



Report on an unannounced inspection of

## **HMP High Down**

by HM Chief Inspector of Prisons

31 July – 17 August 2023



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## Introduction

The transition of High Down from a reception prison to a category C training and resettlement jail was originally announced as far back as 2015, with the first prisoners moved over the next three years. Further delays meant that the change was only finally completed in April 2022, with staff and prisoners left in a state of uncertainty for many years. Despite these delays, there had still not been sufficient planning or preparation by the prison service, leading to many of the problems we highlight in this report. There had also been five governors since our last full inspection in 2018, which had added to the instability of the prison.

This left the current governor, who arrived in March 2022, with an enormous challenge to affect such considerable physical and cultural change in the jail. She had developed a clear vision of how she wanted the prison to run and had begun to make progress, particularly with improving the capability of the workforce and developing the regime.

At this inspection, it was clear that High Down was not yet close to fulfilling its function as a category C prison. Although the regime had been expanded and was better than we had seen previously, it was nowhere near what it should be. There were not enough activity places for the population, meaning many prisoners did not have enough to do – 200 were unemployed and most were only in part-time work, education or training. Many were limited to very basic and uninspiring work on the wing. Only for the few who were in full time work, was the prison offering an experience that was akin to employment in the community. This was not helped by the low local rates of pay received by prisoners in education because they were only allowed to attend part time. Attendance at education was also very poor at just over half in recent months, and in a maths class I observed just three out of 11 prisoners had turned up.

The dedicated team at the offender management unit were only able to work with prisoners who were coming up to important milestones such as parole because they were hugely understaffed; they were unable to offer anything like the support that many prisoners needed to reduce their risk of future offending and resettle back into the community. There was also very limited provision of accredited programmes, particularly for sex offenders, which often meant they were unable to fulfil the terms of their sentence plans. Key work, a crucial way of supporting sentence progression, was also not operating effectively.

The widespread availability of drugs was a cause of high levels of prisoner debt and the main driver of violence which remained much too high. The proportion of drug tests proving the use of illicit substances was among the highest of all men's prisons in England and Wales. The prison completed far too few tests on those suspected of using drugs, which meant that users were not being disincentivised, particularly as many adjudications were not proceeded with. It was therefore disappointing that reducing the ingress of drugs was not one of the prison's priorities.

Leaders had not yet done enough to support staff during the transition to category C; in our survey many said morale was very low and some we spoke to during the inspection were both anxious and resistant to the change. They also complained that they rarely saw senior leaders around the prison. If the governor and her team are to win over hearts and minds, they will need to increase significantly their visibility around the jail and improve the way they communicate with staff and prisoners.

Our healthy prison test scores at this inspection were the same as in 2018, rating the jail as insufficiently good for safety and rehabilitation and release planning, reasonably good for respect and poor for purposeful activity, but there had been some improvements. The prison was in better condition, with many showers refurbished, although this programme had stalled and some continued to be in a poor state. Most wings were generally clean and there was less litter about the place or rubbish stuck behind window grills.

A new wing for indeterminately sentenced prisoners was overseen by skilled, experienced staff who had created a positive and supportive atmosphere. Prisoners on the drug-free living wing appreciated the respite from the high-levels of drug use that took place elsewhere in the prison and here too support was provided by specialist staff. There were also advanced plans to provide another more specialised unit for prisoners with personality disorders.

High Down has had a turbulent few years. There will need to be a real commitment from leaders and the prison service to complete the transition to a category C prison, in particular to make sure there are enough good-quality activity spaces for the population and that the offender management unit is sufficiently staffed to give prisoners a sense that they are progressing with their sentences and reducing their risk of reoffending. Concerted efforts will also have to be made to reduce the supply of drugs and the provision of more purposeful activity will reduce demand. The next two years will continue to be a real challenge, but with the current leadership I am confident that good progress can be made.

**Charlie Taylor**

HM Chief Inspector of Prisons

October 2023

# What needs to improve at HMP High Down

During this inspection we identified 11 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. **Too many acutely mentally unwell prisoners were held in the segregation unit.** Transfers to a prison with a health care inpatient unit did not always take place quickly enough because of the lack of available spaces, and waiting times to be accepted by a secure mental health hospital in the community were too long.
2. **The availability and use of illicit drugs posed a threat to the stability of the prison, contributing to debt, bullying and fear.** The positive drug testing rate at High Down was among the highest in adult male prisons in England and Wales.
3. **Violence had increased and many prisoners felt unsafe.**
4. **High Down was not achieving its potential as a category C training and resettlement prison.** Leaders did not provide sufficient purposeful activities and attendance was very low. Prisoners struggled to achieve their sentence plan targets because of the lack of places on offending behaviour programmes, little regular contact with prisoner offender managers and insufficient key work.

## Key concerns

5. **Prisoners had few incentives to behave well, and their poor behaviour did not always receive a robust response.**
6. **Recorded levels of self-harm were high and too few prisoners subject to assessment, care in custody and teamwork case management felt well cared for.**
7. **Risks associated with poor medicine supervision and low rates of attendance at health care appointments persisted.**
8. **Patients waited far too long for dental treatment.**
9. **The large number of prisoners with limited skills in English and maths did not receive enough support.**
10. **Leaders and managers had insufficient oversight to make sure all education, skills and work activities were good.**

11. **Community offender managers were often allocated far too near the prisoner's release date, which undermined effective resettlement planning.**

# About HMP High Down

## **Task of the prison/establishment**

A category C training and resettlement prison.

## **Certified normal accommodation and operational capacity (see Glossary) as reported by the prison during the inspection**

Prisoners held at the time of inspection: 1,171

Baseline certified normal capacity: 1,003

In-use certified normal capacity: 999

Operational capacity: 1,180

## **Population of the prison**

- 1,560 new prisoners received each year (about 130 per month) and 909 prisoners released in the previous 12 months.
- At the time of the inspection, 54% of the population had been at the prison for less than six months.
- There were 99 indeterminate sentenced prisoners, 58% of whom had been recalled.
- 46% of prisoners were from black and minority ethnic backgrounds.

## **Prison status and key providers**

Public

Physical and mental health provider: Central and North West London NHS Foundation Trust

Substance misuse treatment provider: Forward Trust

Dental health provider: Time for Teeth

Prison education framework provider: Novus

Escort contractor: Serco

## **Prison group**

London

## **Prison group director**

Ian Bickers

## **Brief history**

HMP High Down was built on the site of a former mental health hospital in Banstead and opened in 1992 as a category A local prison. Since 2009, two new residential houseblocks, a new gym, an educational centre and a DHL workshop have been added to the site. In April 2022, HMP High Down transitioned from a category B local prison to a category C training and resettlement establishment.

## **Short description of residential units**

Each houseblock held just under 200 prisoners.

Houseblock 1 – vulnerable prisoners' unit

Houseblock 2 – induction unit and general population

Houseblock 3 – full-time workers  
Houseblock 4 – substance misuse treatment unit  
Houseblock 5 – incentivised substance-free living and community living units  
Houseblock 6 – general population  
Segregation unit – holding up to 21 prisoners.

**Name of governor and date in post**

Emily Martin, March 2022

**Changes of governor since the last inspection**

Amy Frost January, December 2021 – March 2022

Jo Simms, August 2020 – December 2021

Katie Jefferson (acting governor), January 2020 – August 2020

Sally Hill, April 2018 – January 2020

**Independent Monitoring Board chair**

Nicky Stannard

**Date of last inspection**

8–17 May 2018

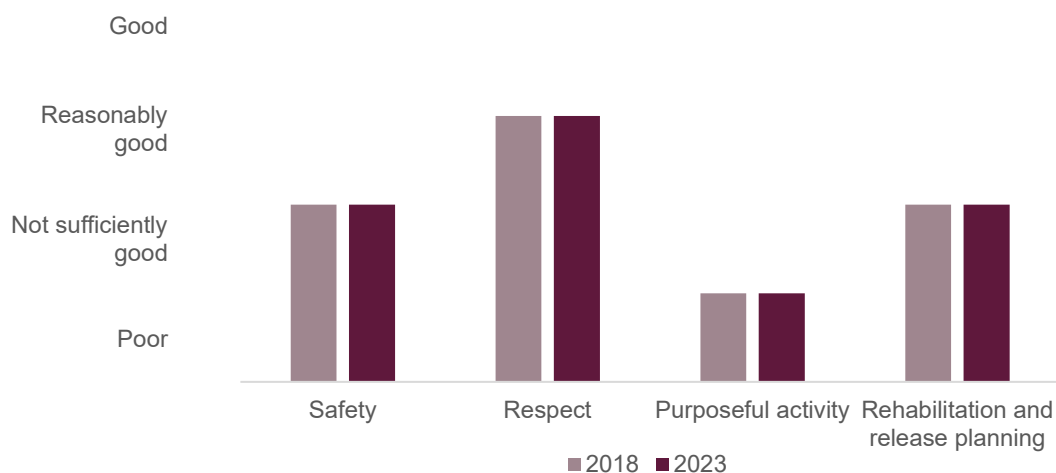


## Section 1 Summary of key findings

### 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 High Down, we found that outcomes for prisoners were:
- not sufficiently good for safety
  - reasonably good for respect
  - poor for purposeful activity
  - not sufficiently good for rehabilitation and release planning.
- 1.3 We last inspected HMP High Down in 2018. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

**Figure 1: HMP High Down prisoner outcomes by healthy prison area, 2018 and 2023**



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

- 1.4 At our last inspection in 2018 we made 60 recommendations, four of which were about areas of key concern. The prison fully accepted 43 of the recommendations and partially (or subject to resources) accepted 14. It rejected three of the recommendations.
- 1.5 At this inspection we found that one of our recommendations about areas of key concern had been achieved, one had been partially achieved and two had not been achieved. Of the two made in the area of safety, one was partially achieved and one was not achieved. The

single recommendation about an area of key concern made in purposeful activity had not been achieved, but the one made in the area of rehabilitation and release planning was achieved. For a full list of the progress against the recommendations, please see Section 7.

## **Progress on recommendations from the scrutiny visit**

- 1.6 In March 2021, during the COVID-19 pandemic, we conducted a scrutiny visit at the prison. Scrutiny visits (SVs) focused on individual establishments and how they were recovering from the challenges of the COVID-19 pandemic. They were shorter than full inspections and looked at key areas based on our existing human rights-based *Expectations*. For more information on SVs, visit <https://www.justiceinspectorates.gov.uk/hmiprison/about-hmi-prisons/covid-19/scrutiny-visits/>.
- 1.7 At the SV we made 13 recommendations about areas of key concern. At this inspection we found that six of the recommendations had been achieved, one had been partially achieved, and five had not been achieved. One recommendation was no longer relevant.

## **Notable positive practice**

- 1.8 We define notable positive practice as innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.
- 1.9 Inspectors found four examples of notable positive practice during this inspection.
- 1.10 Prisoners who had been in the care of a local authority as a child received especially good support. This included having a dedicated key worker and access to a well-being centre where they could relax, play games and receive support from peer workers, all of whom had been in the care system themselves. Prisoners from the community living unit also offered them cookery lessons. (See paragraph 4.29.)
- 1.11 Joint working with the local oncology consultant was impressive. The consultant reviewed complex cases as part of a multidisciplinary team. (See paragraph 4.51.)
- 1.12 A dedicated neurodiversity service assessed prisoners for learning disabilities, attention deficit hyperactivity disorder and autism, and provided them with diagnoses. (See paragraph 4.59.)
- 1.13 Those who did not receive any social visits or video calls were monitored well. They received support through, for example, regular coffee mornings in the visits hall, where they could meet and chat to each other. (See paragraph 6.2.)

## 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 HM Prison and Probation Service had allowed uncertainty about the function of the prison to persist for several years. In that time, leadership lacked continuity, and preparations for the change to a category C training and resettlement prison had been poor. Current leaders faced many challenges, and the prison was not yet fulfilling its new role. For example, too few prisoners were participating in meaningful education, skills and work. The lack of appropriate offending behaviour programmes had persisted for too long and there were far too few probation officers in the offender management unit.
- 2.3 Inspectors spoke with many staff members and prisoners who did not agree with High Down becoming a category C prison. Leaders had not done enough to communicate the reasons for the change and its possible longer-term benefits.
- 2.4 Leaders had begun to make some improvements, including recruiting more effectively, managing sickness absence better and addressing poor performance more robustly. There continued to be shortages of officers and operational support grade staff, but the officer group was more experienced than at our last inspection, with a quarter having under one year in post compared to over half in 2018.
- 2.5 The governor was committed to developing effective leadership but did not do enough to support and motivate the staff group. Many wing staff and prisoners we spoke to said senior leaders were not visible enough in the prison. A number of officers described low morale and half of all respondents to our staff survey were not sure what the governor's priorities were. Only 57% of those who were aware of the priorities agreed with them.
- 2.6 The self-assessment report identified relevant areas of prime concern, but action to improve safety did not focus sufficiently well on violence reduction. The risks posed by the availability of illicit drugs did not feature as an important consideration in the report. Clear timeframes and milestones against which to measure progress were not yet well developed.
- 2.7 Some of the senior leaders had taken on new functions to broaden their experience and additional resources were now in place, including a deputy head of reducing reoffending and a new manager to develop

the offender personality disorder unit. There was funding for a head of drug strategy and a probation leader to develop the community living unit (see paragraph 6.12). A performance assurance lead manager had reviewed the prison's early days procedures and made some positive improvements.

- 2.8 Leaders recognised the value of middle managers. Many were relatively new to their post, so steps had been taken to give them support and improve their confidence, through, for example, skills training sessions and development days. Leaders made every effort to manage gaps in resources, such as making sure that, despite a lack of PE instructors, sessions were not cancelled.
- 2.9 Leaders had not done enough to encourage prisoners to behave well. Some wing staff failed to challenge prisoners who were breaking rules, adjudications were poorly managed and far too few suspicion drug tests had been completed, which did little to deter bad behaviour.
- 2.10 There were examples of innovation and leaders were eager to promote progression. A unit to provide support to prisoners serving indeterminate or long sentences was now in place, and plans to open an offender personality disorder unit were well advanced.
- 2.11 Quality assurance was good in most departments. Data analysis of equality and diversity outcomes was better than we often see but leaders and managers did not have effective oversight of the standard of education, skills and work.

## 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 The improvements in early days processes that we identified at our 2021 scrutiny visit were now embedded and had been enhanced following a comprehensive review of prisoners' experiences. Despite this, our survey showed that fewer prisoners than at similar prisons (70% compared with 82%) said they were treated well in reception, but we saw staff being respectful, friendly and welcoming to new arrivals. The reception area was clean and more welcoming, and holding rooms had been decorated and equipped with more comfortable seating. A useful range of information was on display, and peer workers, including a Listener (a prisoner trained by the Samaritans to provide confidential and emotional support to other prisoners) met all new arrivals. Prisoners, including those with limited funds, could now order a small range of items from a shop, which helped reduce their chances of falling into debt in their first few days at the prison.
- 3.2 Prisoners also received a private initial safety interview, which explored potential vulnerabilities, and staff worked alongside peer workers to offer appropriate information and reassurance. While the initial interview had a suitable focus, not all information was passed on to staff in the induction unit, which meant potential risks could have been overlooked. In our survey, 65% of prisoners said they felt safe on their first night, which was significantly lower than in similar prisons (77%).
- 3.3 The management of personal property was a source of huge frustration for prisoners, and it affected their views of reception services. For example, in our survey more than at similar prisons reported problems with their property (35% compared with 26%). Some prisoners did not arrive until late afternoon, which made it difficult for reception staff to process all of their personal property before going off duty at 6pm, which meant that prisoners went to their wing without it. Others waited a long time for property to be sent on from their previous prison and they sometimes found items missing when it arrived.
- 3.4 Most new arrivals were allocated to the induction spur on houseblock 2, while vulnerable prisoners were placed on houseblock 1. Many did not move from the reception area until the evening and were immediately locked in their cells, which meant they did not have a chance to settle in or seek support. Cells for new arrivals were not in good condition

and, in our survey, only 28% said their cell was clean on arrival, far fewer than in similar prisons (46%). Privacy curtains around toilets in shared cells were only installed during the inspection week and some prisoners waited too long for essential items, such as a pillow or bed sheet.

- 3.5 All prisoners received an induction on the next working day, which was jointly delivered by peer workers and staff. The peer-led aspects of the programme were well presented. Officers conducted a secondary safety interview as part of the induction, but it was not held in private, which potentially limited how much information a prisoner would feel able to disclose.

## 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 Too many prisoners felt unsafe. Safety was being undermined by violence and bullying, which were linked to drugs, very low wages, debt and a lack of full-time purposeful activity (see paragraphs 3.25, 3.9 and 5.10). In our survey, far more prisoners than in similar prisons (53% compared with 40%) said they had felt unsafe at some point and over a quarter said they felt unsafe at the time of our inspection. A higher proportion of disabled prisoners said they had felt unsafe at some point and that they still felt unsafe at the time of this inspection (see paragraph 4.24).
- 3.7 The rate of prisoner-on-prisoner assaults had increased in the previous 12 months but was similar to other category C prisons. However, a large proportion caused serious harm. The rate of assaults on staff was higher than in most other category C prisons, although very few were serious.
- 3.8 Leaders had consulted prisoners and violence reduction peer workers to gain a better understanding of the causes of violence and some steps were now being taken. For example, a middle manager had been appointed to develop and deliver a debt strategy and initial progress looked promising. The prison had also introduced a violence reduction and integration team to minimise the potential for future conflict between prisoners. Team members spoke to all new arrivals to identify existing conflicts with those already at the prison. Mediation sessions were arranged to overcome problems and a comprehensive database was used to locate prisoners with gang affiliations safely on the wings.
- 3.9 Some prisoners did not feel safe enough to leave their cell because they were afraid of bullying and violence, and they spent almost all day locked up. During the inspection, managers had identified 13 prisoners

who were self-isolating because they were afraid. Some had been assaulted by other prisoners and many were in debt. Little was done to address the causes of their fear or to enable them to reintegrate with their peers.

- 3.10 Challenge, support and intervention plans (CSIPs) (see Glossary) were used to manage repeat perpetrators of violence. However, the plans often lacked focus, targets were not tailored to the individual and there was little evidence of work being undertaken to help them change their behaviour. Support for victims of violence was also limited. Since December 2022, there had been over 160 prisoner assaults, yet only 17 victims had accepted the offer of support and leaders did not attempt to find out the reasons for this lack of engagement.
- 3.11 Some officers did not demonstrate sufficient control over prisoners' behaviour and failed to supervise them adequately. During periods when prisoners were unlocked, we saw and heard boisterous behaviour, yet some officers congregated in the office or behind gates, rather than supervise the units and interact with prisoners. Too much poor behaviour, such as vaping on the landings, went unchallenged. Some staff told us they saw little point in challenging poor behaviour as they lacked faith in the prison's disciplinary procedures (see paragraphs 3.14, 3.15 and 4.1).
- 3.12 There were too few incentives to promote positive behaviour and often no consequences for poor behaviour. For example, the lack of full-time activity places meant prisoners found it hard to demonstrate good behaviour. In addition, not all prisoners found under the influence of illicit substances were tested for drugs, which meant they were not placed on report for their poor behaviour and did not face formal consequences (see paragraph 3.26).

### **Adjudications**

- 3.13 In the previous 12 months, the number of adjudications had increased by more than 50% compared to the year before. The total of 3,200 was much higher than we have seen at any other prison recently.
- 3.14 The number of adjudications upheld had decreased significantly, and in the previous year only about 40% had been proven, a reduction from the year before. Too many charges were dismissed or did not proceed, which meant that prisoners' poor behaviour did not result in direct consequences.
- 3.15 Cellular confinement was used as a punishment following an adjudication, although in 37% of cases it was suspended, and leaders had not analysed whether this was appropriate given the increase in the number of charges and rate of violence and drug use (see paragraph 3.25).

## Use of force

- 3.16 Since the last full inspection, the number of times force had been used had increased and was now slightly higher than in similar prisons. Written reports detailing the incident and video footage we examined showed that force was usually justified and proportionate to the risks posed. Most use of force was spontaneous and about half involved the application of full control and restraint techniques, with the remainder consisting of low-level guiding holds.
- 3.17 In the three months before the inspection, rigid-bar handcuffs had been used in about a fifth of incidents to help staff de-escalate situations quickly. Batons had been drawn on nine occasions and used once in the previous year, while PAVA incapacitant spray had been deployed on three occasions and used twice. Leaders had reviewed the use of PAVA and identified that while its use had been justified, there were lessons to be learned from how the incidents were managed.
- 3.18 A weekly development meeting reviewed selected incidents and analysed useful information, such as the activation of body-worn video cameras, the location of incidents and the staff involved. Leaders made sure staff were challenged if required, and there were several good examples where lessons had been identified to improve staff awareness.
- 3.19 Prison records indicated that special accommodation had been used four times in 2023. However, we identified a further case that had not been correctly documented, and the video footage did not justify its use.

## Segregation

- 3.20 The use of segregation was high and the unit, which held up to 21 prisoners, was always busy. In the previous 12 months, segregation had been used over 600 times, involving more than 400 prisoners. The average length of stay was 9.5 days, although 41 prisoners had been held for longer than a month and four for over 100 days.
- 3.21 Some prisoners who had been held in the unit for an extended period were acutely mentally unwell. Leaders struggled to find a place at another prison that had a health care inpatient unit or secure a move to a hospital in the community, which meant they had to hold them in the segregation unit, despite recognising it was not an appropriate place for them (see paragraph 4.64).
- 3.22 Many prisoners refused to move back to the main wings and not enough was being done to help them reintegrate. Targets in reintegration plans were too basic and did not outline any steps to encourage or support the individual in their move out of the unit.
- 3.23 There had been some improvements to the environment and most cells were reasonably clean, but communal showers were stained and grubby. Exercise equipment had been installed in the two exercise



yards and one of the yards had been decorated with an attractive mural. However, the other had debris, including old clothing scattered across the netting.



**Murals on walls on segregation unit exercise yard**



**Second segregation unit exercise yard with rubbish on netting**

3.24 The daily regime was very limited and not always delivered in full. We saw some positive interactions between staff and prisoners during the

limited time prisoners were unlocked. Staff received regular support and guidance from the psychology team to help them better manage prisoners with very complex needs.

## 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.

- 3.25 The availability of drugs, in particular psychoactive substances, was a critical threat to safety. In our survey, significantly more prisoners than at similar prisons said it was easy to get hold of drugs (45% compared with 31%). Mandatory drug testing had only resumed in February 2023 after a gap of almost three years, which was a long time compared to other prisons we have inspected. The positive drug testing rate in the previous three months was very high at 33.73% and the rate for psychoactive substances alone was 21.08%. The positive drug testing rate at High Down was among the highest in adult male prisons in England and Wales.
- 3.26 Leaders had not sufficiently prioritised tackling the availability of drugs in their self-assessment report, but they had taken some steps, such as photocopying prisoners' incoming mail and making good use of the body scanner on those suspected of possessing drugs. Joint working with the police to stem the flow of items entering the prison on drones was appropriate, and sensible steps were being taken to tackle staff corruption, such as more security at the gate. Staff shortages in the security team meant that there had been significant delays in analysing intelligence, so opportunities to take action were missed. For example, the need for cell searches had not been identified. Resource limitations also meant that only a quarter of suspicion drug tests had been carried out.
- 3.27 Managers had implemented some appropriate changes to reflect the lower security categorisation of the prison, such as allowing prisoners to move around the site unescorted when walking to and from activities. Some aspects of physical security from the prison's previous higher security function remained, such as metal window boxes and additional gates along the walkways, which made High Down appear more secure than other category C prisons.



**Metal gates along walkways between houseblocks**

## **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**

- 3.28 Reducing self-harm was one of the governor's top priorities as the recorded rate had nearly doubled since the last full inspection and was higher than many other category C prisons. However, following a sharp increase last autumn, the number of incidents had begun to decrease this year.
- 3.29 There had been five self-inflicted deaths since 2018, but none since December 2020. A death had occurred during our inspection, but the coroner had yet to determine the cause. Recommendations arising from early learning reviews and Prisons and Probation Ombudsmen (PPO) investigations undertaken following previous deaths had been implemented, but reviews to make sure new ways of working were embedded in practice were not undertaken regularly.
- 3.30 The safety strategy was focused on High Down's particular challenges – for example, leaders had identified a link between boredom and the risk of self-harm, so, where appropriate, those most at risk of self-harm were prioritised for purposeful activity places to keep them occupied.

- 3.31 There were some positive examples of care for prisoners at risk of self-harm, including the use of therapy dogs and the development of external support from family or friends. However, care for those subject to assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm was too variable and ACCT documentation was generally poor. For example, despite reasonable assessments, follow up reviews and care plans did not always address the underlying reasons for a prisoner's self-harming behaviour, while action that was planned did not provide enough support. Case reviews were often poorly attended, with only the case manager and prisoner present in some instances. Many prisoners told us they did not feel cared for while on an ACCT, which was reflected in our survey findings. The weekly safety assurance meeting was good and included a focus on making improvements to address the standard of ACCT support and care.
- 3.32 The number of prisoners on ACCTs who were held in the segregation unit was a concern. Local data indicated that in the first six months of 2023, 16% of all ACCT documents were opened while the prisoner was in the segregation unit. Logs justifying decisions to segregate a prisoner were in place, and while the initial assessment was detailed, ongoing daily decisions did not always consider the risk of trauma to the individual if they remained segregated.

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

- 3.33 The local safeguarding adults policy had recently been updated, and while there were links with the local authority safeguarding board, few formal meetings had taken place.
- 3.34 Not all wing staff were familiar with adult safeguarding or knew what risks to look out for. We were reassured that most said they had the confidence to speak to the safety team about concerns should they need to, and we saw this happening during the inspection.



## 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 During our inspection, we saw many positive and constructive interactions between staff and prisoners both on the houseblocks and in other parts of the prison. We also saw some officers taking the time to socialise with prisoners, such as playing pool with them. However, too many did not challenge prisoners who were behaving poorly, such as those who were vaping, playing loud music or not wearing appropriate clothing (see paragraph 3.11). Some staff lacked experience in de-escalation techniques, and we saw instances where they contributed to increasing tensions, for instance by raising their voices in response to prisoners.
- 4.2 In our survey, only 66% of prisoners said staff treated them with respect and 63% said there was a member of staff they could turn to if they had a problem. Responses from minority ethnic prisoners were significantly more negative (see paragraph 4.21). In our survey, only 16% of prisoners said they could speak to leaders which was significantly fewer than at similar prisons (25%). During our inspection both prisoners and wing staff confirmed that it was rare to see them on the houseblocks (see paragraph 2.5).
- 4.3 Key work (see Glossary) was not being delivered effectively. So far in 2023, less than a fifth of scheduled sessions had taken place and those that had were generally brief and did not support sentence progression (see paragraph 6.7). In our survey, only 28% said that a member of staff had spoken to them in the previous week to see how they were getting on and only 42% of those with a key worker found them helpful.
- 4.4 Leaders made good use of peer workers in a variety of roles, including in induction, safety, violence reduction and equality. They also provided social care and support to prisoners who had been in care.

## Daily life

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

### Living conditions

- 4.5 Over 25% of prisoners still shared cells designed for one. The newer houseblocks (5 and 6) provided the best accommodation.



#### Overcrowded cell

- 4.6 Conditions had improved and almost all cells we saw were clean and well equipped. Regular management checks had been in place for some time and had led to the continued improvement in standards. Most prisoners we spoke to said they could get hold of cleaning material.
- 4.7 A shower refurbishment programme in the older units had made good progress and the facilities had improved significantly, but the work had stalled, and the older ones were in a poor state with damp walls, peeling paint and no privacy.



**New showers**



**Old showers**

- 4.8 Most cell call bells were answered promptly during the inspection and records showed reasonable response times overall.
- 4.9 The external areas of the prison were well maintained and attractive, and murals brightened walls. Walkways and areas around houseblocks were clean and tidy. Litter and food waste thrown out of windows was cleared away quickly and, unlike at previous visits, few of the cages on

windows contained any rubbish. Internal communal areas were generally well maintained, but some areas, such as stairwells and the rooms where the electronic kiosks were located, were grubby.



**Mural on the side of the kitchen**

- 4.10 Most prisoners wore their own clothes, but there was an ample supply of prison clothing for those who needed it. Access to property was one of the most frequent causes of complaint. It took too long to retrieve property from national storage and it was not sent on promptly from prisoners' previous establishment. A lack of available staff sometimes restricted prisoners' access to property that was stored at the prison.
- 4.11 Electronic kiosks enabled prisoners to manage some key aspects of their daily life, such as choosing their meals, submitting shop orders, checking their finances, booking social visits and contacting a range of departments directly. Almost all cells had working telephones and for the few that were out of order, sufficient wing phones were available.

### **Residential services**

- 4.12 In our survey, only 34% of prisoners said the food was good, and just 26% said they usually got enough to eat. Supervision during the meal service was very weak on some houseblocks and the lack of portion control led to wide disparities in how much prisoners got to eat. For example, we saw some prisoners taking whole loaves of bread while others were given just two slices. Some prisoners could choose whatever they wanted from the hotplate. On more than one occasion we witnessed a complete lack of staff attendance during some or all of the food service. Food trolleys and most serveries were not cleaned to a high enough standard.



- 4.13 Breakfast packs were inadequate, and some meals were served too early, especially the weekend evening meal, which was served at 3.30pm. Special diets were well catered for and regular consultation with the health care department made sure kitchen staff were kept up to date. Consultation about the quality of food was very limited – it was not a routine agenda item at the prisoner council and there were no food comment books available on any of the serveries.
- 4.14 New prisoners could wait up to 13 days to receive their first shop order. This was offset to some degree by the provision of a shop in reception where a limited range of essential items could be bought (see paragraph 3.1). Throughout the inspection prisoners complained about very low wages and frequent price rises at the shop.
- 4.15 The selection of catalogue items available for purchase remained limited and the move to electronic catalogues by many suppliers made it far more difficult for prisoners to identify items they wanted to order.

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

- 4.16 The prisoner council was chaired by the governor and met most months, but there was no consistent process to make sure the opinions of the wider population on each houseblock were canvassed ahead of the meetings. Prisoner representatives who attended the council meetings said some issues were dealt with quickly, but they were frustrated by others being rolled over from month to month without being resolved.
- 4.17 Although there were periodic consultations before new initiatives were introduced, there was little evidence of any other routine, regular consultation beyond the council. Community information orderlies brought issues to the attention of houseblock managers to try to resolve problems informally.
- 4.18 In our survey, most prisoners (68%) said it was easy to make an application. Applications were monitored well, and we were satisfied that almost all were answered promptly and responses we viewed were polite and relevant.
- 4.19 The number of complaints was much higher than at similar prisons and had steadily increased over the previous 12 months. As at the last inspection, most related to loss of property, the offender management unit and life on the houseblocks. Quality assurance was robust and had led to a vast improvement in the timeliness of responses since the beginning of 2023. Responses were well scrutinised, and staff were issued with advice and guidance, where necessary. Complaints data were monitored comprehensively, and a committee met every month to address emerging issues.
- 4.20 Access to legal visits, both via video link and in person, was good. The library held a range of legal texts and Prison Service instructions were printed out on request.

## 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.

- 4.21 Our survey results showed that some prisoners with protected characteristics had significantly more negative perceptions in important areas. For example, far fewer minority ethnic prisoners – 57% compared with 77% of white prisoners – said staff treated them with respect and only 15% compared with 37% of white prisoners said they encouraged them to stay in touch with their family or friends. Far fewer of these prisoners considered that there were staff members that they could turn to if they had a problem (54% compared with 76%).
- 4.22 Leaders were aware of more negative perceptions among minority ethnic prisoners following a series of focus groups that had been facilitated by specialist partner agency, at the end of 2022. However, little follow up action had taken place.
- 4.23 The prison had also identified that minority ethnic prisoners felt they were treated inequitably in areas such as work allocations. The prison had analysed data and found that work allocations were broadly consistent with the make-up of the prison population and the findings were shared with prisoners via a newsletter.
- 4.24 Our survey also revealed that significantly more disabled prisoners felt unsafe at some point (70%) compared with those without a disability (38%) and 56% said they had been victimised by other prisoners, while for their non-disabled counterparts the figure was 29%. Managers were not aware of these perceptions – as with most other groups with protected characteristics, consultation with prisoners with disabilities had been too limited. (See paragraph 3.6.)
- 4.25 During our inspection, those with disabilities told us they did not always have equal access to job opportunities or a full regime. Although social care provided by the local authority was reasonable and included the use of peer workers, other support for prisoners with disabilities was too limited. There were still houseblocks where prisoners with a disability did not have an adequate personal emergency evacuation plan in place.
- 4.26 Leaders systematically analysed equality data and disproportionalities were usually identified and followed up with some limited action. For instance, the prison had identified that young, minority ethnic Muslim prisoners were overrepresented in its use of force data and had commissioned a series of focus groups with staff and prisoners to seek

to understand this issue and inform a response. These forums had gathered useful information, but very little follow-up action had been taken.

- 4.27 There had been 55 discrimination incident reporting forms (DIRFs) submitted in the first six months of the year, which was an increase on the previous six-month period. All responses were reviewed by the equality manager and quality assured by the ZMT. We reviewed a selection and found that they had generally been well investigated with responses that were reasonable.
- 4.28 Foreign national prisoners could exchange visiting orders for an additional £5 telephone credit. A professional telephone interpreting service was available and used appropriately. Very few prisoners were held under immigration powers since the prison had become a category C establishment, but relevant staff members were familiar with their entitlements.
- 4.29 Managers were making good efforts to meet the needs of prisoners who had been in the care of a local authority. This work was led by a senior probation officer and had begun with training staff and assigning dedicated key workers who would work with them. These prisoners had a space in the well-being centre, where they could relax and play games and they also received support from peer workers, all of whom had been in the care system themselves. Prisoners from the community living unit had also organised cookery lessons for them. (See paragraphs 1.10 and 6.12.)
- 4.30 A reasonable strategy was in place for younger prisoners, but most action had not been implemented. Provision for older prisoners was limited to a dedicated gym session for those over 50. Most retired prisoners lived on houseblock 1 where they were unlocked throughout the working day. Retired prisoners on other houseblocks were not routinely unlocked.
- 4.31 Forums had been undertaken with Gypsy, Romany and Traveller prisoners. As a result, a permanent prisoner representative for this group was being appointed.
- 4.32 Many neurodivergent prisoners were receiving therapy and support (see paragraph 4.60) and the prison had appointed a neurodiversity manager to coordinate the work. The manager had prioritised staff training and awareness but was also looking at making sure written material given to prisoners and signage around the prison were clear and easy to read.

## **Faith and religion**

- 4.33 Provision for most faith groups was good and they had access to weekly religious services. The spacious multi-faith room was used for Christian services and Muslim prayers. The number of prisoners attending Muslim prayers was approaching the room's maximum capacity, although contingency plans were in place for accommodating

additional prisoners nearby where prayers could be relayed to them via television.

- 4.34 Religious education was available for many faiths, and chaplains carried out their statutory duties well. Chaplaincy staff attended key meetings and provided input into care planning for prisoners receiving assessment, care in custody and teamwork case management support.
- 4.35 The chaplaincy hosted the Sycamore Tree victim awareness and restorative justice courses, which were delivered by volunteers and were popular with prisoners.

## 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.

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

## Strategy, clinical governance and partnerships

- 4.37 Most governance structures worked well. Relationships with partners were good, but there remained weaknesses in the joint management of ongoing risks, covering areas, such as medicines supervision, non-attendance rates at health care appointments and cancellations of hospital escorting staff. Dental waiting times did not feature on the risk register, despite being far too long.
- 4.38 Our survey showed prisoners had some poor perceptions of their access to health services. Attendance at health care appointments was not prioritised under the current daily regime and clinical time was not used effectively. Staffing levels had improved since our last inspection, mental health and substance misuse teams had more vacant posts than primary care services, but most gaps were filled with agency and temporary staff.
- 4.39 Entries on patient records were of a reasonable quality, but a minority of staff required some additional supervision to improve them. We saw some examples of patient information being disclosed in the minutes of meetings, which was not in line with professional standards.
- 4.40 There was a strong culture of reporting incidents, so areas of concern were evident to leaders and managers. Comprehensive staff meetings were in place so current issues could be discussed, and lessons learnt from incidents. Clinical leaders provided stability and staff felt supported as supervision and training were in place.

- 4.41 An adequate number of rooms in which to deliver care was available and there was infection prevention and control oversight. Well-equipped emergency response bags were available on each houseblock. They were checked regularly for missing items and out-of-date stock.
- 4.42 The confidential complaints system was not working well, and some prisoners had not received a response at all. Responses were far too variable, and a few were curt and inappropriate. Leaders, however, had identified these shortfalls and had plans to improve the standard of replies.

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

- 4.43 Health promotion was linked to a national timetable of events, with a diverse range of activities to encourage self-help. A well-being centre offered a variety of events, such as art, drama and group meetings designed to promote psychological well-being. A timetable of activities was being developed in one unit to help older men improve their well-being. There was no health promotion material on houseblocks.
- 4.44 Prisoners could access health screening programmes, including those for blood-borne viruses, bowel cancer and chlamydia. Seasonal and age-related immunisation and vaccinations were available, such as for meningitis, measles, mumps and rubella, influenza and COVID-19, but uptake was low.
- 4.45 There were nine peer health representatives. While they supported administrative aspects of health care and directed prisoners to services, their role was underdeveloped.

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

- 4.46 Primary care services were well-led and equivalent to those in the community. We observed sensitive health interviews in reception, which now included screening for long-term health conditions and social care needs. All patients were offered a comprehensive health assessment within seven days. Most men (95%) were currently seen within this target time, although there had been a recent drop to about 80% due to low staffing numbers.
- 4.47 Following screening and assessment, men with health concerns could self-refer using a confidential application form, or by speaking to the houseblock nurse. Because of the regime, patients often had to choose between attending activities like family visits and health care appointments.
- 4.48 Common diagnostics were easily accessible, including blood testing, electrocardiograms, scans and X-rays. Patients could access a range of daily GP, nurse-led and visiting specialist clinics, such as physiotherapy and sexual health. Nurse-led care included monitoring those with long-term conditions and undertaking triage on every wing. Waiting times to see clinicians were reasonable except for podiatry,

which could be up to 19 weeks. Routine appointments to see GPs were available within 14 days.

- 4.49 Some GPs and nurses had special interests, and others were developing advanced skills, such as non-medical prescribing. A pain management clinic had oversight of the prescribing of tradable medications to make sure it was safe and according to clinical need, rather than demand.
- 4.50 The prison was at full capacity and the large population regularly needed external hospital appointments. However, about 30% of patients who needed one had not been able to attend. (See paragraph 4.37.)
- 4.51 There was a weekly multidisciplinary team meeting, which monitored patients with complex needs. Patients being treated for cancer received good oversight of their care because staff had close working relationships with oncology specialists who provided advice and guidance. (See paragraph 1.11.)
- 4.52 There were palliative care arrangements, but the health care provider's palliative care policies were not sufficiently localised. We were informed that a pathway was being developed with the local hospice.
- 4.53 A twice weekly pre-release clinic prepared patients for community health care. Preparations included providing harm-minimisation advice, letters for GPs or assistance to find one, and take-home medicines, as necessary.

### **Social care**

- 4.54 There was an up-to-date memorandum of understanding between Surrey County Council (SCC) and the prison, but it lacked detail on the arrangements for advocacy and peer workers, and there was no practical advice on how staff should make referrals to the local authority. There was no single referral point in the prison, which meant no one had oversight of the work being undertaken by the local authority.
- 4.55 Social care needs were high – over 64 men were under the care of SCC. Some prisoners who had previously been in the inpatient unit, which was now closed, had remained in the prison but were being managed on the houseblocks.
- 4.56 The local authority provided domiciliary care for 22 prisoners, some of whom also received support from peer workers who were appropriately trained and received monthly supervision from the local authority lead staff member.
- 4.57 A regular social care meeting provided updates on approximately a third of the prisoners involved with the social care team. Monthly reports from the local authority did not confirm how many prisoners had a care package, peer support or social care aids to support independent living. The reports also lacked details about current

waiting times. A small number of prisoners were transferred to another prison before a social care assessment could be undertaken. Prisoners receiving an existing social care package (see Glossary) were identified before their release to make sure there was continuity of care.

- 4.58 Prisoners we spoke to were complimentary about the care they received. Care plans were not held at the prison, which made them more difficult to access.

### **Mental health care**

- 4.59 An integrated mental health service was provided during the working week. The mental health team had a wide range of highly skilled and experienced professionals from a range of disciplines, including psychiatry, psychology, social work, dramatherapy, occupational therapy and nursing. A dedicated neurodiversity service was also available, offering assessments for learning disability, attention deficit hyperactivity disorder and autism as well as diagnoses. (See paragraph 1.12.)
- 4.60 Reception health screenings identified prisoners with mental health issues or neurodiversity needs and referred them to the mental health team. The team also accepted referrals from officers and other prison and health care staff.
- 4.61 The team triaged referrals promptly and completed assessments with patients to identify their needs and risks. Good joint working arrangements were in place with other health care services, for example, there were weekly multidisciplinary and complex case meetings involving mental health and substance misuse staff.
- 4.62 A range of clinical and psychological services that included medical treatment, physical health checks and talking therapies was available. There was also a variety of innovative therapies such as animal-assisted therapy, an art well-being group, yoga and dramatherapy. Some services had waiting lists because of staff vacancies. The waiting time for a psychiatric appointment was seven to eight weeks. However, psychiatrists responded to patients' urgent needs immediately, and the wider team closely monitored those on waiting lists.
- 4.63 The mental health zoning model was used to classify patients according to their support needs and risks. The care programme approach and care coordination supported good case management of patients with severe mental illness and complex needs.
- 4.64 The team promptly assessed and referred patients who required care and treatment under the Mental Health Act. Fourteen patients had been transferred to mental health facilities in the community over the previous 12 months. Nine were transferred within 28 days but one had waited 93 days, which was far too long. Three patients were waiting for an assessment or a transfer during our visit. As the prison no longer had an inpatient unit, some of these acutely unwell men lived in the

segregation unit for long periods, which was inappropriate. (See paragraph 3.21.)

- 4.65 Staff received appropriate training and regular supervision and had good access to development opportunities. The team offered mental health training to prison officers.

### **Substance misuse treatment**

- 4.66 An integrated substance misuse service was provided seven days a week. A prison-wide drug strategy informed partnership working and regular joint meetings. Staff were working closely with prison staff to offer timely responses to the recent increase in the use of psychoactive substances, such as awareness sessions, one-to-one appointments and referrals to specific groups.
- 4.67 The service had a few vacancies, some of which were covered by regular agency staff, but staff worked flexibly to maintain a full service. The nurse-led clinical service had insufficient prescribing capacity, but the team had access to a GP for any urgent needs.
- 4.68 The substance misuse team accepted referrals from officers and other prison staff, health care staff and prisoners. Reception health screenings identified prisoners with substance misuse issues and referred them to the duty worker allocated to support new arrivals. The team then followed up new patients within 48 hours, after five days and 14 days, with 28-day clinical reviews thereafter.
- 4.69 The team supported about 88 patients who had been prescribed opioid substitution therapy (OST). Most patients received methadone, but a small number received other treatments, including buprenorphine.
- 4.70 At our last inspection, nearly all patients receiving OST had been accommodated on houseblock 4, where the substance misuse team was based, and where there were appropriate facilities for effective medicines administration and rooms for psychosocial interventions. However, at this inspection, we found that patients were spread more widely across the prison, challenging the safe and effective administration of OST.
- 4.71 Nurses ran a well-managed OST administration clinic on houseblock 4, with good support from prison officers. They also had access to basic facilities for OST administration on houseblock 6. However, nurses had to dispense and transport OST for the remaining patients on other houseblocks to their residential units, which presented risks. The service had a safety protocol in place to help mitigate some of these unnecessary risks. Staff had raised concerns about the location of these prisoners with their health partners and prison managers but had yet to identify a feasible solution.
- 4.72 The psychosocial team offered a range of one-to-one and group interventions, such as relapse prevention, harm minimisation and



acupuncture. A peer mentor co-facilitated an abstinence programme. A good range of mutual aid groups was available.

- 4.73 The service had increased its focus on release planning in response to High Down's transition to a category C establishment and the subsequent change in population. The service referred prisoners to community substance misuse services and made appointments where possible. On release, prisoners were offered naloxone, a drug that reverses the effects of an opiate overdose.

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

- 4.74 Medicines were dispensed safely in a timely fashion and labelled appropriately. The pharmacy had good oversight of how medicines were transported, stored and managed in the prison. There was no evidence of action taken to address out-of-date fridge temperatures.
- 4.75 The administration of medicines that were not in prisoners' possession was nurse led and took place three times a day. There was no pharmacy technician support during medicine administration, which limited prisoners' access to regular advice or counselling. Officers did not supervise or control medicine queues well enough. We observed some chaotic scenes, which meant health care staff were regularly distracted during the critical task of administering medicines, increasing the likelihood of error. There were systems in place so those who had missed doses could be followed up and referred to the appropriate clinician.
- 4.76 Prescribing and administration was recorded on SystemOne (the electronic clinical records system). A pharmacist clinically screened all prescribed medicines. In-possession risk assessments and medicine reconciliation were undertaken within designated timescales for new arrivals. The team also reviewed those who had in-possession medication when there was a change in circumstance, which was in line with policy. Overall, 60% of prisoners taking medicines were allowed to keep them in possession. Cell-checks were routinely conducted, and prisoners were generally found to be compliant.
- 4.77 Few medicines were available to buy from the shop. But patients could request a range of over-the-counter remedies. After a set course of treatment had been supplied, patients were seen by a clinician. Several patient group directions (which authorise appropriate health care professionals to supply and administer prescription-only medicine) were available for urgent treatment and routine vaccinations. An out-of-hours cupboard was suitably stocked with a range of medicines.
- 4.78 The pharmacist provided a medicine use review clinic, while pharmacy technicians provided pain clinics and in-cell compliance checks. The pharmacy team was well integrated with the rest of the health care department. Staff collaborated in multidisciplinary team meetings alongside the other health care specialists, and there were regular medicine management meetings. Audits for different classes of medicines had been completed, such as for antibiotics, melatonin and

discharge medicine supplies. Tradeable medicines were prescribed in small numbers and the pharmacy team routinely monitored them, to make sure that prescribing trends remained stable.

- 4.79 Processes for patients who were being transferred or released were suitable and made sure they continued to receive their medicines safely.

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

- 4.80 In our survey, 75% of prisoners said it was difficult to see a dentist. Only six of the eight dental sessions commissioned were being delivered, which meant that waiting times were too long. Dentists were usually available between Tuesdays and Thursdays. Those in need of an urgent review outside these hours received pain relief but were then booked into the next available clinic. The non-attendance rates were high because of the prison regime and inadequate access arrangements, and an average of 33 appointments were missed every month.
- 4.81 Patients waited 15 weeks for an assessment and a further 17 weeks to start treatment. Once a treatment plan had started patients would be rebooked regularly until the care was completed and those transferring to High Down from another prison in the middle of treatment could continue on arrival.
- 4.82 A full range of dental treatments was available, including root canal and, up until April 2023, an oral surgeon had attended to undertake complex care, but it was not clear if this would resume.
- 4.83 The dental clinic was clean but did not have a separate decontamination area, so surfaces were full of equipment and stock items making infection prevention and control challenging. Equipment was regularly serviced apart from the X-ray machine, which had been booked in to be serviced, and the orthopantomogram X-ray (which shows the whole mouth in a single image) in the adjoining room, which had not been operating for 12 months.

## 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 The regime did not yet match what we see in other category C prisons and when we checked we found a quarter of prisoners locked in their cells during the working day, which was too many. Workshops we visited were almost all operating well under capacity or not at all and data showed attendance in education classes to be 63% during July 2023.
- 5.2 Unemployed prisoners only received three hours a day out of their cell which was poor (see paragraph 5.12). The small number of prisoners employed full time could be unlocked for about nine and half hours on week days, although evening association was sometimes cancelled altogether or restricted to individual landings because of staff shortages.
- 5.3 Outside exercise periods were rarely cancelled and for most prisoners they were now 60 minutes long, but the daily regime did not allow full-time workers to have access in the evening.
- 5.4 All houseblocks had an allocated slot for a library visit every week, but officer shortages meant that prisoners sometimes could not get there. Data collection was minimal, so managers did not know who was using the library.
- 5.5 The shortage of library staff meant most activities to promote literacy had been suspended as had the popular Storybook Dads programme (which helps prisoners to record a story for their children to listen to at home). The Shannon Trust reading scheme was embedded, and a full-time worker coordinated the service, supported by an enthusiastic peer worker, however there were not enough mentors meaning many prisoners were not getting support. (See paragraph 5.21.)
- 5.6 Access to the gym was limited to once a week, which was less often than we normally see in category C prisons. Gym and sports facilities were good, but there was not enough PE staff and some prison officers had been trained to support gym staff so sessions did not have to be cancelled.
- 5.7 Prisoners could not obtain any formal qualifications through the gym and there were no links to other prison departments to make sure those

with health or substance misuse problems received appropriate access.

## 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.

5.8 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: Requires improvement

Leadership and management: Inadequate

5.9 Leaders and managers fully understood that the education and training available to prisoners did not meet the expectations of a category C training and resettlement prison. However, they had a clear, ambitious vision and a strategic focus on developing both the range and number of full-time activity places to increase prisoners' employment chances. Leaders recognised that this would take a number of years but had begun to implement their plan. For example, managers had identified local skill gaps and vocational areas with the most employment opportunities. They used discretionary funding very effectively to provide limited relevant high-quality training in these vocational areas, so that prisoners who received it had a better chance of finding a job when released.

5.10 Leaders and managers had not yet been successful in making sure that enough prisoners were engaged in meaningful education, skills

and work. Too few vocational training courses existed, and virtually all those that did were at a basic level. Prisoners with longer sentences were not able to achieve the higher skills levels of which they were capable. Far too many activities were part time, which slowed prisoners' progress.

- 5.11 Prisoners attended an induction, and information, advice and guidance (IAG) staff discussed their career preferences with them, which led to individual learning plans. However, prisoners did not receive enough IAG during the rest of their sentence, including when preparing for release.
- 5.12 Attendance at education and industrial activities was very low. Overall, only a little over half of prisoners attended as expected (see paragraph 5.1). Not enough places had been allocated, which meant existing education, skills and work places were very much under used. About one in six prisoners was unemployed. They lacked the motivation to apply for vacancies in education, skills or work. However, in the vocational training provided using discretionary funds, attendance was very high, and all places were filled regularly.
- 5.13 Most prisoners working in industries and other work were engaged in low-skilled activity, much of which was repetitive and mundane. For example, the large number of prisoners working in the houseblocks as server workers or cleaners often had insufficient work to keep them purposefully occupied, resulting in boredom and disengagement. Those involved in this work did not access a curriculum that enabled them to develop the skills and knowledge that would have benefited them when seeking employment on release. However, those working in the Clink restaurant and gardens developed higher level vocational skills as well as learning the rigours of working to standards expected by external employers.
- 5.14 Prison staff did not provide accreditation for or measure the skills that prisoners were developing in most industrial settings. For example, in gardens and waste management prisoners developed skills and knowledge that were not recognised through external accreditation, which would have enhanced prisoners' employment opportunities. A formal structure for measuring progress in workshops was in place but few instructors used it.
- 5.15 Leaders and managers had not made sure that the very many prisoners with limited skills in English and mathematics received sufficient support. Half of prisoners entered the prison with only entry level English and mathematics skills. The great majority of prisoners did not go to education lessons. These prisoners received little support in industrial workshops or in other work to raise their skills levels to the standard required for most jobs. The recently introduced reading strategy had yet to have a positive impact on the reading skills or habits of most prisoners.
- 5.16 The local pay policy did not encourage prisoners to study subjects such as English and mathematics. Although the rate of pay per session was

higher in these subjects, attendance was only possible on a part-time basis, which meant the weekly pay rate was lower than for full-time wing work or work in some industries. As a result, many prisoners chose to apply for full-time roles rather than going to education to improve their English or mathematics.

- 5.17 All prisoners undertook a standardised neurodiversity screening, which indicated over half had an identified need but only those who attended education undertook the follow-up in-depth assessment. These prisoners received effective support from learning support assistants and achieved as well as their peers. Prisoners in industries and work with learning difficulties or disabilities did not receive specialist help to fulfil their potential.
- 5.18 The prison education framework (PEF) provider had developed an effective partnership with the prison to make sure that the content and structure of the education and vocational courses they provided matched the prison's planned curriculum. Teachers measured prisoners' starting points and used them well to plan individual learning programmes and determine their support needs.
- 5.19 Teachers were experienced and appropriately qualified for their roles and offered constructive feedback, which told prisoners how they could improve their work. However, English and mathematics tutors used too many learning materials and handouts that had been designed for primary school children. Prisoners found them patronising and not relevant to their current experiences. This reduced their level of engagement and slowed their progress. Overall, pass rates on courses delivered by the PEF provider were high, but too many prisoners left courses before they had completed them.
- 5.20 Leaders and managers did not have effective oversight of the quality of education, skills and work. They did not have sufficient information to correctly identify weaknesses or make improvements. Very few formal procedures existed to inform managers of the quality of instruction or how much progress prisoners had made. For example, the wider employment skills developed by prisoners in industries were generally not recorded in progress booklets. Managers did not know the extent of the failure to log information and had not implemented any action to improve it. Neither were routine checks carried out of the quality of the few entries that were made in these booklets. Half of the recommendations from the previous inspection had not been fully achieved. However, the PEF provider's quality assurance arrangements were effective.
- 5.21 Leaders and managers had recently developed a prison-wide reading strategy. Trained learning support workers assessed the reading levels of all prisoners who attended English entry level lessons. As a result, they received appropriate teaching, which helped to improve their reading skills. Others who had low levels of English skills identified at induction but who chose not to attend education, were referred to the professional Shannon Trust coordinator who then linked each prisoner with a peer mentor (see paragraph 5.5). However, less than half the

planned mentors were in place so only about a third of prisoners with an identified need benefited from support to develop their reading. Reading areas existed in houseblocks and in a minority of industrial workshops, but other initiatives planned as part of the strategy had yet to be implemented. As a result, too many prisoners were not able to address their reading deficits.

- 5.22 Almost all prisoners who attended education, skills and work were well behaved, polite, and had respectful relationships with their peers and staff. Workshops and classrooms were generally calm, well-ordered and conducive to learning and work. Tutors and instructors set out clear expectations for prisoners' behaviour in their classes and workshops. They swiftly and consistently challenged any unwanted behaviour. However, too many prisoners arrived late for activities even though teachers and instructors regularly reminded them about the importance of punctuality.
- 5.23 Leaders had not provided a broad personal development curriculum. They did not do enough to develop prisoners' understanding of equality, diversity or difference. Most prisoners were not given sufficient opportunities to learn about social differences, wider citizenship or everyday skills like cooking, budgeting or healthy eating. Staff had arranged for prisoners accommodated in the houseblock for those serving life sentences to have greater opportunities to develop their wider talents and interests. For example, they could access art, music and yoga sessions. Staff did not sufficiently explore with or explain to prisoners their expectations relating to the fundamental values of tolerance and respect during induction or in industries and work areas. Other than in education, prisoners had very little understanding of what was meant by these values.
- 5.24 Prisoners used the virtual campus (VC) (prisoner access to community education, training and employment opportunities via the internet) effectively to support their Open University studies and other distance learning courses. Teachers used the VC as a resource to enliven presentations in lessons, for example using illustrative slides and short animations. Prisoners who used the newly opened employment hub for resettlement activities did not have access to the VC to support their job search, build a curriculum vitae or carry out other related tasks.

## 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 Leaders had a good family and friends strategy, and quarterly meetings to monitor its delivery were well attended. A Prison Advice and Care Trust (PACT) family engagement worker provided prisoners with support to maintain or rebuild contact with their families. The substance misuse treatment provider also provided similar support to its client group. Leaders had secured the agreement of the local authority to run a six-week parenting course, which was due to start a few weeks after our inspection.
- 6.2 Managers had identified that 40% of prisoners had not received a social visit or video call within the previous three months. They had carried out a survey to explore barriers to contact. Coffee mornings for these prisoners, organised and promoted by peer workers and coordinated by PACT staff, took place in the visits hall. These events enabled prisoners to socialise away from their wings and familiarised them with the visits hall (see paragraph 1.13). Video calls were also promoted well, as were the official prison visitor scheme and the Newbridge Befriending service.
- 6.3 Take up of the video calling system was reasonable, but the facilities lacked privacy and calls were limited to 30 minutes, which was too short. Families could book face-to-face visits online or by phone and the number of available sessions met the level of demand. Visitors were searched sensitively. The visits hall had been refurbished and was now bright, welcoming and child friendly. Family members we spoke to were very positive about the visits experience.
- 6.4 A homework club, which allowed children to come into the prison to do schoolwork with the support of their fathers, took place every month in addition to family days. Staff did not wear prison officer uniforms during family days and we observed a relaxed atmosphere with both prisoners and their families enjoying themselves.



## 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.

- 6.5 There had been substantial changes in the population held since the last inspection following the prison's change in role. Remand prisoners were no longer held and the proportion of prisoners assessed as a high risk of serious harm had increased from 30% to 50%. These changes increased the need for good quality offender management and for prisoners to be able to demonstrate progression, which the prison was not adequately resourced or equipped to deliver.
- 6.6 The teams responsible for offender management and resettlement services had persistent staffing shortages. Staffing problems in community probation teams, notably in London, meant community offender managers (COMs) were often allocated too near to the prisoner's release date, which undermined the effective delivery of resettlement support.
- 6.7 A severe shortage of probation officers in the offender management unit (OMU) meant that caseloads were very high and unmanageable. As a result, contact with prisoners was very limited. While prison offender managers (POMs) appropriately prioritised key sentence dates, the lack of regular contact caused prisoners to become frustrated as they struggled to achieve their sentence plan targets and demonstrate progression. In our survey, only 22% compared with 40% in similar prisons said they had received help to achieve their sentence plan targets. A lack of key work sessions (see Glossary) to support offender management added to prisoners' difficulties in making progress.
- 6.8 Leaders had tried to offset some of these weaknesses. An OMU liaison officer ran weekly surgeries on each houseblock with support from four prisoner peer workers. Case work support officers, paired with probation-employed POMs offered some additional contact for more complex cases and a quarterly newsletter provided prisoners with factual information. While they were positive initiatives, they could not replace face-to-face contact with a POM and too much interaction was limited to prisoners using electronic kiosks to send their POM questions and comments.
- 6.9 Not all prisoners had an up-to-date offender assessment system (OASys) report and sentence plan, and about 10% had not had an initial assessment completed. In the cases we examined, most assessments were reasonably good, but too many prisoners had a limited knowledge of their sentence plan targets or had targets that were not specific to their time at High Down.

- 6.10 All POMs had regular supervision with a senior probation officer, who supported them and quality assured their work. POMs worked well with their case administrators and processes were managed efficiently.
- 6.11 Home detention curfew processes generally started in good time, but over the previous 12 months nearly half of those released had been held beyond their eligibility date. Most delays were outside prison leaders' control, for example, there were long waits for community partners to approve release addresses.
- 6.12 Nine per cent of prisoners were serving indeterminate sentences, about half of whom had been recalled to custody. Leaders had recognised the lack of focus on this group, so they had opened the community living unit, which was overseen by a senior probation officer and jointly run with the Shaw Trust charity. It aimed to encourage prisoners to take greater responsibility for themselves, fostered a community environment and provided good, targeted support as they worked towards parole hearings and life after custody (see paragraph 1.10). It was not yet possible for prisoners convicted of sexual offences to live there, although leaders aimed for this to happen in future.



**The Community Living Unit**

### **Public protection**

- 6.13 Far more prisoners posed a high risk of serious harm to others than at the previous inspection and 20% of the population had been convicted of a sexual offence.
- 6.14 A small public protection team in the OMU had clear processes for identifying prisoners who required contact restrictions or communications monitoring. The same team monitored telephone calls

and mail, which allowed staff to be better informed about the risks they were looking out for and enabled them to share immediately any concerns they had with POMs. Detailed logs were kept of monitored communications, which assisted with decisions on whether monitoring, which was reviewed every month, continued to be necessary.

- 6.15 In our sample of 20 cases, all but one had a risk management plan, and most were reasonably good. We found evidence to show risk management plans were discussed between the POM and COM, but often too close to the prisoner's release date to be fully effective. This was because probation officer shortages in the community meant that cases were not allocated sooner. This affected the delivery of good quality multi-agency public protection arrangements as the required management level had not always been agreed soon enough to put in place robust plans.
- 6.16 The interdepartmental risk management meeting was held every month to consider all prisoners posing a high risk of serious harm and those convicted of sexual offences presenting a medium risk of harm in the lead up to their release. Attendance was generally good, and it was evident that outstanding concerns about risk management were escalated to community probation managers as needed. The OMU had sufficient staff trained in the use of the violent and sex offender register to make sure relevant information was shared.

### **Categorisation and transfers**

- 6.17 In the previous 12 months, 168 transfers to open prisons had taken place and most prisoners were moved promptly after being judged suitable. However, there were delays in completing some categorisation reviews because of the lack of an up-to-date OASys report to support decision making.
- 6.18 Prisoners who required a transfer for other reasons, for example to take part in an accredited intervention not offered at High Down, experienced longer delays owing to population pressures in the prison estate.

### **Interventions**

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

- 6.19 Progression opportunities were very limited. Few prisoners said they had completed any one-to-one work with their POM or a psychologist and far too few accredited programme places were being provided. There was still no accredited programme specifically for prisoners convicted of sexual offences, although planning to introduce the moderate intensity Horizon intervention had begun. Prisoners from the general population had access to the Thinking Skills Programme (TSP) but there were not enough places to meet the level of need.

- 6.20 A reasonable range of other structured interventions was provided by various prison teams, but they were not advertised well enough and only a relatively small number of prisoners had benefited from them. There was no structured intervention to address the specific offending-related need of prisoners who had a history of being perpetrators of domestic violence.
- 6.21 Finance, benefit and debt support was adequate. Staff from the Department for Work and Pensions were on site to provide benefits advice and make sure prisoners left with appointments at a job centre if they needed one. A dedicated worker could help prisoners apply for ID and bank accounts.
- 6.22 Housing support workers were available, and an HM Prison and Probation Service strategic housing specialist was starting to work with local authorities and offered prisoners a regular advice surgery.

## 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.

- 6.23 An average of 75 prisoners had been released every month in the year before the inspection. The pre-release team saw low- and medium-risk of harm prisoners 12 weeks before their release to assess their resettlement needs. The team no longer offered a departure lounge facility or in-cell workbooks as they were not included in the current contract. High-risk prisoners were reliant on their COM to complete referrals for them so they could access help, but, given the shortage of community-based probation officers, this did not always happen in time.
- 6.24 The co-location of the teams providing support with housing, benefits, employment, mentoring, bank accounts and ID helped with information sharing. Leaders had identified and were starting to address duplication between the different agencies involved in pre-release work, but no multi-agency meeting took place close to a prisoner's release to provide oversight and make sure all required action had been implemented.
- 6.25 Data provided by the prison showed that far too few prisoners were released with sustainable accommodation or employment. In the 12 months before the inspection, only 42% of prisoners were released to sustainable accommodation (housing that was planned to be in place for at least 13 weeks after their release). Only 13% had maintained their employment six weeks after release, an improvement on recent figures, albeit from a low starting point. Initiatives such as High Down's involvement in a pilot of the Prison Leavers Project (which aimed to develop innovative ways to help prisoners move away from crime) and

the work of a prison employment lead demonstrated leaders' desire to improve outcomes.

- 6.26 Arrangements on the prisoner's day of release were adequate. They received a holdall to carry their belongings in and there was a stock of clean clothing for anyone who needed it. However, there was nowhere outside the gate for prisoners to go to if they needed practical support.

## 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 2018, reception, first night and induction processes were poor. Too many prisoners felt unsafe. The number of incidents of violence, often related to drugs and debt, had increased and was similar to that found in other local prisons. Analysis of violence was developing but too little was being done to make the prison safer. Levels of use of force had increased, and governance had improved and was reasonably good. The number of adjudications was high and many were not proceeded with. The segregation unit gave us cause for concern. Drugs were easily available and the use of new psychoactive substances was particularly problematic. There was a good supply reduction strategy and action plan, and this had recently been given higher priority. Levels of self-harm were relatively low but support for those at risk of harm was too variable. Outcomes for prisoners were not sufficiently good against this healthy prison test.

#### Key recommendations

Reception and first night processes should be efficient. Vulnerability risk assessments on new arrivals should be robust. Before being locked up for the night, prisoners should be welcomed, informed and supported by peers and staff. Cells should be clean, well prepared and fully equipped, and prisoners should be able to shower.

##### **Partially achieved**

Improved oversight and leadership of the segregation unit should ensure that prisoners have good living conditions and a consistently decent regime. All decisions should be appropriately authorised. There should be robust governance to monitor and maintain improvements.

##### **Not achieved**

#### Recommendations

A comprehensive induction should be delivered to all prisoners in a suitable environment, and attendance monitored.

##### **Achieved**

Actions designed to reduce violence should be fully implemented and embedded.

**Not achieved**

The management of perpetrators of bullying or violence should be improved and a formal system to support victims should be implemented. (Repeated recommendation.)

**Not achieved**

The prison should introduce an effective scheme to incentivise good behaviour.

**Not achieved**

Adjudication charges should be appropriate and necessary, and the process should be concluded without unnecessary delay.

**Not achieved**

A member of the health services team should be present for all planned use of force interventions.

**Achieved**

Use of force dossiers should be completed within the required timeframes.

**Partially achieved**

The disproportionate use of force against black and minority ethnic (BME) prisoners should be explored and addressed.

**Achieved**

Prison managers should ensure that roll counts are consolidated accurately and promptly, to enable prisoners to attend activities on time.

**Achieved**

All strip-searching of prisoners should be intelligence led or based on a specific suspicion. (Repeated recommendation.)

**Not achieved**

A member of the health services team should attend all initial assessment, care in custody and teamwork (ACCT) case reviews.

**Achieved**

Incidents of self-harm should be followed up, to inform learning and improve support for prisoners in crisis.

**Achieved**

Listeners should be able to see prisoners confidentially during the first night process, and access prisoners on the segregation unit, subject to a risk assessment.

**Achieved**

Adult safeguarding referrals should be recorded, and progress and outcomes monitored.

**Not achieved**



## Respect

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

At the last inspection, in 2018, staff-prisoner relationships were reasonably good. Some communal areas on the house blocks, especially the showers, were dirty. Prisoners had good access to showers and basic essentials. Too many prisoners lived in cramped, overcrowded cells. The provision of in-cell telephones and electronic information kiosks enhanced daily life. Prisoner consultation, applications and complaints were reasonably well managed. Catering arrangements were poor. Equality and diversity processes had improved but there were still some significant gaps. Health and social care provision was reasonable and substance misuse services were good. Outcomes for prisoners were reasonably good against this healthy prison test.

### Recommendations

Single cells should not be used to accommodate two prisoners. (Repeated recommendation.)

**Not achieved**

Communal showers on the older units should be refurbished and provide sufficient privacy.

**Not achieved**

Prisoners should be unlocked to collect their lunchtime meal.

**Achieved**

Staff supervision during the serving of meals should be improved, to ensure better portion control and compliance with basic hygiene requirements.

**Not achieved**

Prisoners should have access to a full prison shop order within a week of arriving at the prison.

**Not achieved**

Complaints data should be analysed to identify and address emerging trends.

**Achieved**

Prisoners with protected characteristics should be consulted regularly, and their needs, concerns and any unfair treatment identified and addressed.

**Not achieved**

Foreign national prisoners' nationality should be checked and confirmed on arrival.

**Achieved**

The Home Office should serve all decisions to detain a prisoner at least one month before the end of their sentence. (Repeated recommendation.)

**Partially achieved**



Personal emergency evacuation plans should be kept up to date and readily available to residential staff in an emergency.

**Not achieved**

Clinical and managerial supervision should be provided consistently to all health care practitioners.

**Achieved**

Local health care complaints processes should be quality assured, and written replies should indicate how concerns can be escalated if a patient remains dissatisfied with the response.

**Not achieved**

A prison-wide health promotion strategy should be developed that engages prisoner health representatives effectively.

**Not achieved**

Prisoners should be able to access podiatry appointments within community-equivalent waiting times.

**Achieved**

All waiting lists should be regularly monitored and reviewed to ensure their accuracy, and non-attendance rates for all clinics should be continuously evaluated and addressed.

**Achieved**

A dedicated clinical lead should be identified for the inpatient unit, and a discrete multidisciplinary team meeting implemented to review all cases.

**No longer relevant**

Prisoners needing treatment in hospital under the Mental Health Act should be transferred within established NHS guidelines.

**Not achieved**

Drug- and alcohol-dependent prisoners should receive treatment on their first night without delay.

**Achieved**

Custodial staff should supervise the medicine administration queues adequately to maintain patient confidentiality and reduce potential bullying. (Repeated recommendation.)

**Not achieved**

Prisoners should be able to access dental appointments within community-equivalent waiting times.

**Not achieved**

The dental surgery should comply with best practice standards for dental infection control. (Repeated recommendation.)

**Not achieved**

## Purposeful activity

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

At the last inspection, in 2018, almost half the population was locked up during the working day and had little time out of cell, at around two hours. The regime was routinely delayed, which curtailed time for activities and appointments. The library and gym were underused. The leadership and management of education, skills and work were inadequate. There were too few activity places and many of those available were not filled. Attendance and punctuality were poor. Almost half the population was unemployed. The quality of teaching and learning required improvement. Many prisoners failed to complete their course or gain a qualification. Outcomes for prisoners were poor against this healthy prison test.

### Key recommendation

There should be sufficient purposeful activity to meet the needs of the population. All prisoners should be allocated to a suitable activity and all prisoners should attend their activity on time.

**Not achieved**

### Recommendations

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

**Not achieved**

Prisoners' access to time out of cell should be increased and prisoners should be unlocked for at least 10 hours each day during weekdays.

**Not achieved**

The prison should offer a full programme of recreational PE that meets all prisoners' needs. (Repeated recommendation.)

**Not achieved**

Data on prisoners' participation in PE should be routinely collected and analysed, to ensure that all prisoners have equal access to recreational PE and that their needs are met fully. (Repeated recommendation.)

**Achieved**

The prison should offer a range of accredited programmes to provide prisoners with skills and qualifications that will help them gain appropriate employment on release. (Repeated recommendation.)

**Not achieved**

Senior leaders and managers should identify and implement appropriate datasets which underpin an efficient and accurate performance management system.

**Partially achieved**

Effective pre- and post-release support should be provided, to help prisoners to enter education, training or employment.

**Not achieved**

The induction process should introduce all prisoners to the full range of opportunities in education, vocational training and work.

**Achieved**

All prisoners should have timely skills assessments and be allocated swiftly to activities that meet their future employment or training needs.

**Partially achieved**

Teachers and tutors should be consistent in setting challenging targets in individual learning plans, and progress reviews should relate to prisoners gaining job-related skills.

**Achieved**

The proportion of prisoners who start a course complete it and gain the qualification should be increased.

**Not achieved**

Prisoners' achievements should be improved in all courses, particularly in English and information technology qualifications.

**Achieved**

## **Rehabilitation and release planning**

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

At the last inspection, in 2018, work to support contact with children and families was reasonably good. Offender management was largely reactive and undermined by the impending re-role of the prison and staff shortages. Offender supervisors had limited contact with prisoners, with little focus on motivation and progression. The lack of systematic public protection measures presented an unacceptable risk. Categorisation and home detention curfew processes were well managed. Release planning started too late for some. The community rehabilitation companies provided a range of finance and housing support but too many prisoners were released homeless or without sustainable accommodation. Outcomes for prisoners were not sufficiently good against this healthy prison test.

### **Key recommendation**

Prisoners' risk of harm to others should be routinely assessed on arrival, and appropriate mail and telephone monitoring applied as required.

**Achieved**

## **Recommendations**

The strategic oversight of reducing reoffending should be informed by a detailed analysis of the needs of the current population and progress measured against a comprehensive action plan.

**Achieved**

The quality of offender management should be improved, to ensure that all prisoners receive adequate support, including timely completion of offender assessment system (OASys) assessments and regular, meaningful contact which is aimed at progression and risk reduction.

**Not achieved**

Basic Custody Screening Tool 1 resettlement screenings should be completed on time.

**No longer relevant**

The number of Bail Accommodation and Support Services hostel places should be increased, to enable the timely release of prisoners on home detention curfew.

**No longer relevant**

Information gained from monitoring mail should be comprehensive, providing detailed evidence about the content and any concerns that could inform risk management.

**Achieved**

Risk management planning in preparation for the release of high-risk prisoners should be given a greater priority. Offender managers should work closely with prison-based staff in the six months leading up to release, to put in place clear risk management plans, including confirmation of the multi-agency public protection arrangements (MAPPA) management level where relevant.

**Not achieved**

The proportion of prisoners provided with suitable and sustainable accommodation shortly after release from custody should be monitored, to establish the number who remain homeless or in transient accommodation.

**Not achieved**

The prison should implement a strategy to manage prisoners convicted of sexual and domestic violence offences which provides for either specific offending behaviour work at High Down or progression to another prison to access accredited programmes.

**Not achieved**

All prisoners should have a resettlement plan on arrival to address their immediate problems, and reviews should be undertaken well enough ahead of release to be fully effective.

**Not achieved**

## **Recommendations from the scrutiny visit**

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

A final decision should be made about the future of High Down and there should be sufficient full-time purposeful activity places and offending behaviour programme places to meet the needs of the population.

**Not achieved**

All prisoners subject to COVID-19 regime restrictions should have regular, meaningful, face-to-face welfare checks.

**No longer relevant**

Prisoners at risk of suicide or self-harm should receive effective support with a regularly updated care map to deliver prompt actions to reduce their risk. ACCT documentation should demonstrate meaningful daily contact.

**Not achieved**

All prisoners should be able to shower every day.

**Achieved**

Outcomes for prisoners in protected and minority groups should be routinely monitored and, if any adverse outcomes are identified, prompt remedial action should follow.

**Partially achieved**

Every prisoner requiring assistance during an evacuation should have an up-to-date personal emergency evacuation plan which describes the support they need. These plans should be accessible to residential staff, who should be familiar with these prisoners and their needs and locations.

**Not achieved**

Emergency resuscitation equipment and medicines should be in good order and ready for use. An effective monitoring system should be established which should be regularly audited to ensure compliance.

**Achieved**

The full range of health services should be delivered to patients in a timely and safe manner.

**Not achieved**

All prisoners should be able to spend an hour in the open air every day.

**Not achieved**

Leaders and managers should support face-to-face and remote learning to ensure that more prisoners can access education, skills and work and enhance their learning experience.

**Achieved**

Managers should improve the quality of the feedback that learners receive on their work, so that they know what they need to do to improve and develop their knowledge and understanding of the subject they are studying.

**Achieved**

Leaders and managers should increase support for learners who speak English as an additional language, so that they can improve their English skills.

**Achieved**

When public protection concerns necessitate the monitoring of prisoners' phone calls, every call should be listened to promptly to identify risk. New information indicating an increased risk should prompt immediate action to protect victims and manage the prisoner effectively in custody.

**Achieved**

## Appendix I About our inspections and reports

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

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

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

### **Safety**

Prisoners, particularly the most vulnerable, are held safely.

### **Respect**

Prisoners are treated with respect for their human dignity.

### **Purposeful activity**

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

### **Rehabilitation and release planning**

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

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

### **Outcomes for prisoners are good.**

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

### **Outcomes for prisoners are reasonably good.**

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

### **Outcomes for prisoners are not sufficiently good.**

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

### **Outcomes for prisoners are poor.**

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

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

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

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

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

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

## **This report**

This report outlines the priority and key concerns from the inspection and our judgements against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons* (Version 5, 2017) (available on our website at <https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison->



expectations/). Section 7 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

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

### **Inspection team**

This inspection was carried out by:

Charlie Taylor	Chief inspector
Sandra Fieldhouse	Team leader
Ian Dickens	Inspector
Martyn Griffiths	Inspector
Angela Johnson	Inspector
David Owens	Inspector
Paul Rowlands	Inspector
Chris Rush	Inspector
Jonathan Tickner	Inspector
Isabella Heney	Researcher
Sam Rasor	Researcher
Sophie Riley	Researcher
Alex Scragg	Researcher
Tania Osborne	Lead health and social care inspector
Paul Tarbuck	Health and social care inspector
Craig Whitelock	Pharmacist
Si Hussain	Care Quality Commission inspector
Viki Faulkner	Ofsted inspector
Daryl Jones	Ofsted inspector
Jai Sharda	Ofsted inspector
Allan Shaw	Ofsted inspector

## Appendix II Glossary

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

### **Care Quality Commission (CQC)**

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

### **Certified normal accommodation (CNA) and operational capacity**

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

### **Challenge, support and intervention plan (CSIP)**

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

### **Key worker scheme**

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

### **Leader**

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

### **Offender management in custody (OMiC)**

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

**Protected characteristics**

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

**Protection of adults at risk**

Safeguarding duties apply to an adult who:

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

**Social care package**

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

**Time out of cell**

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

## **Appendix III Further resources**

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

### **Prison population profile**

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

### **Prisoner survey methodology and results**

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

### **Prison staff survey**

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

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