



Report on an unannounced inspection of

HMP Dovegate

by HM Chief Inspector of Prisons

18 September – 5 October 2023



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Introduction

This Serco-run category B prison in Staffordshire had a population of 1,139 when we inspected. The jail had a mix of functions with substantial remand and long-term populations and a therapeutic community holding 16% of the men.

The director who took over in January 2023 was the seventh in the last 10 years. This lack of stability meant that the jail had not progressed as much as we would have expected, particularly in our purposeful activity healthy prison test, in which we awarded our lowest score of poor. This was very disappointing because education provision was also run by Serco, so there were none of the contracting issues we see with other prisons; it meant that Dovegate was failing to fulfil its role as a training prison. While most of the long-term population was in work or education, many jobs were on the wings where prisoners were underemployed and spent much of their time with not enough to do. The prison had, however, introduced several enrichment activities such as a film club or gardening, much of which was prisoner led.

Levels of violence were lower than in comparable prisons, but there had been a recent increase in assaults by prisoners on their peers. Staff were often reluctant to challenge low-level behaviour such as vaping or improper dress which meant that the rules were not clear.

The therapeutic community continued to be a thriving and innovative provision. It supported prisoners with complex needs and behaviour to help them to make sense of their past and learn to regulate their behaviour, so they were better able to cope in the future. This included some impressive work with prisoners who had learning difficulties. Ofsted inspectors, however, found the provision of education here even worse than elsewhere in the prison.

Ongoing difficulties with recruiting health care staff meant that provision was fragile. Of particular concern was the care for prisoners who arrived late in the evening who did not always get adequate health screening, which meant that they sometimes did not get essential medication.

Staff worked hard to support prisoners to maintain family links; this included the innovative use of technology to allow some to send and receive text messages.

There was some creative support to reduce prisoners' risk, complemented by a good range of offending behaviour programmes. These included the best key work we have seen in recent years in the male estate and a therapeutic dog training programme. Shortages of staff however, meant that prison offender managers were often stretched, regular meetings with prisoners did not take place and it was disappointing that nearly a third of prisoners left the jail homeless.

The director's focus on improving the welfare of staff had paid off. Officers spoke positively about the effect that his arrival had had on the jail, with a renewed sense of purpose and a feeling that the prison was making progress. On the wings, inspectors were impressed by the good relationships they saw

between prisoners and staff. Despite sometimes low staffing levels, officers knew their prisoners well.

There is much for the director and his staff to be proud of at Dovegate, and this was reflected in our scores of 'reasonably good' in our safety, respect, and preparation for release healthy prison tests. The jail is performing better than most prisons with big remand populations and longer-term prisoners. In the next year, the prison needs to completely reorientate towards education, training, and work, making sure that prisoners have a greater sense of purpose and are better prepared to get work on release. A more productive jail will also lead to a reduction in the high demand for drugs and its consequent violence. If the prison has a sustained period of more stable leadership, I am confident that progress will be made.

Charlie Taylor

HM Chief Inspector of Prisons

November 2023

What needs to improve at HMP Dovegate

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

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

Priority concerns

1. **Levels of violence and drug use were increasing.** Much of this was fuelled by prisoner boredom; leaders did not deliver a full and purposeful regime that motivated prisoners to behave, engage and progress.
2. **Prisoners with addiction problems or experiencing substance withdrawal symptoms who arrived late at the prison did not have access to alcohol detoxification or opiate substitution treatment.** Health staff did not carry out overnight welfare checks on these new arrivals, which was unsafe and placed prisoners at risk.
3. **Waiting lists for transfers under the Mental Health Act were too long.** In the last six months, five prisoners identified as requiring assessment and treatment in hospital under the Mental Health Act waited between 80 and 201 days to be transferred, which greatly delayed access to care and could have had a deleterious effect on their potential recovery.
4. **The number and range of vocational training and work activities was insufficient.** Vulnerable prisoners and those in the therapeutic centre had access to a limited curriculum. There were too many unemployed prisoners.

Key concerns

5. **Leaders did not consistently collect and make use of available data to understand the needs of prisoners and to drive improvements.** This was particularly evident in work to ensure fair treatment, release planning, and education, skills and work.
6. **Many cells suffered from inadequate ventilation because window grilles were broken or blocked.** This led to poor living conditions, particularly in shared cells.
7. **Prisoners waited too long to get access to their stored property.** Delays of up to six months had led to many complaints from prisoners trying to get their possessions. Recent efforts had reduced the backlog, but the delay was still around one month.

8. **There were insufficient facilities for prisoners to prepare food and cook for themselves, particularly those serving long sentences.**
9. **There were gaps in the provision for prisoners with disabilities.** There was, for example, no formal system, training and oversight for prisoners who were supporting their disabled peers with their domestic needs.
10. **Dentist wait times were too long.** Some prisoners had been waiting over 16 weeks for a first appointment, and 22 of the 122 patients in line for treatment had been waiting up to 39 weeks.
11. **The quality of teaching and training in English, mathematics and in the main workshops was weak.** Ineffective quality assurance processes had not identified these weaknesses. As a result, leaders had not provided teachers and training staff with recent training on how to improve their teaching practice.
12. **Initial advice and guidance to help prisoners to achieve their employment aspirations was limited.** Advice was not timely; staff did not review prisoners' plans usefully and many prisoners did not feel they were making sufficient progress.
13. **Too many prisoners were released without an address to go to.** In the last year, 173 of the 600 prisoners released on completion of their sentence had no accommodation, according to HMPPS data. The prison did not have a good understanding of this data, and did not hold figures on the accommodation outcome for the many more remand prisoners released directly from court.

Care Quality Commission regulatory recommendations

- When patients were unable to receive a full healthcare screening on arrival at the prison, not all measures were taken to identify and address immediate risks and prescribing requirements. Patients with identified risk were not always monitored during their first night in custody for signs of deteriorating health. Care and treatment therefore must be provided in a safe way for service users by assessing the risks to their health and safety, doing all that is reasonably practical to mitigate such risks, and ensure the proper and safe management of medicines.
- There was no managerial monitoring of clinical activity on night shifts to ensure risks were identified and mitigated appropriately and leaders had not identified the concerns raised regarding first night risks to patients. Staff relied upon the good will of off duty staff to prescribe out of hours medication remotely. Remote prescribers were not always given the level of information required, resulting in some patients not receiving their prescribed medication on their medication when they needed it. Systems and processes therefore must be established and operated effectively to assess, monitor and improve the quality and safety of services provided, and to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others.

About HMP Dovegate

Task of the prison

A category B training prison with a remand function and therapeutic community.

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

Prisoners held at the time of inspection: 1,139

Baseline certified normal capacity: 1,160

In-use certified normal capacity: 1,160

Operational capacity: 1,160

Population of the prison

- Approximately 220 admissions per month during the last year.
- 84% of the population are on the main site and 16% on the therapeutic community (TC).
- 70% of the population are serving a sentence, of which 25% were indeterminate.
- 20% of the population are remanded.
- 11% of the population are foreign national prisoners.
- 76 prisoners released into the community per month.

Prison status (public or private) and key providers

Private: Serco

Physical health provider: Practice Plus Group

Mental health provider: Inclusion (Midlands Partnership NHS Foundation Trust)

Clinical substance misuse treatment provider: Practice Plus Group

Psychosocial substance misuse provider: Midlands Partnership NHS Foundation Trust

Dental health provider: Time for Teeth

Prison education framework provider: Serco

Escort contractor: GEOAmey

Prison department

Privately managed prisons

Serco Justice Director

Mark Hanson

Brief history

HMP Dovegate, near Uttoxeter in Staffordshire, opened in 2001. In September 2009, new accommodation opened to increase capacity, with half the 260 new spaces dedicated to local prisoners. The prison holds adult prisoners over the age of 21 serving a range of sentences, including trial, remand, those awaiting sentence and convicted prisoners serving short and long-term sentences.

Short description of residential units

- Three main residential units housing 960 prisoners.
- 200-bed therapeutic community (TC).

- 11-bed inpatient facility.
- 18-bed segregation unit.

Name of director and date in post

Andy Johnson, December 2022

Changes of director since the last inspection

Clare Pearson, April 2020 – December 2021

Mark Hanson, January 2022 – January 2023

Andy Johnson, January 2023 to present

Independent Monitoring Board chair

Alison Bates

Date of last inspection

Main site: 30 September – 11 October 2019

Therapeutic prison: 12–22 March 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 preparation for release (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 Dovegate, we found that outcomes for prisoners were:
- reasonably good for safety
 - reasonably good for respect
 - poor for purposeful activity
 - reasonably good for preparation for release.
- 1.3 Previously, we inspected HMP Dovegate and HMP Dovegate Therapeutic Prison separately. We inspected the prison and the therapeutic prison together at this inspection, and will continue to do so at future inspections.
- 1.4 We last inspected HMP Dovegate in 2019. At that inspection we found the outcomes for prisoners were:
- reasonably good for safety
 - reasonably good for respect
 - not sufficiently good for purposeful activity
 - reasonably good for rehabilitation and release planning.
- 1.5 We last inspected HMP Dovegate Therapeutic Prison in 2018, at that inspection we found the outcomes for prisoners were:
- good for safety
 - good for respect
 - reasonably good for purposeful activity
 - reasonably good for rehabilitation and release planning.

Progress on key concerns and recommendations

- 1.6 At our last inspection of HMP Dovegate in 2019 we made 30 recommendations, 12 of which were about areas of key concern. The prison fully accepted 28 of the recommendations and partially (or subject to resources) accepted two.
- 1.7 At our last inspection of HMP Dovegate Therapeutic Prison in 2018 we made 25 recommendations, one of which was about an area of key concern. The prison fully accepted 23 of the recommendations and partially (or subject to resources) accepted two.

- 1.8 At this inspection of HMP Dovegate we found that four of our recommendations about areas of key concern from the HMP Dovegate in 2019 had been achieved, and eight had not been achieved. Three recommendations in the area of safety had been achieved and two had not been achieved. One recommendation in purposeful activity had been achieved and three had not been achieved. All three recommendations made in rehabilitation and release planning had not been achieved. We found that the one recommendation about a key concern in the area of purposeful activity from our 2018 inspection of HMP Dovegate Therapeutic Prison had not been achieved. For a full list of the progress against the recommendations, please see Section 7.

Notable positive practice

- 1.9 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.
- 1.10 Inspectors found seven examples of notable positive practice during this inspection.
- 1.11 Intelligence reports were collated promptly and disseminated in a clear format the following day, which enabled staff to respond quickly to emerging risks. (See paragraph 3.43)
- 1.12 Leaders had introduced a 24/7 messaging service ('Shout') that prisoners could access via their in-cell technology. This enabled those who were in crisis or struggling with their mental well-being to seek support. (See paragraph 3.52.)
- 1.13 Prisoner council meetings were chaired by the director and had consistently good attendance by managers. Pre-meetings were held on each house block to consult prisoners who were not council members, and the meetings were filmed and shown on in-cell TV, so that all prisoners could be aware of the process. An action plan was circulated to the wings after each meeting. (See paragraphs 4.18 and 4.19)
- 1.14 Prisoner peer health champions supported the delivery of health care and contributed positively to the running of daily health clinics. They were trained to carry out health and well-being checks, such as blood pressure monitoring, and delivered health care appointments to patients. (See paragraph 4.47)
- 1.15 In the evenings and weekends, prisoners could choose from a broad range of structured enrichment activities, many of which were suggested and/or led by their peers. These included a film club, card making, gaming and garden shed club. (See paragraph 5.6)

- 1.16 Leaders had provided comfortable private rooms off the main visit halls on both the main site and the therapeutic community, which allowed prisoners to celebrate special occasions with their children or deal with sensitive family matters with respect and support. (See paragraph 6.6)
- 1.17 Managers had introduced the innovative 'restart dog' project in partnership with highly experienced trainers and employers, where dogs were trained (and fostered by prison staff) to work as assistance dogs for people with autism, anxiety or PTSD. Prisoners gained substantial new knowledge and skills. (See paragraph 6.31)

Section 2 Leadership

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

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 The director and deputy director provided clear leadership, empowering and supporting their senior team. Many of the senior leads were new to their roles and areas of work, but they were focussed on driving improvement in their areas. The therapeutic community (see paragraphs 6.35-6.42) benefited from a highly skilled leadership team focused on continuous improvement that enabled their prisoners to flourish.
- 2.3 Leaders had not done enough to make sure that the education, skills and work curriculum met the needs of prisoners, even though this had been identified as a priority critical to achieving other targets, for example, reducing drugs, violence and self-harm. Most of the key recommendations made by Ofsted at the last inspection had not been achieved.
- 2.4 Some instability in leadership roles in health, and education, skills and work, and a problem recruiting staff in specialist roles like probation, had impacted on the quality of outcomes in such areas. Dovegate was fully staffed with prison custody officers (PCOs). However, the large number who were absent, still in training or deployed to other parts of Serco meant the prison was unable to facilitate a full regime every day.
- 2.5 The culture of the prison was reasonably positive; prisoners were mainly content, and most staff were engaged, friendly and approachable. Staff were encouraged to be innovative and empowered to make improvements in their areas. The range of enrichment activities available to prisoners was impressive, and leaders made good use of in-cell technology to engage prisoners and help them to take control of their daily life. However, the culture on the main site was not sufficiently rehabilitative, and leaders needed to set higher standards of behaviour on wings and encourage greater ambition among prisoners to encourage them to better engage with learning and work.
- 2.6 The prison's self-assessment report (SAR) for the therapeutic community accurately reflected the positive outcomes identified during the inspection and set out a realistic plan for further improvement. The SAR for the main prison broadly represented our findings, but lacked sufficient focus on weaknesses in health, fair treatment of different groups, and work to prepare prisoners for release.

2.7 Leaders clearly valued their staff group and demonstrated this through investment in initiatives such as a meaningful rewards scheme, help with childcare costs during peak holiday times and team building awaydays. Leaders had also appointed a helpful onsite counsellor to assist staff.

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 On average, around 220 prisoners arrived at Dovegate each month. Three-quarters of these were usually new admissions from the courts, with the rest transferred in from other prisons. The prison held remanded and sentenced prisoners on the main site and sentenced prisoners on the TC. The same reception area was used for prisoners on the main site and those arriving to join the therapeutic community (TC, see paragraphs 6.35-6.42). Reception was small and compact but staff were friendly and welcoming, which created a positive atmosphere, and in our survey, 83% of prisoners said they were treated well in reception.
- 3.2 Holding rooms were bare, with minimal information or posters to promote the regime and the various opportunities available, which was a missed opportunity to motivate prisoners from the moment they arrived.



Reception holding room

- 3.3 In most cases, prisoners arrived with up-to-date records, highlighting potential risks or vulnerabilities. There was a safety interview with each prisoner to explore any concerns they had and make sure they received appropriate support. However, this did not take place in a sufficiently private space; they were interviewed at the reception counter, within sight and earshot of other staff and prisoners, making them less likely to disclose sensitive information.
- 3.4 Nursing staff carried out a full health screening of all new prisoners who arrived during the working day; those who arrived out of hours, which happened regularly, had an emergency health assessment with a full initial health screening the following day. Late arrivals did not have access to a prescriber to provide alcohol detoxification or opiate substitution treatment (OST), and health staff did not make any overnight welfare checks, which was unsafe (see paragraph 4.68).
- 3.5 There was a lack of clarity and consistency in some key reception processes. For example, some staff conducted both a body scan and a strip search, while others only carried out a strip search if the body scanner indicated the presence of contraband. There were also contradictory accounts of the number of prisoners allowed in one waiting room at the same time.
- 3.6 There was a useful reception booklet with information about prison life, but this was in English only. Although staff told us that they used online translation services when required, along with multilingual staff or prisoners when needed, this did not mitigate the need for official written material in the most common languages to help foreign nationals navigate prison life.

- 3.7 Both the main site and the TC had their own induction units, and vulnerable prisoners were housed separately on house block 3. First night cells on the main site were not always in a suitable condition. We found cells that were dirty, had flaking paint, stained toilets and were clearly not ready for occupation, and some had rubbish left by the previous occupant. Leaders were not aware of the conditions of induction cells, which indicated that the quality assurance system was not operating effectively. Cells were better prepared on the TC, where prisoners were also provided with materials to personalise their cells.
- 3.8 Prison custody staff conducted hourly well-being observations of new arrivals during their first night, which provided some assurance of safety during a critically vulnerable time.
- 3.9 In our survey, 86% of respondents said they had received an induction to the prison. Peer workers on the main site delivered a good-quality programme and also conducted follow-up welfare checks on prisoners one and two weeks after arrival. Prisoners arriving straight on to the TC also received a good induction from staff and a peer worker.
- 3.10 New arrivals were offered packs containing vapes and basic groceries. Prison shop orders were then delivered twice weekly, which meant that new arrivals could buy items quickly without borrowing from other prisoners and accruing debt in their early days (see paragraph 4.17).
- 3.11 As with the reception booklet, information provided to prisoners in their early days was only available in English, except for a deportation advice booklet for foreign national prisoners.
- 3.12 The regime on both induction wings was very limited. Prisoners on the main unit were locked up for much of the day, although this was somewhat mitigated by short stays on the unit.

Promoting positive 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

- 3.13 The prison felt relatively calm at the time of our inspection, and few prisoners raised issues of safety. However, levels of violence had been increasing during the last 12 months and were higher than at our last inspection. There had been 199 prisoner-on-prisoner assaults per 1,000 prisoners in the previous 12 months, which was just above the average for similar prisons. The number of assaults against staff, 62 per 1,000 prisoners over the previous 12 months, was low compared with similar category B training prisons.

- 3.14 Most of the recorded violence took place on the three main house blocks; levels of violence were much lower on the separate TC. Prisoners convicted of a sex offence or who felt under threat from other prisoners were also held on a separate vulnerable prisoner unit (VPU), which was part of house block 3. They did not mix with the general prison population, which kept them safe from violence and bullying.
- 3.15 Leaders clearly understood the main drivers for violence, but their strategy and action plan to address this were largely reactive. While they were effective in identifying actions to respond to individual issues, the strategy did not focus sufficiently on addressing one of the main causes of violence, the failure to prioritise the delivery of purposeful education, training and work. Weaknesses in this area inevitably led to boredom, drug misuse and violence, all of which could be improved with a regime designed to motivate prisoners to behave, engage and progress through their sentence.
- 3.16 The structure to manage safety included a monthly safety meeting exploring data and trends, and an effective, multidisciplinary weekly safety intervention meeting (SIM) that focused on individual prisoners of concern. An effective morning briefing enabled managers to discuss all the events of the previous day, and disclose relevant security information reports. This allowed leaders and staff to prioritise and respond to any immediate areas of concern swiftly.
- 3.17 There was also a small, hard-working safety team who provided good support and guidance to staff and prisoners. Psychology staff worked collaboratively with the safer custody team to make sure there was good oversight of prisoners with complex needs and behaviours. The regular cross-deployment of staff in the safety team was, however, affecting their ability to drive change and progress effectively.
- 3.18 The safety team investigated every violent incident and assessed the necessity to open a challenge, support and intervention plan (CSIP, see Glossary). CSIPs were used effectively to provide additional monitoring, intervention and support for the perpetrators and victims of violence. The CSIPs we reviewed were of good quality and identified sensible objectives. However, prisoners struggled to achieve some important objectives due to the lack of good quality education, skills and work opportunities (see the section on education, skills and work activities).
- 3.19 There was a lack of work to occupy the large numbers of wing cleaners, painters and peer workers who were unlocked on the main wings. These prisoners were not well supervised, and most were bored. Staff did not consistently challenge low-level poor behaviour, such as vaping in communal areas, shouting, swearing and playing loud music (see paragraph 4.3).
- 3.20 The formal rewards scheme was largely ineffective and was limited to traditional incentives, such as an extra visit and a small increase in the amount of money prisoners could spend. The scheme had been

reviewed recently, but did not promote engagement with education, skills and work or the achievement of sentence plan targets.

- 3.21 Rewards and sanctions were used more effectively on the TC, where most prisoners were on the highest level of the incentives scheme. This was due in part to the impact of the therapy they were involved in, where they had an opportunity to reflect on past behaviours and were helped to understand the impact of their behaviour. Prisoners on the TC also benefited from greater contact with key workers who discussed their progression and sentence plans, all of which encouraged and helped them to behave and engage (see paragraphs 6.35-6.42).
- 3.22 A new incentive scheme (Inspire) had been introduced, which ran alongside the original scheme and was more promising. Inspire awarded points for certain achievements, such as returning library books and attending work, and for group success, such as no violent incidents on a wing for a week. Prisoners could exchange these points for rewards that they valued, such as phone credit or a clothes parcel sent in from home. This scheme was much more focused on reward for engagement with the regime and demonstrating prosocial behaviour. However, the two schemes ran together, which was cumbersome and confusing.
- 3.23 There were several safety peer mentors; some were designated to a specific wing, and two were allowed to move freely around the prison. Their intervention was effective in de-escalating minor grievances and supporting prisoners who could potentially become involved in violence. Their work was usefully informed by the intelligence shared with staff in the morning briefing, and prisoners spoke positively about the calming influence they had in potentially risky hotspots.

Adjudications

- 3.24 The number of adjudications had increased considerably in the previous 12 months compared with the 12 months prior to the last inspection. Too many charges were for offences that could have been dealt with more effectively informally. Staff told us this was because they had little confidence in the effectiveness of the rewards scheme (see paragraph 3.20).
- 3.25 The level of enquiry was reasonable in most of the sample of adjudications we reviewed, but some punishments were disproportionate. Adjudicators imposing a fine for a breach of prison rules had removed 100% of a prisoner's earnings and private cash, instead of the 75% fine recommended by leaders. This meant prisoners had no money to buy phone credit to contact their families and left them susceptible to debt.
- 3.26 Adjudication hearings were quality assured through a quarterly segregation monitoring and review group (SMARG). Data viewed at this meeting for the three months prior to our arrival supported our findings, with more than 150 charges for possession of an unauthorised article, and nearly 170 for using threatening or insulting words or

behaviour being laid. The forum had not identified or addressed adjudications being used to deal with low-level poor behaviour or the award of overly punitive fines.

Use of force

- 3.27 There had been 382 incidents of force in the previous 12 months. While this was below the average for comparable prisons, the numbers had been on an upward trajectory over the past year, broadly in line with rising violence (see paragraph 3.13).
- 3.28 The majority of incidents were spontaneous, rather than planned removals. Less than half of all force resulted in the application of full control and restraint techniques, and many involved lower-level guiding holds, often to usher prisoners away from volatile situations. Just over a third were recorded as a use of force because ratchet handcuffs had been applied. The most common reason for the use of force was in response to violence or because prisoners were refusing a direct order.
- 3.29 Documentation accounting for the use of force was usually completed promptly, although the quality was too variable and often did not provide adequate detail or describe any attempts to de-escalate the situation.
- 3.30 The recording of incidents using body-worn video cameras was poor and it was clear from prison records that too many incidents were not recorded. Due to mis-recording, we were unable to identify exact numbers of incidents.
- 3.31 Governance was through weekly and monthly scrutiny meetings, which provided oversight of any force used and assessed whether its use was proportionate and necessary. However, due to the lack of body-worn video camera footage, many incidents could only be viewed via CCTV (if available), and this did not include audio. This, coupled with a lack of adequate detail in some reports, made it harder to provide scrutiny and assurance concerning the justifications for particular incidents.
- 3.32 The sample of cases that we reviewed did include some incidents with appropriate BWVC footage and more detailed reports. In these cases we were satisfied that there had been good de-escalation and an appropriate use of force. Where concerns were identified through scrutiny, there were steps to address the issues directly with the officers involved to make sure lessons were learned.
- 3.33 Leaders stated that they reviewed all uses of batons and PAVA incapacitant spray. Batons had been drawn and used in three incidents, but drawn and not used on seven additional occasions. There had been seven incidents where PAVA was used. Footage was available for only two of the incidents involving batons and four of those involving PAVA. From the limited footage available, we judged the drawing of batons and deployment of PAVA were appropriate.

Segregation

- 3.34 Segregation had been used 1,122 times in the previous 12 months, of which 209 were prisoners segregated on their own wing before an adjudication to take place the following day. There were appropriate safeguards for prisoners segregated on the wing. The average stay in segregation, both on the wing and on the unit, was relatively short.
- 3.35 The segregation unit was bright, clean and tidy, and cells were in reasonable condition. We observed good interactions between staff and prisoners on the unit. In contrast to the findings of our survey, the prisoners we spoke during the inspection said staff were respectful and treated them decently.
- 3.36 We found examples of at-risk prisoners who were segregated while being supported through case management due to their increased vulnerability and risk. Records to evidence that these prisoners had been assessed by health staff as suitable for initial or continued segregation were not always completed accurately. This meant that leaders could not be assured that the decision to segregate or continue segregation was safe.
- 3.37 Timely segregation reviews meetings were held to discuss how a prisoner was progressing and to develop plans to reintegrate them on the main wings. The meetings were not sufficiently multidisciplinary, the Independent Monitoring Board did not always attend, and health care staff did not reassess the prisoner's suitability to remain segregated.
- 3.38 The quality of reintegration plans was poor, although leaders had credible plans to improve them. These included a proposal to allow prisoners association time on their new wing to prepare them for their return.
- 3.39 The regime was limited for most prisoners in segregation was limited to the opportunity to shower and use the exercise yard for just half an hour a day. In our survey, however, only 60% of prisoners told us they could shower each day and just 63% that they could go outside on exercise, suggesting the segregation regime was delivered inconsistently.
- 3.40 Prisoners who spent longer periods in segregation were given a TV, which helped alleviate the boredom, and some could also attend their offending behaviour programmes off the unit. The education department had provided some outreach for long-term prisoners in segregation, and in-cell workbooks were available.
- 3.41 A psychologist worked closely with prisoners on the unit and provided some good one-to-one work, including offending behaviour work such as anger management. This sometimes assisted moves back to normal location, although the psychologist was not formally involved in devising the reintegration plans.

- 3.42 The SMARG meeting (see paragraph 3.26) reviewed a wide range of data to inform decisions such as which prisoners should transfer out, and to understand trends in segregation such as length of stay on the unit. However, attendees did not give sufficient attention to weaknesses in processes for initial and continued segregation or the quality of the regime.

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 misuse and effective drug supply reduction measures are in place.

- 3.43 Security measures at Dovegate were broadly proportionate for a category B prison with a remand and training function. Intelligence was well managed, and leaders understood their main threats. The supply of illicit drugs and related bullying and debt had been identified as high priority. Intelligence was used to inform the strategic and tasking meetings, and determined the actions set. Intelligence was quickly and effectively communicated through the morning safety briefing to enable swift action by staff. This had led to several major finds of items such as mobile phones and illegally brewed alcohol.
- 3.44 The rate of positive drug tests following mandatory random testing was above target at 19%. Health care had recorded 253 incidents of prisoners in need of medical attention for being under the influence of an illicit substance in the previous 12 months.
- 3.45 The monthly drug strategy meeting was well attended and included several partner agencies. A supply reduction action plan focused on closing the trafficking routes into the prison. However, the strategy did not address issues that increased the demand for drugs, and there needed to be a greater push to alleviate prisoner boredom through the delivery of a more meaningful and purposeful regime.

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

- 3.46 There had been four self-inflicted deaths since our inspection in 2019, with another shortly after our inspection. Recommendations and follow up actions from the Prisons and Probation Ombudsman (PPO) reports

into the deaths were monitored, although progress in addressing some recommendations was too slow. Importantly this included the need to improve the quality of recording on assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm.

- 3.47 The recorded rates of self-harm were lower than in other similar prisons, but had increased by 18% since 2019 and had been on an upward trajectory over the last 12 months. Most of the self-harm was attributable to prisoners on the main site; rates on the therapeutic unit were very low.
- 3.48 Useful data were collated and analysed, providing leaders with valuable information on the causes of self-harm and reasons for the increase. The prison attributed some of the upsurge to an increased number of prolific self-harmers, but also identified that self-harm was higher among the unemployed population. It was positive that leaders understood the trends in the data, but more needed to be done to address the issues identified. For example, a greater focus on providing prisoners with meaningful work, training and education would give prisoners who were struggling to cope more purpose, or at the very least provide them with some distraction.
- 3.49 Only a minority of self-harm incidents were classed as serious, but there were weaknesses in their investigation. For example, some investigations were incomplete, and others indicated a lack of understanding about their purpose. This meant that leaders were unable to identify effective learning opportunities to prevent future serious incidents.
- 3.50 The quality of ACCT case management was too variable. Assessments were not thorough and care plans did not always demonstrate good consideration of the prisoner's individual needs. Quality assurance processes were not driving changes quickly enough. There was good multidisciplinary input for the most prolific self-harmers, who reported that they were supported well.
- 3.51 Although leaders had appointed a sufficient number of Listeners (prisoners trained by the Samaritans to provide confidential emotional support to their peers), and they were well supported by the safer custody team, wing staff did not do enough to enable their access to prisoners who had requested their help. More needed to be done to make sure that all staff understood the importance of this peer support role and to enable them to provide their service when needed.
- 3.52 The introduction of Shout (a 24/7 messaging service for anyone in crisis), accessed via in-cell technology, was a positive initiative to support prisoners who were struggling with their mental well-being. The service was relatively new. It was initially rolled out to one house block, but within the first few days over 50 contacts had been made, indicating a need and providing promising support for prisoners.

Protection of adults at risk (see Glossary)

- 3.53 A local safeguarding strategy provided comprehensive guidance on how to support a prisoner at risk of abuse and neglect, including the role of the safeguarding adults board, peer support for prisoners in need, and the different channels through which to report suspected abuse or neglect.
- 3.54 There were minimal links with the local safeguarding adults boards. The prison had invited a member to attend the weekly SIM (see paragraph 3.16), but there was no evidence that it had sought expert advice when offering training, writing policies or providing general advice to prison staff on how to manage vulnerable prisoners. There were, however, structures to discuss at-risk prisoner cases internally, such as the weekly SIM and the multi-disciplinary complex case clinic meeting led by health care, which the head of safety also attended.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

- 4.1 We observed good relations between prisoners and staff, and in our survey, half of all prisoners said that a member of staff had spoken to them in the last week about how they were getting on, against just 31% in comparator prisons. However, only 47% of under 25s said they would turn to staff if they had a problem, against 76% of those aged over 25.
- 4.2 Wing officers knew their prisoners well and many prisoners told us that they were helpful in resolving issues. Relationships were particularly good on the therapeutic community (TC, see paragraphs 6.35-6.42); in our survey, 94% of prisoners there said that staff treated them with respect, compared with 72% in the main prison. One prisoner said this was because they worked more closely with staff who were interested in their progress. The TC created a safe place for prisoners to develop their social skills. For example, the ability to challenge staff who they perceived to have been disrespectful to them was very powerful, and helped staff and prisoners to develop a greater understanding of each other's perspective.
- 4.3 Many staff were recent recruits, but ongoing training and support for them was good. Their induction included meetings with prisoner peer workers, which helped to develop confidence, and we saw many examples of them communicating well with prisoners. However, staff needed more guidance and support to challenge low-level poor behaviour by prisoners, such as vaping, swearing and playing loud music (see paragraph 3.19).
- 4.4 Key work (see Glossary) was well established and better than we usually see. In our survey, 95% of prisoners said they had a key worker, against the comparator of 77%, of whom 64% said that their key worker was helpful. Many key work records were good, providing a detailed picture of the prisoner's situation and concerns. However, this was not consistent; some sessions were missed, and some records lacked information about prisoners' progress.
- 4.5 There was a range of peer worker roles, such as safer custody representatives, Insiders, and health care champions (see paragraph 4.47). Mentors had clear job descriptions, but their supervision was variable, and the large number in such roles (around 60 in the main

prison) meant that some were underemployed. However, many of those we spoke to were enthusiastic and motivated to help their peers.

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

- 4.6 External areas and internal communal areas were clean and well cared for. In our survey, 66% of prisoners said communal areas on their house block were clean. Wing yards were equipped with exercise equipment, and wing landings had exercise machines and facilities for table tennis and pool.



House block 1

- 4.7 Most prisoners were accommodated in single cells which had sufficient space, but around 120 cells in house block 3 were holding two prisoners. Risk assessment procedures for allocating prisoners to these shared cells were robust and thorough. Conditions in the doubled cells were more cramped and there was insufficient storage. However, cells on house block 3 had internal showers, which prisoners valued. On other wings, access to showers was good. Shower rooms were reasonably clean, but were inadequately screened from the landings. In

the TC, all cells were single occupancy and all had showers, contributing to good living conditions.



Double cell on house block 3

- 4.8 Cells were generally in good condition, although some needed re-painting. Staff carried out cell fabric checks daily, but a recent decency audit found that most cells lacked toilet seats, which had now been ordered. New flooring had been installed in many cells, but some still needed repair. In many cells, ventilation was inadequate because window grilles were broken or blocked.
- 4.9 Prisoners had in-cell communications technology in all areas except the induction unit. This enabled them to manage day-to-day activities such as making applications, selecting menu choices, and ordering items from the prison shop. They could also communicate with their families through a text messaging service, which prisoners valued highly. The few prisoners subject to offence related monitoring were not permitted to use this service (see section on preparation for release).
- 4.10 In our survey, only 21% of prisoners said that cell bells were answered within five minutes. Prisoners told us that the loud bells prevented them sleeping at night. Managers had detailed data on cell bell response times showing that, over the last three months, around a fifth (20.7%) were not answered within five minutes. They planned to introduce a

new system to provide data more quickly to enable them to address this issue.

- 4.11 Supplies of clothing and bedding were good. There were washing machines on each wing and the prison laundry provided an efficient service. Prisoners' property was stored safely, but staff shortages meant that their access to it was poor, with delays of up to six months; this had led to many complaints from prisoners trying to get their possessions. Recent efforts had reduced the backlog, but the delay was still about one month.

Residential services

- 4.12 In our survey, only 32% of prisoners said the food was good, and for prisoners in the TC the figure was only 21% compared with 35% for those on the main site. The food we saw was reasonably appetising and better than we usually see. It was very positive that prisoners could dine out at lunch and the tea meal, and most chose to do so.



House block 1 dining area

- 4.13 Prisoners could order their meals each week through their in-cell terminals. Menus included a reasonable range of choices, including halal and non-halal meat dishes, kosher meals, and vegetarian and vegan options. Prisoners with medical conditions received special meals specified by the health care department. Meals were also provided for religious festivals and for cultural events such as Black History Month.
- 4.14 Prisoners were consulted about menus through a monthly meeting and staff had recently carried out a prisoner survey. Following these, menus

had been revised to increase the number of healthy options, such as salads and lean meat dishes.

- 4.15 The kitchen was clean and well equipped, and almost fully staffed. Around 35 prisoners were employed. They received training in food hygiene, but no further vocational training, though managers were planning to introduce a national vocational qualification (NVQ) course. Food trolleys and wing serveries were clean and in good condition. Servery workers had received food safety training and were supervised by a member of staff.



Servery on TC

- 4.16 Facilities for prisoners to prepare food and cook for themselves were too limited. Wings had a toaster and two microwave ovens, some of which were out of order, and no food preparation area. This was insufficient, particularly for wings holding long-sentenced prisoners.
- 4.17 The Serco prison shop functioned efficiently and offered a wide range of products. Prisoners could check their finances and submit orders online each week, and new arrivals could order within 24 hours (see paragraph 3.10). However, there was a lack of healthy food options; out of the 520 items listed, only eight were fresh fruit and vegetables. Profits from the shop were reinvested in facilities for prisoners. Prisoners could also shop from mail order companies, but deliveries were often delayed.

Prisoner consultation, applications and redress

- 4.18 General consultation arrangements were good. The director chaired the prisoner council, which met fortnightly. Meetings were well attended by senior managers and heads of functions, such as from the offender

management unit and the kitchen. Around 17 prisoner representatives attended, representing all house blocks including those in the TC. Separate consultation meetings were held in each house block, and for discussion about prison food and the shop.

- 4.19 Prisoner council meetings were filmed and shown on in-cell TV, and after each meeting an action plan was circulated to the wings. In our survey, 61% of all prisoners, and 73% of TC prisoners, said they were consulted about living conditions.
- 4.20 Prisoner council representatives were generally positive about improvements resulting from the meetings, though some commented that issues, such as the need to replace broken microwave ovens, had been raised repeatedly without being resolved.
- 4.21 The application process was very efficient. Prisoners could submit applications and receive responses directly from their in-cell terminals. In our survey, 56% of prisoners, against the 41% comparator, said applications were dealt with fairly and 58%, against 26%, that they were dealt with within seven days.
- 4.22 In the previous three months, 517 complaints were received, which was a lower rate than similar prisons. Management of complaints was good. Administrative staff monitored the timeliness of the process, and senior managers quality assured a sample of responses each month. In the sample we saw, replies were timely and polite, giving full answers to the issues raised.
- 4.23 Prisoners could arrange meetings with their legal representatives by video link or in person, with a waiting time of less than two weeks. Meetings took place in the visits centre, where there were four video rooms and three rooms for face-to-face meetings. Prisoners could book study sessions in the library, where they could use up-to-date legal reference books to research their cases.

Fair treatment and inclusion

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), or those who may be at risk of discrimination or unequal treatment, 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.

- 4.24 Leaders had made efforts to understand and respond to the needs of prisoners with protected characteristics through consultation, but analysis of data was limited and there were gaps in some provision.
- 4.25 Each member of the senior management team was assigned a role to coordinate work on a specific protected characteristic. A major component of this work was to consult prisoners about provision and

any concerns. We found that, with notable exceptions (see below), these consultations were taking place and were useful. Despite this, the prison did not have a full picture of needs as it was not systematically analysing data to identify possible disproportionate treatment.

- 4.26 Our survey evidenced poorer perceptions of treatment among prisoners with disabilities and mental health issues than others in many areas of prison life. The prison did not have ready access to relevant data to identify whether there were disparities in provision for such prisoners, nor had there been any recent consultation with them.
- 4.27 Some prisoners with disabilities had been issued with personal alarms, and equipment such as wheelchairs and grab rails were provided to support them with their daily living, which was good. However, there were gaps in provision. The Helping Hands scheme – in which prisoners were paid to help disabled prisoners with domestic tasks – had been suspended after our last inspection because of health and safety concerns related to their lack of training. Despite this, some prisoners provided help to those with disabilities informally, but there was no oversight of their work (see paragraph 4.60). We also found one prisoner with a functional neurological disorder who was living in an unsuitable cell. Although he had been informed that he was eligible for an adapted cell, none were available.
- 4.28 A neurodiversity manager had been appointed earlier in the year. Unlike in other prisons where such roles focused on promoting general awareness of the needs of neurodivergent prisoners, the manager at Dovegate had taken a casework approach. With the assistance of trained peer workers, she was providing support to 53 prisoners with various conditions. It was too early to say whether this would be a more effective approach to meet the needs of neurodivergent prisoners.
- 4.29 Our survey indicated poorer perceptions of the available incentives among minority ethnic than white prisoners. Leaders had regularly consulted this group, and their discussions did not highlight this issue. Recent data showed no disproportionate outcomes in relation to incentive levels. However, leaders were urged to raise the findings of the survey in future consultation events to gain a greater understanding of the issues.
- 4.30 Leaders made good use of peer workers to support the promotion of equality. Wing-based equality representatives were visible on the wings on both the main site and TC, and provided assistance or signposting to their peers on relevant issues. In addition, the race equality task force was composed of prisoners who had received good training and were able to move around the prison to help address identified issues, including mediating disputes between prisoners.
- 4.31 There were about 120 foreign national prisoners at the prison during our inspection. Although support provided to them was generally reasonable, the use of professional interpreting services was limited. In the previous year, around a dozen prisoners had been held under

immigration powers immediately after their sentences had ended. Although they were given a list of legal representatives, managers were not aware of their obligation to facilitate a session of free legal advice to such prisoners.

- 4.32 Around 10% of prisoners were under 25. At the end of 2022, the prison had introduced a plan to enhance its work with young adults. This was comprehensive but still at an early stage of implementation. The manager tasked with leading this work had been adept at facilitating consultations. She had recently organised a sports day for young prisoners which had proved popular, and had advanced plans for other activities suggested by them.
- 4.33 There had been 82 discrimination incident reporting forms (DIRFs) submitted in the last 12 months. Our review found that they were generally well investigated with justifiable decisions made, but responses did not always fully explain the reasons for such decisions. Although internal quality assurance was in place, there was no external scrutiny of DIRFs.

Faith and religion

- 4.34 The prison had a chapel in the main part of the prison and multi-faith areas on both sides. The facilities were good and provided prisoners with sufficient space and privacy. Religious services were well attended.
- 4.35 Provision for most faith groups was good. In common with many jails the prison still lacked a Rastafarian chaplain, but such prisoners were meeting to discuss their beliefs. In our survey, 90% of prisoners said they could attend a religious service if they wanted to.
- 4.36 A duty chaplain was present every day and chaplains carried out a wide range of pastoral work. Positively, two bereavement counsellors worked alongside the chaplaincy.
- 4.37 Chaplains played a prominent role within the prison and visited, for example, those on ACCT case management. They worked closely with residential staff to ensure that suitable arrangements were made for celebrations of religious festivals.

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.

- 4.38 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The

CQC issued 'requirement to improve' notices following the inspection (see Appendix III).

Strategy, clinical governance and partnerships

- 4.39 Practice Plus Group (PPG), led the provision of health care services, supported by the Midlands Partnership NHS Trust, who delivered mental health and substance misuse support, and Time For Teeth who delivered dental care. Demand, particularly during prisoners' early days in custody, had increased considerably and the service model was changing to reflect this. Several recent leadership changes had seen a new head of health care take up post. Established governance systems ensured a level of accountability for practice, which included regular clinical audit, reporting and learning from incidents (such as Prisons and Probation Ombudsman reports into deaths in custody), as well as clear performance and risk management arrangements.
- 4.40 Health staff had been unsettled by the recent changes, further aggravated by ongoing vacancies in virtually all areas of health care, with relationships with the prison negatively affected due to competing demands and staffing pressures. Although additional staffing was covering shortfalls, it was an ongoing struggle to plan future cover and senior clinicians were frequently pulled into routine care.
- 4.41 Despite these pressures, the resilient staff group were delivering core services, and most prisoners were positive about the support they received; we observed prisoners being treated with dignity and respect.
- 4.42 Training, supervision and opportunities for professional development were available to staff, but recording of supervision arrangements could be improved. The quality of clinical records was variable, but there were systems to make sure appropriate consent was sought to share personal clinical information appropriately.
- 4.43 Vulnerable prisoners, and those residing in the therapeutic community, had equitable access to all services. The health care centre was small and also housed the pharmacy. We observed patients milling around the centre outside of the waiting areas, which needed to be better managed. In addition, some treatment rooms were located on the first floor, which was not routinely patrolled by custody staff and which carried some additional risks.
- 4.44 Treatment rooms needed some refurbishment but were mostly fit for purpose. There was an impressive system to manage and maintain medical equipment, which included monitoring and replenishment of emergency equipment. This took pressure off frontline staff who were trained to immediate life support level, and provided a rapid and effective response across the site.
- 4.45 There was a health care presence 24 hours every day, but we had some concerns about first night and out-of-hours support (see paragraphs 4.50-4.51). The patient engagement lead supported a small group of impressive peer health care champions (see below) who

undertook some basic but important physical health checks and health promotion initiatives. The lead also saw virtually every patient who raised a concern, which assisted greatly in achieving resolution. Health concerns and complaints were addressed thoroughly and professionally, with prisoners receiving a detailed written response that dealt clearly with the points raised.

Promoting health and well-being

- 4.46 The prison and health care team worked well together to promote health and well-being for prisoners. Health promotion material was displayed throughout the prison and offered to new arrivals, and could also be obtained in foreign languages where required. Telephone interpreting services were available to facilitate health appointments if necessary.
- 4.47 Prisoner peer workers, known as health champions, supported the delivery of health care and contributed positively to the running of daily clinics in the department. Champions were trained to carry out health and well-being checks, such as blood pressure monitoring, and delivered health care appointments to patients.
- 4.48 Blood-borne virus screening was offered routinely during reception screening. Patients received the appropriate immunisations, vaccinations and NHS health checks, and the roll-out of the COVID-19 booster and winter flu jabs was under way. A range of age-appropriate prevention screening programmes were offered, including bowel cancer screening.
- 4.49 Smoking cessation was routinely offered to all new arrivals, with low waiting times to access support. Condoms were available in discreet packs from medicines hatches or health care on request, and were routinely offered on release. Visiting specialists attended the prison to provide sexual health services in a timely manner.

Primary care and inpatient services

- 4.50 New arrivals usually received an initial health screen from a registered nurse in reception within 24 hours of arrival, but due to increasingly late arrivals from greater distances, many arrived out of hours, when they received an emergency safety assessment from a night nurse with their full screening the following day. Secondary health screenings were carried out within a week of arrival, and health champions supported patients to review their general health and well-being.
- 4.51 A range of primary health care services were available and waiting times were reasonable. Patients were able to see a GP for a routine appointment within three weeks, and urgent referrals were prioritised. Although nursing cover was provided 24 hours a day, we were told that the out-of-hours service was not effective and, as a result, staff had ceased using it, instead using 111 or emergency services.

- 4.52 Prisoners could request health appointments via the prison's electronic kiosk system, which the administration team monitored daily. Requests were directed to the appropriate services for clinical staff to triage and allocate to clinics. Daily nurse triage clinics meant that patients had prompt access to see a nurse.
- 4.53 A non-medical prescriber and senior nurse oversaw the management of patients with long-term conditions. Patient needs were identified during their reception, and a clinic coordinator scheduled regular clinics to complete reviews and monitoring. However, patient care plans were not always completed on the available templates and could be difficult to find within patient records.
- 4.54 The 11-bed inpatient unit was small with few facilities. The area was clean and was being redecorated during the inspection, but some of the adapted bathing and toilet facilities needed repair. Regular prison staff were generally assigned to the unit, supplemented by colleagues from the main prison. These staff were well motivated and worked hard to provide a constructive and engaging regime, which included good support from the education department. Inpatients could access the library and gym and the spacious outside area, which would benefit from exercise facilities and green space. Most prisoners were located on the unit due to poor mental health, but there was only very limited input from the mental health team, with no shared care plans to inform the support on offer or advise on risk management.
- 4.55 The administration team had a robust system to manage the scheduling of external hospital appointments. There was a high demand for external escorts and frequent cancellations from prisoners and the prison, which created pressure on the system. The deployment of escorts on emergency and bed watch escorts often led to the cancellation of routine appointments, and additional staff were required to make sure all patients could access secondary care promptly.
- 4.56 Pre-release arrangements were robust with health staff seeing all patients before they left. The onsite pharmacy provided a supply of medication for patients to take with them, and harm-reduction advice was provided.

Social care

- 4.57 There was a memorandum of understanding between Staffordshire County Council, Dovegate and PPG, who were contracted to provide social care support. No prisoners were in receipt of a package of care.
- 4.58 Governance of this area was weak and partnership working needed strengthening. Social care meetings to discuss the service were not consistent. Monitoring of referrals, assessments and reviews needed to be improved to ensure good oversight.
- 4.59 Prisoners requiring support were identified by health care and referred to the local authority, although this was the responsibility of just one

member of staff, which was poor. There was no clear pathway to inform staff of the referral process, but this was being addressed.

- 4.60 Helping Hands (prisoners who support their peers with disabilities, see paragraph 4.27) had been suspended after our last inspection. Some prisoners continued to assist prisoners with low-level needs, but there was no formal recruitment, training or supervision. One had supported a man with personal care that was unsatisfactory and posed a safeguarding risk.
- 4.61 Personal alarms were available for prisoners to summon assistance in an emergency, and equipment such as wheelchairs and grab rails were provided to support them with their daily living, which was good. The local authority supported prisoners with ongoing needs transferring to another prison or liaised with the relevant local area support team on their release.

Mental health

- 4.62 Mental health services were provided by Midlands Partnership NHS Foundation Trust, which theoretically were fully integrated with substance misuse services. Despite good collaboration between pathways, the value of integration had not yet materialised. The service benefited from stable leadership but had unfilled vacancies and was dealing with increased demand, particularly during prisoners' early days in custody. The team was dealing with approximately 70-100 referrals a month, of which about half were deemed not suitable to be cases following assessment.
- 4.63 A Monday to Friday service was provided with duty workers assigned to undertake daily assessments and respond to urgent need (such as ACCT input) following triage by the clinical lead. All registered practitioners took part in the duty rota and carried large caseloads reflecting all aspects of the stepped care pathway, including some group work (ranging from self-help and low-intensity support through to those with complex needs). This meant caseloads had to be prioritised based on risk. Not all non-urgent referrals were seen within the expected standard of five working days and some aspects of the pathway were weaker, with limited access to talking therapies and counselling services. Staff felt under pressure, but the support provided was appropriate to most need.
- 4.64 Clinical activity was reviewed daily, and a weekly team meeting ensured more substantive evaluations of need, including dedicated multi-agency discussion of complex care cases. The team consisted of psychiatry, nurses, health care assistants and psychology staff, although commissioned social work and occupational therapist posts were not currently available.
- 4.65 There were rooms for therapy and consultations within the health care department, although these areas were a little isolated, which could pose a risk (see paragraph 4.43). Patients subject to the care programme approach (a multi-agency approach to supporting patients

with severe and enduring mental illness) were seen regularly and subject to routine physical health monitoring. The care plans we sampled were variable in quality, which needed to be addressed. Two prisoners in the inpatient unit were waiting for transfer to hospital under the Mental Health Act, but the team had little input into the unit; this should be re-evaluated. Patients needing hospital care faced very long waits to be transferred. In the last six months, all the five prisoners subject to transfer under the Mental Health Act had waited between 80 and 201 days to be transferred, which considerably delayed their access to necessary treatment.

- 4.66 Discharge planning arrangements were generally good, with the Reconnect service (see Glossary) available to liaise between the prison and community services, as well as picking up those released directly from court.

Support and treatment for prisoners with addictions and those who misuse substances

- 4.67 PPG delivered clinical treatment for 115 prisoners; Inclusion (part of the Midlands Partnership NHS Foundation Trust) provided psychosocial support for around 179 prisoners. Full integration of the Inclusion service had not yet been achieved, and collaborative partnership working between the prison and providers needed strengthening. Although there was an up-to-date drug strategy and action plan, in our survey, 40% of prisoners said it was easy to access illicit drugs, and the increase in prisoners found to be 'under the influence' (see below) was a major worry. The incentivised substance free living unit on A wing had seen a recent spike in illicit use and was not fully functioning, which was poor.
- 4.68 First night support for new arrivals was unsafe and placed prisoners at risk. Late arrivals did not have access to a prescriber to provide alcohol detoxification or opiate substitution treatment, and health staff did not carry out overnight welfare checks, which was unacceptable. Prisoners were housed on the first night centre and were seen the next day by both the clinical and psychosocial teams if required. Treatment regimes were flexible to meet patient needs, but the best practice of joint five-day reviews was not carried.
- 4.69 Officers received training to enable them to recognise prisoners under the influence, which was good. All prisoners were seen during their induction to explain how to access services and provided with harm minimisation advice, and referrals were prioritised according to need and risk. Staffing shortfalls meant services were stretched and the increase in referrals had proved challenging, but committed practitioners worked flexibly to meet needs and prisoners appreciated the support provided. A recent focus on new referrals had led the psychosocial team to cancel some group work, but these sessions had recommenced and included acupuncture and gym. Alcoholics Anonymous (AA) were attending, which was good. Service user feedback was not gathered, which was a gap. Recovery plans needed to be more person-centred, and this was being addressed. Trained

peer workers worked collaboratively with the team and supported many of their functions, including the organised groups.

- 4.70 Support for prisoners preparing for release, including training and supply of naloxone (a drug to counter the effects of opiate overdose), was routinely provided where appropriate.

Medicines optimisation and pharmacy services

- 4.71 Medicines were dispensed by the prison's onsite dispensary generally safely and promptly, but due to staff shortages, some prisoners had experienced short delays in receiving their medicines. Medicines were transported, stored and managed safely within the prison, but the storage of not-in-possession medicines on the wing treatment rooms could be improved. The more frequently used medicines were dispensed from stock due to a lack of space, which was not good practice.
- 4.72 Administration of not-in-possession medicines was led by the pharmacy technician twice a day during the morning and afternoon, supported by nurses. Hypnotic and night-time doses were usually given as in-possession medicines to minimise the risk of side effects. Medicine queues were generally orderly, but there was inconsistent supervision by officers. ID cards were routinely requested. Prisoners could collect most in-possession medicines from fingerprint lockers accessible on the wings throughout the day, a notable positive practice that helped to reduce queues and waiting times at medicine hatches. Patients who had missed doses were followed up and referred to the appropriate clinician if necessary. There were suitable processes for patients who were being transferred or released to make sure they continued to receive their medicines safely.
- 4.73 Prescribing and administration was completed on the SystmOne clinical IT system. A pharmacist clinically screened all medicines prescribed. In-possession risk assessments and medicine reconciliation for new arrivals were completed promptly.
- 4.74 Overall, 36.5% of those taking medicines had in-possession status, and the pharmacy had a project to review all supervised patients to help increase this percentage. A prisoner's in-possession status was reviewed appropriately when there was a change in their circumstance.
- 4.75 No medicines were available to buy from the prison shop, but a range of over-the-counter remedies were available from the medicines hatch or following nurse triage. There were several patient group directions (authorising appropriate health care professionals to supply and administer prescription-only medicine) to help provide integrated and continuous care, but a more robust system was needed to review these routinely. An out-of-hours cupboard was suitably stocked with a range of medicines.
- 4.76 The pharmacist ran a medicine use review clinic, while pharmacy technicians provided intelligence-led in-cell compliance checks. The

pharmacy team was well integrated and collaborated in the 'safer prescribing' multidisciplinary team meetings. There were also regular medicine management meetings which had identifiable outcomes and actions to be taken. Some general performance audits had been undertaken. Prescribing for tradeable medicines was low and routinely monitored to make sure that prescribing trends remained stable.

Dental services and oral health

- 4.77 Time for Teeth offered a range of community-equivalent dental treatments, including oral health advice and weekly dental therapy sessions, but the waiting times to access treatment were too long. Many prisoners had been waiting over 16 weeks for a first appointment, and 22 of the 122 patients requiring treatment had been waiting up to 39 weeks to receive this. Waiting times had been exacerbated by a high turnover in the population and delays in fixing a broken X-ray machine.
- 4.78 A dental nurse, dental therapist and dentist covered clinics five days a week; additional sessions, including Saturdays, had been trialled to reduce the backlog of patients waiting to be seen. A high number of patients failed to attend their appointments; staff sent letters to those who did so to encourage them to rebook if required.
- 4.79 Applications to see the dentist were sent electronically to the team; they triaged requests daily to identify and prioritise any patients in pain or with an urgent need, who could then be seen in the next clinic. A high number of patients were awaiting treatment in the absence of a working X-ray machine, and staff prescribed pain relief or antibiotics in the interim.
- 4.80 The dental clinic was well equipped with a separate decontamination area, and equipment was serviced and maintained appropriately; however, the dental environment did not meet infection control standards due to issues outside of the provider's control. These had been escalated to the prison for resolution.
- 4.81 There were good governance arrangements, and patients gave positive feedback about the services they accessed.

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 recreational and social activities which support their well-being and promote effective rehabilitation.

- 5.1 In our roll checks we found 36% of prisoners locked up during the working day, although many were remanded prisoners who were not required to work. Only 55% of prisoners were engaged in purposeful activity, with just over half involved in workshops and classrooms off the wings. We observed that many of those working on the main site wings were not fully occupied, and either socialising or engaged in leisure activities. Staff supervision of these prisoners was minimal.
- 5.2 Time out of cell was good for those in activities such as work, training, education and therapy. During the working week, most prisoners on the therapeutic community (TC) could be unlocked for over 10 hours a day. In the main part of the prison, those in full-time employment could be out of their cells for more than nine hours a day and could also apply to participate in evening activities, which provided a further 1.5 hours out of their cells (see below). In contrast, unemployed prisoners were unlocked for only 3.5 hours a day.
- 5.3 The amount of time that prisoners were unlocked at weekends was better than we usually see. Most prisoners on both sides could be out of their cells for over eight hours a day, although prisoners on the basic level of the incentives scheme were unlocked for around five hours.
- 5.4 On some units there was divergence or slippage from the published regime. Most prisoners on the TC were unlocked in the afternoon, but on two of the TC units, only prisoners who had a specific activity to do were unlocked straight after lunch, the rest had less time out in the afternoon. Similarly, on some units in the main prison not all wing workers were unlocked immediately after lunch, and some said they remained in their cells until mid-afternoon.
- 5.5 There were reasonably spacious areas for exercise, but prisoners on house block 3 only had access to small yards. Prisoners on the TC could exercise in the open air for at least an hour, divided between the morning and afternoon, but those in the main prison had only half an hour a day on weekdays, which was too short. Exercise took place from 7am, when it was still dark in the winter time.

- 5.6 The prison scheduled enrichment activities for evenings and weekends, but the offer to those on the vulnerable prisoner unit was limited and those on the basic level of the incentives scheme were not allowed to attend. Some of the wide and imaginative range of activities had been suggested or were led by prisoners, including a film club, card making, gaming and garden shed club. These activities, which provided a distraction and alleviated boredom, helped prisoners to develop important social skills, and in some cases, participation encouraged them to engage in other education and skills training.
- 5.7 There were two libraries on the site, one on the main part of the prison and a smaller one for the TC. There was a reasonable range of books in the main library. Although the stock in the TC library was more limited, librarians moved items between the sites. There were half-hour library slots for all wings, as well as others for most activity workshops and classes. In our survey, 63% of prisoners, against the comparator of 34%, said they visited the library at least once a week.
- 5.8 The library had been involved in the recent development of the reading strategy. Library staff assessed the reading levels of prisoners and promoted literacy, including through reading corners in workshops and classrooms. Forty prisoners had been trained by the Shannon Trust literacy programme as mentors for other prisoners, helping them to improve their reading skills. However, at the time of the inspection, mentors were supporting only 10 prisoners.
- 5.9 Prisoners had generally good access to the gym, and in our survey, 62% of prisoners, against the comparator of 46%. said they went to PE twice a week or more. Gym facilities were of a reasonable standard with a multipurpose hall and rooms with weights and cardiovascular equipment, as well as three small outdoor all-weather pitches.
- 5.10 Each house block had gym sessions scheduled at least three times a week, and there were dedicated sessions for prisoners over 50 and those with neurodiverse conditions. Up to 60 prisoners could attend each gym session. There was also a fit club for those looking to manage their weight, coordinated with health care. Football was scheduled for the three all-weather pitches at the weekends, but had been frequently cancelled recently because of a shortage of staff. The gym offered two vocational courses leading to level 1 qualifications: health and wellbeing; and employability in sport.

Education, skills and work activities



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

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

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

Overall effectiveness: Inadequate

Quality of education: Inadequate

Behaviour and attitudes: Requires improvement

Personal development: Inadequate

Leadership and management: Inadequate

5.12 The director had an inclusive and ambitious vision to provide employment, education and other meaningful activities for all prisoners. The prison population included sentenced, unsentenced, long- and short-stay prisoners, and there were about 100 vulnerable prisoners and 170 prisoners in the therapeutic centre (TC). Leaders did not meet the educational needs and expectations of this diverse population. For example, prisoners approaching the end of their sentence did not have sufficient opportunity to develop high-level vocational skills to meet their career plans. Prisoners on remand did not have a swift assessment of their English and mathematics needs or access to high-quality short courses. Some of these prisoners left the prison before staff had made progress on identifying and responding to their needs.

5.13 Frequent changes in the leadership of education, skills and work, and the absence of specialist educational expertise, meant that leaders had not identified weaknesses nor implemented the necessary improvements in the range and quality of education.

- 5.14 Leaders had made slow progress in responding to the recommendations for improvement from the previous inspections. Most of the key weaknesses remained. Leaders had not expanded the range of vocational training, extended the curriculum sufficiently for vulnerable prisoners, or improved attendance or the quality of teaching and training.
- 5.15 Leaders did not provide enough vocational training activities to meet prisoners' needs and aspirations, with just one workshop for vulnerable prisoners and four workshops for the remaining prisoners. Within the workshops, staff taught low-level skills, involving simple manufacture, assembly and packaging. For too many prisoners, this was mundane work which did not extend their existing abilities and experience. Although a small number of prisoners accessed enterprise courses through distance learning, too few prisoners were well prepared for self-employment.
- 5.16 Leaders did not use prisoners' needs and aspirations sufficiently to shape the curriculum. While they had access to local market information, they had not yet combined it with knowledge of what the prisoners needed. Prisoners we spoke to wanted skills that would enable them to gain higher paid employment in sectors such as construction. This option was not available to them in the prison.
- 5.17 The curriculum available to vulnerable prisoners and prisoners in the TC was too narrow. While managers had worked hard to find ways to provide English and art within the curriculum, prisoners did not have the opportunity to attend mathematics classes. Long-term staff absence limited opportunities to expand the curriculum. Vulnerable prisoners did not have access to the enrichment activities available to other prisoners (see paragraph 5.6).
- 5.18 Staff identified and provided support plans for prisoners with identified additional learning needs. Prisoners trained as teaching assistants gave helpful support for prisoners in class and workshops, who made positive progress.
- 5.19 Prison leaders provided broadly sufficient activity spaces for the main prison population, with half of these being on the wing, but did not offer enough activity spaces for vulnerable prisoners and those in the TC. The local prisoner pay policy did not disincentivise attendance in education and work, but too many prisoners were unemployed and others were underemployed. While some roles on the wing were challenging and contributed to the smooth running of the prison, too many prisoners were in wing jobs that did not keep them busy enough or develop their knowledge or skills in line with their individual learning plans.
- 5.20 Leaders and managers did not provide sufficient oversight of the quality of education. They did not use data systematically to identify concerns, and did not report consistently against key quantitative indicators, such as the number of withdrawals from courses. As a result, managers did not know the reasons for withdrawals for specific types of prisoners.

Leaders did not provide comprehensive quality reports and did not combine sufficient qualitative and quantitative information. Managers had only recently completed observations of teaching and training, but they had yet to analyse the outcomes. As a result, they had not identified the weaknesses in the quality of teaching.

- 5.21 While most teaching staff were appropriately qualified, they had not received any recent training to improve their teaching. Instructors had achieved or were working towards appropriate teaching qualifications, but they did not always know the subject discipline appropriate to their workshop. As a result, there were not able to teach prisoners about relevant subject-specific technical language and skills.
- 5.22 Due to staff shortages, prisoners did not receive prompt initial advice and guidance, and about 150 prisoners were waiting for initial meetings. Once prisoners had received a plan, staff did not review their progress against the agreed targets. Staff were not always aware of prisoners' changes in aspiration and could not reflect these in the allocation to activities.
- 5.23 The allocations process did not work smoothly for prisoners. Seventy prisoners were waiting to start English courses and 64 were waiting to start mathematics. Some prisoners were in work through the allocations process, while others were in post due to staff recommendation or less formal mechanisms.
- 5.24 The quality of teaching in education was not consistently strong. Although the director had rightly prioritised the teaching of English and mathematics, the quality of education in these core subject areas was weak. Teachers did not order the curriculum sufficiently well so that prisoners could build their understanding over time. They did not use prisoners' starting points well to shape what and how they taught them. Teachers did not provide enough opportunities for prisoners to return to topics and practise what they had been taught. As a result, prisoners were not able to explain and demonstrate what they had learned.
- 5.25 Inspectors identified a few examples where work had been marked as correct even though prisoners had made mistakes, and therefore repeated these mistakes. Prisoners made slow progress and too many withdrew from the course before it had been completed.
- 5.26 Teaching was effective in art and ceramics, both for the main prisoners and those in the TC. Teachers sequenced the learning and skills in line with the starting points of learners, and they provided expert practical demonstrations that helped prisoners to gain practical skills. Art and ceramic work were of a high standard. Many prisoners had received external validation of the quality of their work through examinations and the Koestler Trust awards scheme for art by offenders.
- 5.27 Staff supported 120 prisoners to access independent distance learning well, giving them the opportunity to study at a higher level and in subjects that the prison did not offer. Prisoners' work was of a high standard.

- 5.28 Teaching within the main workshops was weak. Instructors did not support prisoners well enough to develop the new knowledge, skills and behaviours they needed for employment. Prisoners were given booklets to record their learning, but rarely completed them, and instructors did not pursue this further. Too often prisoners had a limited understanding of their role in the production or packaging process. They did not develop a wider understanding of the roles in the process, the technical language, and the personal, social or supervisory skills required at work.
- 5.29 Teaching was stronger in the kitchens, where prisoners learned skills in sequence and rotated between jobs. Very few prisoners had used this new knowledge to gain qualifications.
- 5.30 Leaders had appropriate policies and risk assessments for each of the workshops and work areas. During the inspection, we identified a health and safety issue in a workshop, and leaders were swift to respond and rectify the poor practice.
- 5.31 Leaders had worked with the curriculum leader for English to develop a well-considered reading strategy. They had selected and used an appropriate initial assessment to identify the number of non-readers, and had recently started a class in education to support non-readers. Only 10 prisoners were supported by the Shannon Trust (see paragraph 5.8), despite positive links. Leaders did not know the progress that non-readers were making.
- 5.32 Attendance was too low in education and work in the main prison, although it was higher in the TC. Most educational and work environments were calm and respectful. Most prisoners took pride in their work in English and mathematics, but a few did not keep their work neat and orderly, and they found it difficult to use the folders for revision. In education classes, too many prisoners left the classroom without requesting permission from the teacher.
- 5.33 Most prisoners could not explain the meanings or importance of equality and diversity, but demonstrated respect to staff and fellow prisoners. Prisoners developed their confidence and self-esteem through a wide range of enrichment activities, mentoring, representative or support roles.
- 5.34 Prisoners did not benefit from sufficient training to help them live independently on release. They did not have access to courses about money management, healthy living or relationships. Managers were aware that they needed to support prisoners further with the development of their digital skills, which were weak.
- 5.35 Resettlement managers worked closely with prisoners who were within six months of the end of their sentence. Prisoners made good use of the virtual campus (giving them internet access to community education, training and employment opportunities). Staff informed prisoners about available employment opportunities, and they had organised job fairs with representatives from employers in construction,

retail and hospitality, helping prisoners to understand the options available to them post-release.

- 5.36 Leaders had identified some of the key weaknesses and had plans for improvements, such as a proposal for a welding workshop, and had appointed an education specialist to the senior team. These plans had not yet improved the experience of prisoners.

Section 6 Preparation for release

Preparation for release is understood as a core function of the prison. 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 understands the importance of family ties to resettlement and reducing the risk of reoffending. The prison promotes and 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 Work to help prisoners establish and maintain family ties was good. The enthusiastic family team were visible throughout the prison and known to many prisoners.
- 6.2 In our survey, 43% of prisoners, compared with 27% at similar prisons, said staff had encouraged them to keep in touch with family and friends. We saw examples of families being involved in the support offered to prisoners in crisis, and to celebrate events such as the completion of courses. Family team staff provided one-to-one casework support to prisoners on a range of issues, including re-establishing family ties and support with family court matters.
- 6.3 In our survey, 33% of prisoners, against the 20% comparator, said they had been able to see family and friends in person at least once in the previous month. Visits took place every day on the main site, with some sessions designated for those on the vulnerable prisoner unit. There were also three dedicated sessions on the therapeutic community (TC). Prisoners on remand could apply for four visits a week. Sentenced prisoners had a monthly entitlement linked to their level on the incentive scheme. The family team held a monthly befriending club for prisoners identified as not receiving visits.
- 6.4 Prisoners could book visits easily using in-cell technology, but many subsequently cancelled them with little notice, or the visitor did not attend on the day. This was a frustration for other prisoners who had been unable to book these time slots. The prison gave us figures showing that in the previous three months, 44% of bookings had been cancelled and 17% of visitors did not attend.
- 6.5 The visiting rooms on the main site and the TC were comfortable and each had a designated play area and equipment. We observed friendly

interactions by visits staff, and all the visitors we spoke to said they had been treated well on their arrival.



Visits hall main site (top) and visits room on TC

- 6.6 Each visiting area had a separate private suite that was well used for special occasions, such as baby bonding or celebrating a child's birthday. The suites were also used for sensitive matters, including final contact visits before adoption or dealing with bereavement.



Acorn suite off visits hall on the main site

- 6.7 The family team arranged 23 family visits during the year, many of which were themed, such as Easter and Halloween; this was more than we usually see. These visits were supplemented by monthly toddlers mornings, which were appreciated by prisoners who could enjoy breakfast with their children.
- 6.8 The family team also delivered an impressive range of helpful interventions for prisoners, including Storybook Dad (enabling prisoners to record a story for their children), Fathers Reading Every Day (a four-week course in which prisoners and their children read the same book together over the phone), the Going Home workshop course (which included input from Department for Work and Pensions, DWP), and the Exploring Trauma course (see paragraph 6.30).

Reducing reoffending

Expected outcomes: Prisoners are helped to change behaviours that contribute to offending. Staff help prisoners to demonstrate their progress.

- 6.9 Oversight of work to reduce reoffending was not good enough. The offender management and reducing reoffending strategy was not informed by a full analysis of the needs of the population, although departments engaged in reoffending work submitted monthly updates to the Assistant Director in charge of the Offender Management and Pre-Release team. These updates included some data, but work lacked coordination or effective planning.

- 6.10 Gaps were mitigated to some extent by close working relationships between the various organisations and individuals working in this area. The DWP staff, pre-release officer, identity and banking officer, and prison employment lead (PEL), for example, were all co-located, which aided communication about the prisoners with whom they worked. However, there was no oversight mechanism to ensure that all prisoner's resettlement needs had been identified and were being addressed.
- 6.11 Leaders did not have a good understanding of the data on resettlement outcomes and were not, therefore, taking coordinated action to address the underlying issues behind some poor outcomes. For example, they were not doing enough to understand and address the reasons for the high number of prisoners who were released from the prison without accommodation (see section on returning to the community). They did not collect data on accommodation outcomes for prisoners released directly from court following remand. Work to help prisoners find accommodation on release had been affected by long-term staff shortages in the resettlement team (see para 6.48), and the prison had no allocated housing specialist. Leaders had not done enough to address these issues or identify alternative ways to improve housing outcomes for prisoners.
- 6.12 The prison also suffered from a continued shortfall of probation prison offender managers (POMs) in the offender management unit (OMU). This meant that the POMs in post held caseloads of prisoners that were too high to maintain regular and effective contact – some, for example, had been allocated well over 100 prisoners. To mitigate the worst effects the team had developed a co-working model in which the probation POMs managed the specific risk-related aspects of each case, such as the offender assessment (OASys), while a prison officer POM completed more of the administrative tasks.
- 6.13 POMs adapted their level of face-to-face contact with prisoners to respond to key points in their sentence, for example increased contact during the parole window. Many prisoners also received one-to-one structured offending behaviour work from their POMs, which is something we do not often see.
- 6.14 Some prisoners had very little contact with their POM, with some unable to name them. However, unlike many prisons we have visited, most prisoners had regular support from a key worker (see Glossary), and in some instances (particularly on the TC) this was weekly. The quality of this key work was generally good, with the notes from many demonstrating an awareness of the prisoner's sentence plan targets (see paragraph 4.4).
- 6.15 Data indicated that only about half of eligible prisoners had an OASys assessment that included a sentence plan created in the previous 12 months. This was supported by responses to our survey, in which only 42% of prisoners on the main site said they had a custody plan compared with 82% on the TC, where each prisoner also had a treatment plan.

- 6.16 Many prisoners did not have an up-to-date assessment. In some instances, responsibility for completing this lay with the community offender manager (COM), but the prison did not systematically identify and follow up cases where the COM had not completed one. However, most of the completed assessments that we reviewed were of a reasonably good standard with appropriate targets. Most had objectives to complete offending behaviour work, and we saw several where prisoners had completed one-to-one sessions with their POM or accredited offending behaviour programmes, which allowed them to demonstrate a reduction in risk.
- 6.17 The ability to demonstrate a reduction in risk is a key consideration in reviewing a prisoner's security categorisation. The prison completed such reviews promptly, and those we examined demonstrated consideration of a range of appropriate information. It was particularly positive that prisoners had the opportunity to contribute to the review and were subsequently given a clear written record of the decision.
- 6.18 More than half of all categorisation decisions, including the initial categorisation when prisoners were first sentenced, resulted in the prisoner progressing to or remaining in category C. Most of these prisoners were moved promptly to a more appropriate establishment, although there had been some delays for a few prisoners on the vulnerable prisoner unit due to restrictive reception criteria at other prisons.
- 6.19 The prison had access to its own transport, which was used when there were delays with individual moves arranged through the national population management unit, for example to transfer prisoners into the TC from elsewhere in the country.
- 6.20 Dovegate held 29 prisoners serving an indeterminate sentence for public protection (IPP) who were significantly over their original sentence tariff. The prison had recently resumed monthly reviews, with support from the forensic psychology team, to identify action to help these prisoners to progress.

Public protection

Expected outcomes: Prisoners' risk of serious harm to others is managed effectively. Prisoners are helped to reduce high risk of harm behaviours.

- 6.21 Public protection arrangements were sound, and the team was supported by dedicated experienced staff.
- 6.22 Dovegate housed many prisoners who posed a potential public protection risk. More than three-quarters of the sentenced population had been assessed as a high risk of serious harm, and over 700 were eligible for management under multi-agency public protection arrangements (MAPPAs) on release. There were 388 domestic violence perpetrators, 174 with an active restraining order, and 116 assessed as posing a risk to children.

- 6.23 OMU staff carried out initial screening for risks promptly and added appropriate alerts to the prisoner's records to assist staff in other departments, such as the mail room and visits booking office. A small number of these prisoners had additional restrictions placed on them, such as not having access to the in-cell email service. Each prisoner was allocated to a POM who was then responsible for ongoing management of public protection risk. This provision included prisoners on remand, which we do not always see.
- 6.24 Twenty-one prisoners had been identified as appropriate for telephone monitoring due to their public protection risks. The public protection team conducted monitoring duties promptly and took appropriate action when specific potential risks were identified, such as referrals to the police. It was encouraging that the prison occasionally used monitoring to assist with risk management planning immediately before release, which we don't often see.
- 6.25 The monthly public protection meeting considered the risk management arrangements for all high-risk prisoners approaching release, without limiting the agenda to those on the highest levels of MAPPA, as we sometimes find. The meeting was regularly attended by staff from other departments, including those from resettlement and family services. The meeting was used to confirm that COMs had set the MAPPA levels for eligible prisoners in sufficient time to inform release planning. In most of the cases we looked at, this had been done and we saw evidence of appropriate communication between the POM and COM about the arrangements. The quality of reports produced by POMs to support MAPPA meetings in the community were reasonably good.

Interventions and support

Expected outcomes: Prisoners are able to access support and interventions designed to reduce reoffending and promote effective resettlement.

- 6.26 The range of offending behaviour programmes offered was broadly appropriate for the current population, although there were no accredited programmes for the 40 prisoners convicted of sex offences. We saw a few examples where such prisoners were transferred elsewhere to complete this work before release.
- 6.27 The programme team assessed the offending behaviour needs of all sentenced prisoners shortly after their arrival and placed them on a waiting list for programmes. Category B prisoners who were approaching release were prioritised for relevant interventions. The team had sufficient capability to meet the needs of the priority prisoners on the waiting lists.
- 6.28 Almost 200 prisoners on the TC, including some IPPs, benefited from daily individual therapy to reduce their risk.

- 6.29 Many prisoners had been helped by structured one-to-one offending behaviour work delivered by their POM, using one or more of the sessions from the 'Stepping Stones' toolkit (see Glossary). The OMU had recently introduced a group victim awareness course that was to be followed up in one-to-one consolidation sessions with POMs.
- 6.30 The family services team delivered a helpful six-session intervention for those who had experienced trauma (see paragraph 6.8). It was positive that this was co-delivered by prisoners who had previously completed the course to increase credibility and encourage applicants to take part.
- 6.31 The innovative 'restart dog' project helped a small number of prisoners to gain a qualification as an assistance dog trainer. The project was delivered in partnership with highly experienced dog trainers who helped prisoners to train dogs (fostered by prison staff) to work as assistance dogs for people with autism, anxiety or post-traumatic stress disorder (PTSD). Prisoners gained substantial new knowledge and skills, improved their confidence and self-esteem, and found a sense of purpose, as well as an understanding of the role of trust in relationships.
- 6.32 There was reasonable support for prisoners who needed help with benefits or debt. Prisoners could speak to a member of staff from DWP, open bank accounts, obtain identity documents, and get debt advice from the Birmingham Settlement (a community charity offering a wide range of services, including money advice).
- 6.33 The prison employment lead had arranged several job fairs with employers visiting the prison, and through this a small number of prisoners had completed job interviews before release. Around 40 prisoners had completed work-related courses in traffic management and the construction skills certification scheme (CSCS) accreditation.

Specialist units

Expected outcomes: Personality disorder units and therapeutic communities provide a safe, respectful and purposeful environment which allows prisoners to confront their offending behaviour.

Therapeutic communities

- 6.34 The therapeutic community (TC) at Dovegate, was purpose built for up to 200 individuals with enough space for group work. It comprised four 40-bed TCs, a 20-bed TC-plus (Venture) for those with a low IQ between 60-80 and neurodivergent needs, and a 20-bed induction unit.
- 6.35 The TCs provided a highly effective enabling environment which facilitated personal growth and positive change to address offending behaviour and reduce risk. Community members were effusive about the support they received and the positive impact and life-changing benefits of being part of a therapeutic community. In our survey, 88% of

respondents said their experience of the TC had made them less likely to offend in the future, compared with 59% in the rest of the prison.

- 6.36 The TC team (see paragraph 6.41) was well led and had a strong focus on continuous improvement, with the TCs being accredited by the Community of Communities, a quality improvement and accreditation programme run by the Royal College of Psychiatrists.
- 6.37 Prisoners completed an application designed to demonstrate their motivation to engage with the TC's expectations, which were reviewed by clinical and operational staff. A three-month period of stable behaviour was required, including being drug free or not exhibiting any active mental illness.
- 6.38 New arrivals were welcomed by the TC induction representative and the unit manager or key worker following initial screening at reception. The induction unit provided an effective introduction to group work and preparation for the TC. A recent booklet outlining the rules and expectations of the unit was a helpful initiative containing practical information and a brief description of the assessments completed on the unit.
- 6.39 Once on a TC, members completed a minimum of 12 weeks in the assessment phase where risk and cognitive assessments were undertaken, reports and a treatment plan were produced, with TC members progressing to core therapy for a minimum of 24 months. Two community meetings a week were chaired by the community chairman with an agenda drawn up between meetings by TC members, enabling discussion on issues and behaviours that affected the whole community.
- 6.40 The final phase, approximately a six-month period, was a gradual transition out of therapeutic activities, and an exit plan was created to look at progressive moves if possible. TC members could withdraw from therapy at any time by following a set process which they all knew about.
- 6.41 Each TC had a dedicated staff group comprising skilled clinical staff and officers who supported the TC ethos, with built-in time for regular reflection. Staff supervision was embedded in practice and included an external facilitator, which was valued. Staff included psychotherapists, forensic psychologists, core creative therapists, group work facilitators and officers who were interviewed to work on the TC. Some officers had completed training to undertake group work, with further training scheduled.
- 6.42 Venture was based on the same principles as the other TCs at Dovegate, but contextualised for a neurodiverse population. It was partly managed by NHS staff from Nottinghamshire Healthcare NHS Foundation Trust, including a full-time learning disability lead and drama, art and music therapists offering one day a week each. Some vacancies had affected the delivery of the three small weekly groups,

but this had been resolved by a temporary solution pending commissioning arrangements.

Returning to the community

Expected outcomes: Prisoners' specific reintegration needs are met through good multi-agency working to maximise the likelihood of successful resettlement on release.

- 6.43 Data from HMPPS indicated that in the previous 12 months about 50 prisoners a month had been released to the community after completing their sentence. Many more were released directly from the court following a period on remand.
- 6.44 Many prisoners arrived at Dovegate with very short sentences; in the previous three months, 67 had arrived with less than a month to serve. This left very little time to provide adequate support for release.
- 6.45 The pre-release team was chronically understaffed. It should have consisted of three staff, but had had only one for many months. This officer was unable to work with prisoners nearing release and instead focused on identifying the resettlement needs of new arrivals, so the information could be passed to their COM to develop an appropriate release plan. However, the national model for pre-release support directs that prisons should produce this plan for low- and medium-risk prisoners. As a result, leaders had no oversight of whether these prisoners had been adequately supported on release.
- 6.46 More positively, the pre-release officer assessed the resettlement needs of remand prisoners on arrival as well as sentenced prisoners. Some support was provided for issues relating to benefit and debt, and prisoners with mental and physical health needs were referred to the Reconnect service (see paragraph 4.66 and Glossary). However, the national contract with the accommodation service provider did not include a provision for remanded prisoners, which was a significant gap.
- 6.47 Very few prisoners were eligible for early release on home detention curfew (HDC), with only 14 released under this scheme in the previous 12 months. HDC was well managed by case administrators who engaged with COMs to arrange the necessary pre-release checks. However, because of delays in the community, six of these prisoners had been released after their eligibility date.
- 6.48 The prison did not have a good understanding of the accommodation outcomes for prisoners who had been released. The data collected only related to those released to the local probation area, and leaders had not analysed data on the accommodation outcomes for remand prisoners, which was collected by the pre-release officer. Work to help prisoners find accommodation on release had been affected by long-term staff shortages in the resettlement team and the prison had no allocated housing specialist. Leaders had not done enough to address

these issues or identify alternative ways to improve housing outcomes for prisoners.

- 6.49 HMPPS data showed that in the previous 12 months, 173 (29%) of the 600 sentenced prisoners released from Dovegate had no accommodation to go to, a much higher proportion than for most adult prisons.

Section 7 Progress on recommendations from the last full inspection reports

Recommendations from the last full inspection of HMP Dovegate

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2019 prisoners received good support during their early days at the prison. Most prisoners we spoke to said the prison was safe. Levels of violence had fluctuated over the previous year but remained similar to those at the previous inspection. Much of the violence was linked to drugs and debt and some incidents were serious. Adjudications were well managed, but the use of force needed better oversight. Some conditions in the segregation unit had improved, but the regime was far too punitive. There was a good drug supply reduction strategy and there had been a significant reduction in the number of positive mandatory drug testing (MDT) results. The number of self-harm incidents over the previous six months had declined, but there had been three self-inflicted deaths and two other drug-related deaths since the previous inspection. The quality of recording in assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm was generally good and prisoners were positive about the care they received. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

A comprehensive and up-to-date action plan to reduce the levels of violence should be implemented. It should include a range of support for victims.

Achieved

The regime in the segregation unit should be improved and should include access to activities away from the unit.

Not achieved

Those new to the unit or refusing to move back to the main wings should not be denied full access to the daily regime.

Achieved

The availability of illicit drugs should be reduced.

Not achieved

Action plans developed following deaths in custody investigations and serious near-fatal incidents of self-harm should be reviewed regularly to ensure that changes in practice and lessons learned are sustained over time.

Achieved

Recommendations

Reception interviews should be conducted in private. (Repeated recommendation.)

Not achieved

The IEP scheme should be applied consistently and those on the basic level should have clear and specific targets set for improvement.

Not achieved

The prison should have good use of force governance procedures, which should include reviewing use of force CCTV footage and better data collection and analysis.

Achieved

Prisoners awaiting adjudication should not be routinely segregated.

Achieved

Safer custody governance meetings should be well attended, their work should be informed by a thorough analysis of self-harm data and progress should be monitored through appropriate action planning.

Achieved

Comprehensive adult safeguarding procedures should be embedded across the prison.

Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2019 working relationships between staff and prisoners were positive. The prison was clean and in reasonably good condition. Prisoners were positive about the food and shop arrangements were effective. Consultation had led to some changes being made. The application system was good, but the prison did not log all complaints. Equality and diversity work had improved but some groups had negative perceptions that needed further exploration. Faith provision was good. Health care and substance use work was reasonably good overall. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

All toilet areas in cells should provide prisoners with adequate privacy.

Achieved

All complaint forms submitted by prisoners should be recorded as complaints and responded to as such.

Achieved

Relevant data covering each of the protected characteristics should be analysed regularly to identify issues to be addressed.

Not achieved

The prison should explore the negative perceptions of prisoners with a disability and those with mental health problems to establish if any action needs to be taken.

Not achieved

Patients requiring transfer to hospital under the Mental Health Act should be assessed promptly and transferred within the current transfer guideline.

(Repeated recommendation.)

Not achieved

The availability of regular pharmacy-led clinics and access to medicine use reviews should be advertised.

Not achieved

Patients should receive medicines at the times recommended by the dosage regime.

Not achieved

Medicines should be available for collection from wing medical rooms.

No longer relevant

Purposeful activity

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

At the last inspection, in 2019, time out of cell for employed and enhanced prisoners was good during the working week. The number of prisoners locked up during the core working day was generally relatively low. The library and gym were reasonably good. Ofsted judged that education, skills and work activity required improvement across all areas. The prison had enough activity places for most prisoners, but provision for vulnerable prisoners was very limited and too many wing-based workers did not have enough to do. English and mathematics were successfully prioritised, but the standard of teaching was not consistently high and there was a lack of recognition of the skills developed in workshops and work. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

Prisoners should attend, as planned, a good standard, range and variety of accredited education, training and work provision that supports their successful resettlement and rehabilitation.

Not achieved

Leaders and managers should ensure all prisoners receive high-quality education and training that appropriately promotes and recognises all aspects of their development.

Not achieved

All prisoners should attend activity sessions punctually to help them develop a positive work ethic.

Achieved

All wing-based workers should be fully employed to help them develop a positive work ethic.

Not achieved

Recommendations

Prison managers should provide suitable accommodation for the pre-employment course.

Achieved

Rehabilitation and release planning

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

At the last inspection, in 2019, support to help prisoners maintain relationships with their children and families was good. Most prisoners presented a high risk of harm to others and were serving long sentences. The majority had an offender assessment system (OASys) report, but not all of them had been reviewed regularly enough. Contact between offender supervisors and prisoners was good but did not involve undertaking individual offending behaviour work. Home detention curfew (HDC) and re-categorisation work was good overall. Public protection work was sound and risk management planning for release was good. Programmes were managed well, but there was a lack of provision for those living on the vulnerable prisoners' wing. The standard of resettlement help was mixed and too few resettlement plans were reviewed prior to release. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

OASys reports should be reviewed regularly in all cases, particularly where a prisoner presents a high risk of harm to ensure ongoing risks and needs are accurately planned for.

Not achieved

Places on accredited offending behaviour programmes should be available to those living on the vulnerable prisoners' wing.

Not achieved

All prisoners should have their resettlement needs reviewed 12 weeks before release and action should be taken to reduce their likelihood of reoffending.

Not achieved

Recommendations

Offender supervisors managing high risk of harm cases should be adequately trained in areas, such as the management of prisoners convicted of sexual offences and the delivery of one-to-one work to motivate prisoners to participate in programmes.

Achieved

The prison should provide adequate support for indeterminate sentenced prisoners, including a consultation forum, mentoring and support and help to live independently.

Achieved

Provision for those who have suffered abuse should be developed.

Achieved

Recommendations from the last full inspection of HMP Dovegate Therapeutic Prison

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, men received information about the therapeutic community (TC) approach before they arrived. Support during men's early days at the prison was good. The prison was safe and poor behaviour was usually addressed through the communities. There were very few serious incidents. Formal disciplinary processes were well managed but rarely needed. Security was appropriate. Levels of self-harm were low and support for men who were at risk was good. Outcomes for prisoners were good against this healthy prison test.

Recommendations

Prisoners should not be strip-searched unless specific intelligence suggests this is necessary. (Repeated recommendation.)

Not achieved

All reception interviews should be confidential.

Not achieved

Emergency response procedures should be reviewed in line with national policy and defibrillators should be available in the TP.

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2018, staff-prisoner relationships were impressive. Living conditions were decent, and men had access to everyday amenities. Consultation was particularly effective, reflecting the therapeutic ethos of the prison. The food provided was good and shop arrangements were better than usual. Outcomes for men with protected characteristics were strong. Faith provision was good. Health care was reasonably good, but some waiting lists were too long. Outcomes for prisoners were good against this healthy prison test.

Recommendations

Data monitoring should consider outcomes that are relevant for TP prisoners.

Not achieved

Investigations into allegations of discrimination should be timely and thorough and subject to external scrutiny.

Not achieved

Electronically recorded tasks on SystemOne should be completed promptly.

Achieved

Joint working between the health care team and TC+ clinical staff should ensure men with a learning disability receive all required support through an agreed pathway.

Achieved

Prisoners should be able to wait for health services and receive all interventions in a decent environment that complies with required standards, confirmed by a regular external audit.

Achieved

Prisoners should be able to access all primary care clinics within community-equivalent waiting times.

Achieved

Prisoners with mental health needs should have timely access to a face-to-face assessment and a full range of interventions including groups, counselling and psychological support.

Not achieved

Prisoners should consistently receive all required medication promptly and at clinically appropriate times.

Achieved

Prisoners should have easy access to a pharmacist for advice and community-equivalent clinics, such as medicine use reviews.

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, time out of cell for most men was good, and the regime ran consistently. The library provision needed improvement but the gym provided men with good opportunities. Men's main purposeful activities consisted of those offered in the TCs – these elements were extensive and productive. Ofsted rated education, skills and work activities as requiring improvement. Leadership and management did not drive improvements in the provision. The curriculum was narrow, attendance and punctuality were poor, and the quality of teaching was too mixed. Nevertheless, men developed some good personal and social skills and there were good results on some education courses. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendation

The TP should ensure the learning, skills and work opportunities provided are appropriate for the population, the quality is sufficient and the provision supports men's progression and the therapeutic process itself.

Not achieved

Recommendations

All prisoners should be able to spend at least one hour outside every day.

Not achieved

All prisoners should have weekly access to the library, which should expand its stock significantly.

Partially achieved

Managers should improve prisoners' punctuality and attendance.

Achieved

Target setting in individual learning plans should ensure that prisoners' progress can be monitored effectively.

Not achieved

Teachers should make the best use of the support provided by learning support assistants by planning their work, and their effectiveness should be monitored.

Partially achieved

Managers should ensure that education and therapy staff improve the way they communicate and both functions should be better coordinated, so they contribute to positive outcomes for prisoners.

Partially achieved

Managers should use data to identify underperforming courses and take action to improve qualification outcomes.

Not achieved

Prisoners working on wings should be able to gain accreditation and have their employment skills recognised.

Not 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, Children and families work was reasonably good. Prisoners and staff understood the ethos and purpose of the prison. The therapy model was in transition and there were gaps, but the core elements were still being delivered. In our survey, most men said they had done something to make it less likely they would offend in the future. Most men made progressive moves to other prisons at the end of their therapy, but not enough was being done to prepare some of them for the transition. Very few men were released from the TP, but when they were, support was generally appropriate. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

All men joining the TP should have an up-to-date OASys report. An escalation process should be agreed for cases managed by the National Probation Service.

Not achieved

The role of the offender management unit and offender supervisors in progression planning for men in TCs should be clarified and staff involved should have appropriate training.

Achieved

All MAPPA cases should be reviewed by the IDRMT prior to release and MAPPA levels should be set in time for a management plan to be developed.

Achieved

The TP, in conjunction with the main prison, should implement an effective model for managing and supporting men during the transition from the TP to the main prison.

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.

Preparation for release

Preparation for release is understood as a core function of the prison. 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.

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
Deborah Butler	Team leader
David Foot	Inspector
Martyn Griffiths	Inspector
David Owens	Inspector
Jade Richards	Inspector
Christopher Rush	Inspector
Nadia Syed	Inspector
Alicia Grassom	Researcher
Emma King	Researcher
Alexander Scragg	Researcher
Joe Simmonds	Researcher
Jasjeet Sohal	Researcher
Steve Eley	Lead health and social care inspector
Dawn Angwin	Health and social care inspector
Maureen Jamieson	Health and social care inspector
Craig Whitelock Wainwright	Pharmacist
Dayni Johnson	Care Quality Commission inspector
Corine Baker	Ofsted inspector
Alison Cameron Brandwood	Ofsted inspector
Ian Frear	Ofsted inspector
Martin Ward	Ofsted inspector
Helen Whelan	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).

Reconnect

An NHS England programme being piloted across several prisons to improve health outcomes for vulnerable individuals released from prison; it aims to help individuals access all the health services they need after release and make sure that transfer to community services is effective.

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).

Stepping Stones

An offending behaviour programme with a set of structured sessions that can be delivered by probation officers to address general offending.

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 Care Quality Commission Requirement Notice



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

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

Provider

Practice Plus Group Health and Rehabilitation Services Limited

Location

HMP Dovegate

Location ID

1-4084040190

Regulated activities

Diagnostic and screening procedures and treatment of disease, disorder or injury

Action we have told the provider to take

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

Regulation 12 (1) and (2a to b)

Care and treatment must be provided in a safe way for service users by assessing the risks to the health and safety of service users receiving care or treatment, doing all that is reasonably practical to mitigate such risks and the proper and safe management of medicines to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met:

- When patients were not able to receive a full healthcare screening on arrival at the prison, not all measures were taken to identify and address immediate risks and prescribing requirements.
- Patients with identified risk were not always monitored during their first night in custody for signs of deteriorating health.

Regulation 17 (1) and (2 a to b)

Systems and processes must be established and operated effectively to ensure compliance with the requirements in this Part. Such systems or processes must enable the registered person to assess, monitor and improve the quality and safety of services provided in the carrying on of the regulated activity and to assess, monitor and mitigate the risks relating to the health, safety welfare of service users and others.

How the regulation was not being met:

- The provider did not utilise the contracted out of hours service based on previous challenges with the provision and was yet to gather evidence to escalate this.
- Staff relied upon the good will of off duty staff to prescribe out of hours remotely. This had resulted in some patients not receiving their prescribed medication on their first night in custody.
- Remote prescribers were not always given the level of information required to prescribe, resulting in delays to patients receiving medication.
- Where patients present with mild withdrawal symptoms, the provider's patient group direction (PGD) for Diazepam states that the nurse should contact a prescriber for advice, but this was not always followed.
- The provider's Diazepam PGD had expired for a brief period, which was only identified when a staff member was unable to use it to prescribe out of hours.
- There was no monitoring of night shifts to ensure risks were identified and managed appropriately.
- Managers had not identified the concerns raised regarding first night risks to patients.

Appendix IV Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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