dartmoor was not adequately resourced for the work. Offender management work was too mixed; there were still significant backlogs in key risk management plans, and levels of contact were too varied. Release planning for the high-risk population was often unplanned, rushed and poor. The lack of sex offender treatment programmes had a significant impact on the prison's ability to support men in addressing their risks. Taking all these factors together, we were not confident that everything possible had been done to ensure that on release these men were adequately supported, and that the public were being protected. Children and families work was very good. Outcomes for prisoners were poor against this healthy prison test.

Key recommendations

The role of the prison should be clarified and if men continue to be released from Dartmoor, sufficient resources should be available to carry out the appropriate release management and preparation work required.
Not achieved

The high-risk population should receive effective support to address their risk of harm to others.
Not achieved

Recommendations

HM Prison and Probation Service should ensure men who may need to be subject to MAPPA have their management level set at least six months prior to discharge from prison.
Achieved

Men should not be assessed as suitable for an open prison without an up-to-date OASys assessment which reflects their current risks and needs.
Achieved

Men should be able to move promptly to other prisons to promote their progression.
Not achieved

Specialist accommodation advice and support should be available to all men being released from Dartmoor.
Not achieved

The booking-in process should be streamlined, and visits should start on time.
Not achieved

A strategy for addressing the attitudes, thinking and behaviour of men considered unsuitable for accredited sexual offender treatment programmes should be developed.
Not achieved

Recommendations from the scrutiny visit

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

The Governor should ensure that all systems that safeguard the vulnerable, such as ACCT and the Listeners scheme, have suitable levels of oversight and assurance to protect both the peer mentors involved and prisoners who need the support.
Not achieved

While the prison remains open, the Prison Service should ensure that the prison receives adequate funding to provide a safe, secure and decent environment for prisoners.
Achieved

Key worker sessions should be resumed for all prisoners, with a focus on well-being and rehabilitation.
Not achieved

The Partnership Board should ensure that annual reviews for prisoners with long-term conditions are undertaken in a timely and appropriate manner.
Achieved

Work on equality should be reinstated and should include robust oversight, effective monitoring, and action planning to ensure the individual needs of prisoners with protected characteristics are consistently identified and met.
Not achieved

Time out of cell for prisoners should be increased to enable more purposeful activities and the opportunity to engage with staff and peers.
Not achieved

The prison should enable prisoners to have regular and frequent contact with their families in a variety of ways, including improving access to telephones and reviewing social visits restrictions.
Not achieved

The population at Dartmoor should be consistent with the prison's role to make best use of the available resources. Prisoners should be placed in prisons that are most appropriate for their needs as they progress through their sentence.
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 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:

Charlie Taylor	Chief Inspector
Angus Jones	Team leader
David Foot	Inspector
Angela Johnson	Inspector
Esra Sari	Inspector
Joe Simmonds	Researcher
Sophie Riley	Researcher
Samantha Rasor	Researcher
Tania Osborne	Lead health and social care inspector
Steve Eley	Health and social care inspector
Lindsey Woodford	Pharmacist
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Rebecca Jennings	Lead Ofsted inspector
David Baber	Ofsted inspector
Tilly Kerner	Ofsted inspector
Alun Maddocks	Ofsted inspector
Martyn Griffiths	Offender management inspector

Appendix II Glossary

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

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

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

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

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

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

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

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

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

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

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

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

Appendix III Care Quality Commission Requirement Notice

Care Quality Commission (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

The inspection of health services at HMP Dartmoor was jointly undertaken by the CQC and HMI Prisons under a memorandum of understanding agreement between the agencies (see https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/working-with-partners/). The Care Quality Commission issued 'requirement to improve' notices following this inspection.

Provider

Oxleas NHS Foundation Trust

Location

Pinewood House

Location ID

RPGPH

Regulated activities

Treatment of disease, disorder, or injury; Diagnostic and screening procedures

Action we have told the provider to take

The table below shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.

Regulation 18 (1) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

(1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part.

How the regulation was not being met:

- The provider was unable to provide a staffing establishment for primary healthcare. This meant that local and regional managers were unable to ascertain their staffing profile or vacancies, which affected their ability to plan services, advise and reassure staff.
- The provider had placed a freeze on recruitment from when it commenced the new contract on 1 December 2022. There were not enough staff to provide a full service in primary healthcare and the service had reduced its function. This meant that staff were redeployed from other teams and some services were not being offered while others were limited.
- The interim Head of Healthcare's substantive role of clinical lead was not backfilled. They had to regularly undertake clinical duties that only they had the skills and experience to perform.
- There was not enough support available to the long-term conditions (LTC) service and the LTC nurse.
- The onsite pharmacy team was reliant on temporary staff. The lead pharmacist was based at another local prison and visited the prison once a month and had the capacity to conduct a maximum of 5 medicines reviews only.
- Medicines were administered twice a day with no provision for lunchtime or evening doses. This meant some patients did not always receive their medicines at appropriate dosing intervals. People had limited access to homely medicines.

Regulation 17 (1) and (2 a to c) Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.

(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to:

a. assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services;
b. assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;
c. maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and the decisions taken in relation to the care and treatment provided.

How the regulation was not being met:

- There was emerging risk to the quality and safety of care due to staffing shortages that was not adequately mitigated.
- There were no risk assessments or measures in place to mitigate the risks associated with the F wing clinic room, which had no gate, was directly accessible from the wing, and was used to see patients.

- On F wing, the clinic room door and the gate to the medicines administration room were not always locked, which presented a risk of unauthorised access.
- Regular checks on emergency bags and oxygen had not been completed in recent weeks.
- Records showed patients had good access to healthcare but some entries were overly brief and did not have care plans for those with acute health issues. Two patients told us they experienced delays in receiving medical items such as dressings to maintain their health.
- Clinical waste was not removed in a timely way. We saw 8 bags of clinical waste (primary care and dental) placed on top of two yellow bins that were full and had not been collected for 4 weeks.
- There was no professional cleaning regime in the healthcare unit. Some cleaning was done by orderlies, and clinical equipment was cleaned by healthcare staff, but there were gaps.
- There was insufficient appropriate storage for medicines. The pharmacy room in healthcare was cramped; the F wing clinic room lacked enough space for medicines storage so an unsecured medicines trolley was being used, which was kept in the office area.
- Some of the clinic rooms being used were not suitable for their intended purpose as identified in the provider’s infection prevention and control risk assessment.
- Some rooms were cluttered and had insufficient secure storage space, which meant stock and paperwork were not always kept securely and confidentially. We found large stocks of staff uniforms and confidential paperwork left out in offices, meeting rooms or treatment rooms.

Appendix IV 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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