Report on an unannounced inspection of

HMP Five Wells

by HM Chief Inspector of Prisons

2–12 January 2024

Contents

Introduction

One of the newest prisons in the country, HMP Five Wells in Northamptonshire opened on the site of the old Wellingborough prison in early 2022 and is operated by the private company G4S. A modern and spacious campus, the prison comprises seven house blocks, each capable of holding over 240 adult men, although at the time of the inspection we were told of plans to increase the population still further during 2024. There was a significant turnover of prisoners in this category C resettlement prison, with the prison planning to receive and discharge 90 new men every month in the coming year.

This inspection was the establishment's first following two years of operation, and it was clear that leaders and staff had contended with some significant challenges. Not least of these was an instability of leadership, with the prison having recently appointed its third director since opening. There had also been problems with staff attrition, concerns over staff confidence and capability, as well as general weaknesses in the quality of governance and oversight; this had culminated in several 'improvement notices' about various aspects of operational practice and a 'rectification notice' concerning the delays in building up the population to full capacity.

By the time we arrived the prison was far more settled. The director, appointed just six months ago, was very experienced and had brought a much-needed sense of stability and assurance, as well as a renewed sense of direction, to the establishment. In our healthy prison assessments, we found outcomes in safety and respect to be not sufficiently good, poor in purposeful activity, but reasonably good in preparation for release. This spread of assessments reflected the challenges the prison still faced, but we sensed were better than the prison had expected, bearing in mind the upheaval and turmoil of the first two years.

New arrivals were treated well, while evidence for the greater stability we observed included falling incidents of violence and staff feeling safer and more confident. Initiatives to reduce violence further required improvement, although some work was being done to help incentivise prisoners and support those on the lowest level of the incentives scheme. The size and composition of the prison was undoubtedly helpful in providing options for the separation of individuals who might otherwise be in conflict, while use of force and segregation were both comparatively low.

Leaders were working hard to improve both procedural and physical security arrangements, which included the addition of new resources which we understood went beyond the requirements of the contract. Drugs, however, remained a huge problem, with random testing suggesting about a third of all prisoners were active users. Similarly, the rate of self-harm in the prison was high, although the rate was falling and no individual had taken their own life. Arrangements to support those in crisis and tackle self-harm still needed to be more robust.

Staff were inexperienced, and while there was much evidence to suggest they got on with prisoners, they were not confident in their supervisory responsibilities and allowed too much potentially corrosive, low-level poor behaviour to go unchallenged. Key work was similarly limited and while supervisors had been recruited to offer support, they had yet to make an impact. The general environment, and in particular the living conditions, were excellent and access to amenities was reasonable, although prisoners, with some justification, were critical of the food. Consultation arrangements were good and the wide-ranging deployment of prisoners to peer work roles seemed to be useful, although more oversight of their contribution was needed. With the exception of support for young adults, however, work to promote fairness and equality had been neglected and needed greater prioritisation.

Unlock arrangements were better than some other resettlement prisons, but the regime remained limited. Many prisoners were only employed part-time, too few left the wings to engage in anything purposeful and many seemed to us to be underemployed. About 18% had no role at all. The quality of education, skills and work was also not good enough with our colleagues in Ofsted judging the overall effectiveness of provision as ‘inadequate’, their lowest assessment. In contrast, work to support family ties was good, and while we identified some weaknesses concerning the prison’s core function as a resettlement prison, work to support risk reduction and return to the community was developing well.

Opening a new prison is one of the toughest challenges in prison management and a first inspection is an important milestone in the life of an institution. It would be unrealistic to expect that all would be perfect, and our inspection notes the very real difficulties leaders have faced. At the time of the inspection, there was early evidence of a growing confidence and a better grasp of priorities. Stronger governance, oversight and supervision, the building of staff confidence and capability, and a more active and purposeful regime should now be the focus.

Charlie Taylor
HM Chief Inspector of Prisons
January 2024

What needs to improve at HMP Five Wells

During this inspection we identified 15 key concerns, of which six 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. **Weak governance, poor use of data and a lack of clear strategies and action plans in key areas across the prison impeded progress in improving outcomes for prisoners.** This included the strategic management of safety, oversight of use of force, and work to reduce reoffending and promote fair treatment.

2. **Self-harm incidents were very high and not enough was being done to reduce them**. The quality of ACCT management plans was poor and too many prisoners at risk of suicide or self-harm said that they did not feel cared for by staff.

3. **Staff did not always enforce standards of good behaviour among prisoners and far too few key work sessions were taking place.** Many staff were inexperienced and lacked confidence supervising prisoners, and their managers were not providing sufficient guidance and support.

4. **The prison's approach towards ensuring fair treatment and inclusion was inadequate.** Shortcomings in data analysis, consultation and responding to complaints of discrimination meant that the prison had a limited understanding of the needs of many of its prisoners, especially those with protected characteristics.

5. **Actions to resolve and mitigate identified risks to the health service had been too slow.** This included deficits in the provision and oversight of clinical substance misuse services, staff and peer supervision, and the lack of confidentiality for those applying to and complaining about health.

6. **Leaders had failed to provide sufficient full-time activity for the population or ensure high quality education and vocational training.** Not enough suitable staff were in place for all teaching and management roles.

Key concerns

7. **There was too little meaningful and regular support for prisoners involved in incidents of violence and antisocial behaviour.**

8. **The regime in the segregation unit was too limited and some prisoners told us they did not feel cared for.**

9. **The availability of illegal drugs had the potential to undermine the stability of the prison.** The rate of positive drug tests was too high and there was too little support to reduce the demand for illegal substances.

10. **The quality and quantity of food served by the kitchens were not good enough and prisoners did not have enough facilities for self-catering.**

11. **Library services were inadequate.** The library had a poor selection of books and provided too few activities to promote reading.

12. **Leaders did not ensure that prisoners were promptly allocated to activities relevant to their education, training and employment needs.** Positive attitudes to education and training had not been developed and attendance at activities was low.

13. **Leaders had not rigorously challenged low achievements or implemented effective strategies to improve prisoners' attainment in education, skills and work.**

14. **Leaders had not provided careers information, advice and guidance which helped prisoners to develop the knowledge, skills and behaviours they needed to be successful in their next steps.**

15. **Work to reduce reoffending was weak and not all prisoners were getting the support they needed.**

About HMP Five Wells

Task of the prison/establishment
Category C resettlement prison

Certified normal accommodation and operational capacity (see Glossary) as reported by the prison during the inspection
Prisoners held at the time of inspection: 1,650
Baseline certified normal capacity: 1,680
In-use certified normal capacity: 1,650
Operational capacity: 1,687

Population of the prison
- 64 prisoners released into the community each month
- An anticipated 90 receptions a month in the next year
- 24 foreign national prisoners
- 28% of prisoners from black and minority ethnic backgrounds
- Average 64 releases a month during 2023
- 160 prisoners receiving psychosocial support for substance use
- 108 prisoners receiving opioid substitution therapy
- An average of 117 mental health referrals a month over the last six months

Prison status (public or private) and key providers
Private – G4S

Physical health provider: Practice Plus Group
Mental health provider: Practice Plus Group
Substance misuse treatment provider: Practice Plus Group
Dental health provider: Time for Teeth
Prison education framework provider: Weston College
Escort contractor: GeoAmey

Prison Group Director
Neil Richards

Brief history
HMP Five Wells is a new prison built on the site of the former HMP Wellingborough. It opened in February 2022 as an adult male category C resettlement prison. The original operational capacity of 1,680 in November 2023 increased to 1,687 in December 2023 and is due to increase further to 1,715 in 2024.

Short description of residential units
There are seven residential communities, each holding 241 prisoners across four levels.

- Red Well - Houseblock A: Prisoners convicted of sexual offences and older prisoners
- Buck Well - Houseblock B: integrated living (general population and prisoners convicted of sexual offences)

- St John’s Well - Houseblock C: super-enhanced and general population
- Whitchurch Well - Houseblock D: motivation and engagement and general population
- Holly Well - Houseblock E: general population
- Stan Well - Houseblock F: drug rehabilitation units, safeguarding unit and general population
- Whyte Well - Houseblock G: early days in custody and family units

Name of director and date in post
Will Styles, 15 May 2023

Changes of director since opening in February 2022
Steve Williams, December 2022 – May 2023
John McLaughlin, May 2021 – December 2022

Independent Monitoring Board chair
David Culwick

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 HMP Five Wells, we found that outcomes for prisoners were:

- not sufficiently good for safety
- not sufficiently good for respect
- poor for purposeful activity
- reasonably good for preparation for release.

1.3 This was our first inspection of HMP Five Wells. As such, there were no previous recommendations for us to report progress on. In future inspections of HMP Five Wells, we will report on outcomes for the recommendations made in this and the following reports.

Notable positive practice

1.4 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.

1.5 Inspectors found three examples of notable positive practice during this inspection.

1.6 The family interventions residential unit offered good support to prisoners to build and maintain family ties. (See paragraph 6.7)

1.7 Staff from DWP completed benefit claims for prisoners before release so that payments were available without delay. In some cases, this included an advance on the day of release. (See paragraph 6.28)

1.8 The departure lounge was a bright and welcoming facility that offered very good practical support to prisoners at the point of release, including advice, food, clothing and toiletries if required. (See paragraph 6.34)

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 prison opened almost two years ago but had been contending with the disruption caused by repeated leadership change since then. The appointment of the prison's third director had, however, brought stability and a clearer sense of direction during his six months in post. His assessment of the challenges the prison faced was both honest and accurate and identified relevant priorities. These priorities emphasised improving order and control and had led to a welcome recent reduction in incidents of violence.

2.3 A consequence of this new stability was that staff sickness absence and attrition had reduced, although the number of prison custody officers (PCOs) resigning each month remained high. Almost 750 PCOs had been recruited since the prison opened but only 272 remained in post, and the prison was reliant on the support of officers from other establishments.

2.4 Leaders had recognised the need to build the confidence of the largely inexperienced staff to challenge and manage inappropriate behaviour by prisoners. More than half the PCOs had been in post for less than one year. Additional first-line managers were being recruited to provide more focused support to each residential unit.

2.5 While there were positive features in the new prison's design that included well equipped cells with no bars on the secure windows, other aspects were a hindrance to the operation of the prison. This included the lack of a purpose-built gym or a mandatory drug testing suite, inadequate office space and physical security that was failing to prevent the ingress of illegal drugs.

2.6 Leaders had made considerable efforts to reduce illegal drug supply and G4S (the contractor) had funded additional support, including a dedicated search team and perimeter patrol dogs, but this was not complimented by a greater focus on reducing demand.

2.7 The director had identified the need for improved systems of oversight and management, as well as better and more embedded processes for the delivery of day-to-day routines. We found often weak governance, an absence of strategies, poor use of data and a lack of clear action plans to improve outcomes for prisoners in important areas, including

safety, use of force, work to reduce reoffending and promote fair treatment and inclusion.

2.8 The array of peer-led initiatives, while a positive aspiration, did not have enough oversight and review.

2.9 Despite robust management by prison leaders of the education contract held by Weston College, there was still a high number of staff vacancies and many vocational training workshops and classrooms remained empty. Ofsted graded overall provision as inadequate.

2.10 While the time prisoners spent unlocked was better than we see at similar prisons despite the restricted regime in operation, leaders had not provided sufficient full-time purposeful activity for the population and links to opportunities for employment on release were poor.

2.11 There was an ineffective working relationship between the offender management unit and other resettlement partners, which limited the effectiveness of this work.

2.12 A rectification notice (see Glossary) from the Ministry of Justice contract managers in response to the prison's failure to ramp up its population had recently closed now that Five Wells was at full capacity. However, improvement notices relating to regime, decency, security and safety were still outstanding. While a legitimate measure contractually, these notices and action plans had the potential to distract managers from addressing the underlying problems in the prison in a more strategic way. Relationships between contract managers and prison leaders were, however, more collaborative than we have seen elsewhere.

2.13 Operational challenges, including population pressures and staffing difficulties, had taken the prison some way from its original vision and ambition. The rehabilitative and resettlement purpose and potential of the prison were clear but had yet to be realised.

Section 3 Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

Expected outcomes: Prisoners transferring to and from the prison are safe and treated decently. On arrival prisoners are safe and treated with respect. Risks are identified and addressed at reception. Prisoners are supported on their first night. Induction is comprehensive.

3.1 The busy reception area offered a welcoming environment, despite its poor design and limited space for holding prisoners. We observed prisoners being processed reasonably quickly by friendly and welcoming staff.

Reception waiting area

3.2 On arrival, all prisoners were strip-searched and went through the body scanner to prevent entry of illegal items into the establishment. In our survey, 91% said their search was done in a respectful way and 96% said they were treated very well in reception compared with 82% for other category C prisons.

3.3 Friendly peer workers greeted all new arrivals, offering them a drink and food, and told them what would happen in the next 24 hours. Staff carried out first night interviews in private to address any immediate concerns or vulnerability, and a free telephone call was offered.

First night interview room

3.4 To prevent new arrivals from getting into debt in their first few days at the prison, they were all offered the opportunity to buy items from the well-stocked tuck shop and an advance of £30 was available. In our survey, 84% of prisoners said they had access to the prison shop in their first few days compared with only 37% at similar prisons.

3.5 All prisoners received their property and a first night pack in reception, which contained new equipment, such as a kettle, bedding and cleaning materials, for their cells, which they valued. New arrivals were escorted by staff and peer workers to one of the two induction landings, where they were greeted by welcoming induction staff and other peer workers. In our survey, 74% of prisoners said that their cell was quite or very clean compared with only 46% in similar prisons.

3.6 All new arrivals received an induction on the next working day, jointly delivered by peer workers and staff. The peer-led aspects of the programme were well presented. In our survey, 95% of prisoners said they had received an induction compared with 84% at similar prisons and 63% (v 50%) said it covered everything they needed to know.

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

3.7 After a period of instability when the prison opened, the number of violent incidents was falling, and rates were now lower than in many similar prisons. During the previous six months, there were 285 reported incidents of violence, although relatively few were serious.

3.8 Leaders indicated that they were aware of the reasons for violence and antisocial behaviour in the prison and were taking robust action to address them. While formal processes, including strategies, meetings and action plans, were underdeveloped, staff and prisoners told us that they felt the prison was much safer than it had been. In our survey, 14% of prisoners said they felt unsafe at the time of the inspection, which was similar to comparable prisons.

3.9 The approach to managing perpetrators of violence or antisocial behaviour was predominantly punitive. While it was appropriate that poor behaviour was confronted, the underlying reasons for it were rarely addressed. Investigations were not always timely and decisions about the use of the challenge, support and intervention plan (CSIP, see Glossary) process appeared arbitrary. The process itself also ineffective: targets were not realistic or meaningful and prisoners we spoke to did not know what they were expected to do to change their behaviour or what support was available.

3.10 The size and layout of the prison enabled prisoners at risk from their peers, including for drug-related debts, to be separated. As a result, very few prisoners were isolated for their own safety. The 'safeguarding' landing was an encouraging initiative aimed at keeping safe those who were vulnerable. Prisoners who had previously self-isolated were now able to access a consistent regime. There was, however, little additional support to help them to address why they were there and to reintegrate back to the main population.

3.11 Typically, about 10% of the population were subject to the basic incentives scheme level. Most experienced this for a minimum of 28 days and, even if their behaviour improved, there was little opportunity to earn back lost privileges. Support for most prisoners was limited and they frequently had no meaningful targets, reviews or staff support to encourage them to improve.

3.12 However, the ethos behind the 'motivation and engagement' unit (MEU), where a small number of prisoners on the basic level were located, was more promising. Prisoners on the unit were required to sign a compact agreeing to engage in a timetable of structured

activities aimed at encouraging them to reset and reengage with prison life. The regime was heavily driven by peer-led initiatives, and we were told of some prisoners whose behaviour had improved following their involvement. At the time of the inspection, however, the role of the unit had drifted, and its value was undermined because many staff and managers did not fully understand its purpose.

3.13 Despite some of the challenges, leaders had introduced meaningful incentives to promote positive behaviour and there were early signs that these were beginning to be effective. In our survey, 84% of prisoners said that there were opportunities and rewards that motivated them to behave well. Well over half of all prisoners were on the enhanced privilege level, with about a third of those accessing the 'super-enhanced' level. Prisoners on enhanced level told us that the benefits were worthwhile and the super-enhanced particularly appreciated having more time unlocked and the ability to purchase a broader range of canteen items.

Adjudications

3.14 During the previous six months, there had been more than 2,500 adjudications. Leaders recognised that this number was high and that some could have been dealt with more informally.

3.15 The substantial backlog of adjourned hearings was being tackled and had reduced considerably from more than 350 to about 90 recently. At the time of the inspection, very few of the cases had been outstanding for a long period and leaders worked closely with the police to manage charges referred to them efficiently.

3.16 Many of the records that we reviewed reflected insufficient investigation before a finding of guilt, and some punishments appeared too harsh. Senior leaders completed robust quality assurance of documentation and recognised some of the shortfalls that we identified. They had started to address them, primarily by using a smaller pool of more experienced managers to deal with hearings. It was too soon to assess the effectiveness of this new approach.

Use of force

3.17 While the use of force was among the lowest of comparator prisons, it was on an upward trend.

3.18 Oversight of use of force was inadequate and leaders could not be confident that all force was necessary and proportionate. Despite the availability of body-worn video cameras and consistent reminders to use them, they were activated too infrequently. Too little documentation and video footage were reviewed at either the weekly or monthly scrutiny meetings. However, when issues were identified robust action was taken.

3.19 Footage that we reviewed reflected good efforts to avoid using force in the first instance but identified the need for learning. In particular,

incident management was not good enough. All staff needed to be competent in using restraint techniques and in de-escalating situations more effectively once force had been initiated, without the need to use full and prolonged restraint. We found no evidence of excessive force, but our review was limited by the shortage of available body-worn video footage. Too many staff did not complete the required paperwork to justify their use of force and much of the documentation that we reviewed was of a poor standard.

3.20 Force was regularly used to re-locate prisoners to the MEU and was primarily planned (see paragraph 3.12). Planned use of force was almost three times higher than in similar prisons, and we were not confident that it was always necessary or proportionate in the circumstances.

3.21 Records showed that special or unfurnished cells were used infrequently. During the previous year, they had been used twice with stays of less than an hour and documentation to justify use had been completed. Leaders told us that the removal of bedding and sanitation and the use of anti-rip clothing were rare, but in the absence of documentation we were not confident that oversight was good enough or that actions were always properly authorised.

Segregation

3.22 The segregation unit comprised 14 cells. During the previous 12 months, 224 prisoners had been segregated, which was low in the context of a large population. Lengths of stay were usually not excessive.

3.23 We observed relationships between some staff and prisoners which were formal and some prisoners told us they did not feel cared for. We were also concerned about the risks for prisoners supported by ACCTs (assessment, care in custody and teamwork case management of prisoners at risk of suicide and self-harm) held in the unit, who expressed thoughts of suicide to inspectors. We found one prisoner in a cell with exposed wires and there were weaknesses in ACCT management procedures, for example a review had not been carried out following an act of self-harm (see paragraph 3.35).

3.24 Communal areas were clean, and cells were generally in good condition and equipped with showers. However, the regime was too limited and largely consisted of 30 minutes' exercise in bleak cage-like yards and the opportunity to clean their cells. Prisoners were able to use the phones and electronic kiosk on the unit, but most prisoners used their in-cell tablets and phones to contact family and friends (see paragraph 6.8).

CSU exercise yard

CSU cell

3.25 Arrangements for prisoners who needed additional members of staff to unlock them safely for meals and exercise were not rigorous. Decisions did not always reflect the prisoner's behaviour and were not reviewed each day. As a result, prisoners stayed on increased supervision at unlock, sometimes unnecessarily, while some were not allowed to collect their own meals. Quarterly meetings to monitor the use of

segregation were ineffective because data that were discussed were up to five months out of date.

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.

3.26 Leaders were working to address weaknesses in procedural and physical security arrangements. They had invested significantly, including increasing the resources in the security team which now incorporated dedicated searching staff and perimeter patrol dogs.

3.27 In our survey, 45% of prisoners against the comparator of 26% said it was easy to get hold of alcohol and 51% (v 32%) said it was easy to get hold of illegal drugs. The ingress of drugs and other illegal items was a constant challenge which undoubtedly contributed to debt and associated violence and had the potential to undermine stability. Leaders were tackling these issues robustly and were working proactively with the police and local community.

3.28 The drug testing regime was comprehensive. A range of tests were completed in addition to the random testing programme. Suspicion tests based on intelligence were completed promptly and yielded good results. The positive mandatory drug test (MDT) rate averaged around 30% but had been as high as 41% and was consistently among the highest in the comparator group. While tackling the supply of illegal substances was a priority, not enough was being done to address the demand for drugs or to provide more support for drug users.

3.29 More than 16,000 intelligence reports had been submitted during the previous year. Reports were now managed appropriately, with few backlogs or delays in processing them. Required actions, such as cell searches, were completed in a timely manner and contraband was regularly recovered.

3.30 Staff corruption was taken very seriously. Several staff members had been arrested or dismissed for their involvement with inappropriate or alleged illegal activity.

3.31 Notwithstanding these concerns, there was a good focus on making security arrangements proportionate for a category C resettlement prison. For example, movement in the extensive grounds was relaxed. However, leaders were aware of continuing challenges. Rules were not always applied rigorously by all staff and, while there was a focus on making sure that prisoners were properly supervised and controlled, this was not yet achieved consistently. Low-level rule breaking such as vaping was not yet challenged consistently, if at all.

Safeguarding

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

Suicide and self-harm prevention

3.32 During the previous 12 months, there had been 1,256 recorded incidents of self-harm. This was very high in comparison with similar prisons, although the rate of self-harm had been decreasing since July 2023. There had been no self-inflicted deaths since the prison opened.

3.33 There had been 81 incidents of serious self-harm. Investigations into those incidents had not always been carried out and, for those that had, only written evidence was reviewed rather than conversations with those involved. Learning from the incidents was not often identified.

3.34 At the time of our inspection, 44 prisoners were being supported by ACCT case management of whom 21 prisoners were on the basic regime and four were held in the segregation unit. We were very concerned that several of these prisoners expressed feelings of hopelessness and some prisoners said they had suicidal thoughts. One cell had a shattered observation panel for two days during the inspection, which limited the ability of staff to observe the prisoner clearly. Other prisoners expressed frustration at the difficulty of accessing their basic needs and said they felt unsupported by staff. In our survey, only 27% of prisoners who had been supported by ACCT management said they felt cared for by staff.

3.35 The quality of ACCTs was poor. We found examples of prisoners who did not receive a case review following an act of self-harm, including prisoners who were on the basic regime and held in the segregation unit (see paragraph 3.23). Despite a drive for consistent case manager reviews, these were frequently carried out only with the prisoner involved and not with staff from other disciplines. Several care plans were weak and, in some cases, there was no care plan. Daily summaries of staff interactions were not always completed or were transactional. Daily supervisor checks were not carried out consistently and not all daily post-closure observations were completed. Leaders had recently implemented quality assurance, but records that we examined showed minimal impact so far.

3.36 The safety strategy was limited and monthly safety meetings were poorly attended. Not enough was being done to address the causes of and reduce the levels of self-harm. However, the weekly safety intervention meeting (SIM) was well attended and appropriate actions were taken with prisoners identified as complex cases to address individual needs.

3.37 Although prisoners could access the Samaritans via their in-cell telephones, we were not confident that access to Listeners (prisoners trained by the Samaritans to provide emotional support to fellow prisoners) was good enough and only six Listeners were available. In our survey, only 35% said it was easy to speak to a Listener in the prison.

Protection of adults at risk (see Glossary)

3.38 A safeguarding policy was in place and there were established links with the local adult safeguarding board.

3.39 Most staff we spoke to did not have a good awareness of safeguarding risks or the prevailing procedures. However, a large number of 'keep safe' referrals were submitted to the safety team, principally by health care staff. These referrals identified potential vulnerability and, where necessary, cases were referred to the weekly SIM meeting for discussion (see paragraph 3.36).

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 Many staff were inexperienced, which adversely affected the quality of staff-prisoner relationships. Although 80% of prisoners in our survey said that staff treated them with respect, they also told inspectors that some staff were uncertain about how to respond to their requests or deal with their needs.

4.2 We did observe examples of good interactions between staff and prisoners, but these were not consistent. We also saw staff who were unsure about their supervisory responsibilities, and we witnessed incidents of rude behaviour from prisoners towards staff which went unchallenged. Low-level poor behaviour, such as vaping on wings and sitting on staff desks, was also commonplace and some staff clearly lacked the confidence to challenge such infractions.

4.3 First-line managers had been placed on most landings to provide more support for officers, but they were frequently not sufficiently visible. Some staff told inspectors that they did not feel supported by their managers. In our survey, less than a quarter of staff who responded said they had a meeting with a manager or mentor at least once every three months to discuss how they were progressing in their role.

4.4 Key work (see Glossary) was inadequate. In our survey, only 31% of prisoners said that they had a named officer compared with 74% in similar prisons. We were told that key work had been prioritised for the most vulnerable prisoners, but only about 1% of intended sessions were being delivered in a typical month (see paragraph 6.16).

4.5 A wide range of peer-led initiatives (PLIs) delivered useful services across the prison, including support for specialised units and accessing prison information and services, (see paragraph 3.6). Oversight, however, needed to be better; the balance of authority between staff and PLIs was not always appropriate.

4.6 There was some governance of PLIs and they were generally well supported by senior staff, although oversight and supervision of day-to-day work and interventions were sometimes inadequate. This was of particular concern with interventions for drug recovery led by PLIs (see paragraph 4.94).

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

4.7 Living conditions were good and almost all prisoners had individual cells. In our survey, 94% of prisoners said that they occupied a cell on their own compared with 68% in similar prisons. Cells were well equipped with their own shower and most had secure windows negating the need for bars. Prisoners had access to courtesy keys for their cells.

Cell interior

4.8 Communal areas were mostly clean and each landing had seating areas and electronic kiosks for accessing prison services. Cells were generally in good condition, but we found some with superficial damage and graffiti and communal areas that were already beginning to look worn.

4.9 Monthly decency checks had recently been introduced, which was needed.

Buck Well landing

4.10 Laundry services were good and, in our survey, 77% of prisoners said they could get access to cleaning materials every week which was better than in similar prisons (59%).

4.11 Self-catering facilities were limited and most landings only had a microwave and toaster for prisoners to prepare their own food. Steps were being taken to improve this, starting with the four super-enhanced landings.

4.12 Outside areas were pleasant and tidy and prisoners engaged in regular litter picking to maintain this.

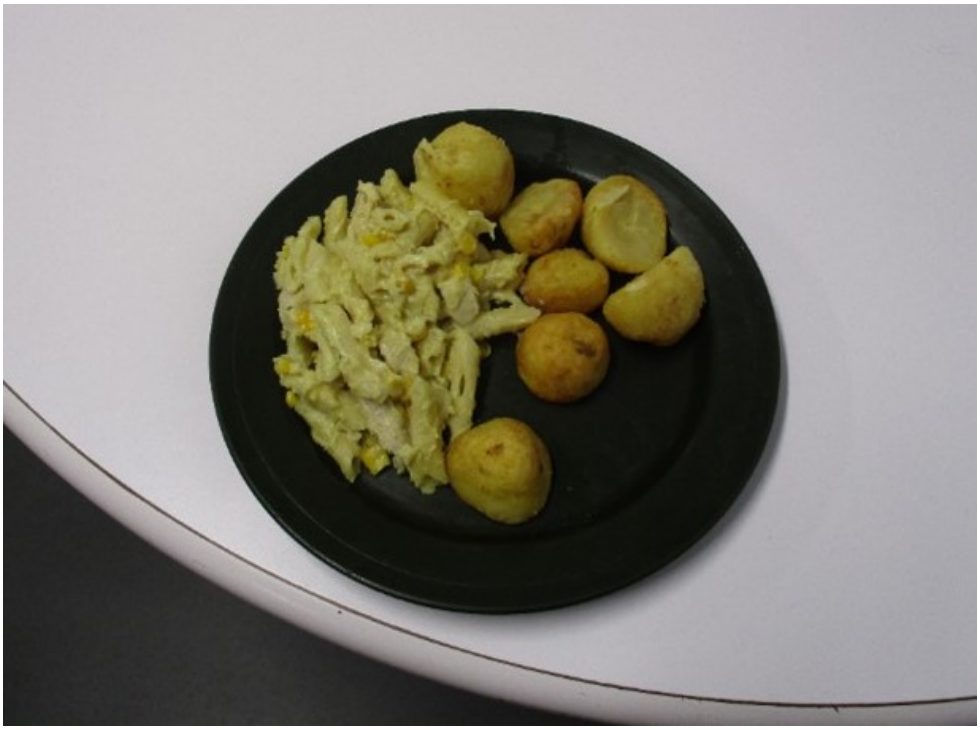
4.13 Cell bells were used a lot across the establishment, with an average of 38 uses per prisoner during the previous month. Many were used for non-emergency situations. Ten per cent of call bells were not answered within five minutes. Prison managers were monitoring monthly cell bell data and encouraging staff to respond promptly.

Residential services

4.14 In our survey, only 25% of respondents said that the prison food was good and only 24% that they got enough to eat which was worse than in similar prisons. Prisoners repeatedly complained to us about the quality and quantity of food available to them. Staff and prisoners told us that the kitchen often did not send enough food to houseblocks, though prison managers and prisoner representatives had recently met the kitchen provider, Aramark, and we were told that portion sizes would be increased.

4.15 The 29 individual serveries posed a considerable logistical challenge. Meals were often served earlier or later than planned and staff supervision of meals was inconsistent. While serveries were clean, some trolleys had not been cleaned between meals and remained dirty.

4.16 Prisoners had two hot meals a day and a small breakfast pack was distributed alongside the evening meal. Some of the hot meals we saw appeared unappetising and prisoners complained that the options available to them often resulted in unpalatable combinations.



Evening meal

4.17 Prisoners working in the kitchen received food safety training and had the opportunity to progress to a national vocational qualification.

Dirty trolley in kitchen

4.18 We observed examples of food for prisoners on special diets which were inadequate or inappropriate, including food that prisoners were not able to eat because of their dietary requirements. We were also told repeatedly that there was not enough variety of halal meals.

Kosher evening meal pack

4.19 The prison shop list included a wide range of products and, in our survey, 70% of prisoners said that they could buy the items they needed which was more than in similar prisons (56%). The shop list included fresh fruit and vegetables, which was positive.

4.20 Items ordered from the shop were delivered each week, but prisoners expressed frustration that items were regularly missing and there were long delays in receiving refunds. Prison leaders told us that this was because staff did not always make sure that missing items were reported.

Prisoner consultation, applications and redress

4.21 Arrangements for consultation with prisoners were well developed. The Prison Council included prisoner representation from all houseblocks, although there were vacancies at the time of our inspection. Prisoners could communicate concerns to the council either through their representatives, completion of a form or an application on computer tablets.

4.22 Prison Council representatives were assigned to lead discussion with managers on different areas of prison life. Each month representatives convened meetings with managers responsible for their area to address issues of concern. Issues that could not be addressed in this way were tabled for discussion at a monthly prisoner assembly which in turn identified issues to be escalated to a senior management forum the following week.

4.23 The Prison Council was effective in raising prisoners' concerns and most recently had highlighted the fact that not enough food was served

to prisoners (see paragraph 4.14). Progress in addressing prisoners' concerns, however, was often slow.

4.24 Most applications were made electronically, via computer tablets or through the kiosks located on each unit. The exception to this was applications involving medical issues which were still made on paper.

4.25 The progress of electronic applications was tracked, and data indicated that most were responded to in a timely manner. Until a few months previously, applications data had been scrutinised at a weekly performance meeting, but this had been suspended to enable leaders to focus on other priorities. There were no alternative arrangements in place, which compromised leaders' ability to identify and respond to patterns and trends.

4.26 The number of complaints was high, with more than 6,000 received during the previous year, including a large number about property and the prison shop. Most complaints were allocated to first line managers of the appropriate functions or locations.

4.27 Confidential complaints (which were received in a sealed envelope) were immediately directed to senior managers for consideration and response. Responses to these complaints were sent back in sealed envelopes, but copies were not kept of either the complaints or the responses.

4.28 Quality assurance of complaints by senior managers was not fully effective: in our review, we found numerous examples of complaints that had not been properly investigated. Some responses were poor and most did not address comprehensively the issues raised by prisoners.

4.29 Leaders had tracked, interrogated and responded to key data about complaints. During the first part of 2023, leaders had identified an increase in late responses and had taken remedial action which had brought the number of late responses down. As with applications, there had been no close scrutiny of complaints data for several months as managers focused on other identified priorities. Given the high number of complaints this was not appropriate.

4.30 In our survey, 65% of prisoners said it was easy to communicate with their legal representative compared with 45% at similar prisons. There were excellent facilities for legal visits, including video links in the visits area. The availability of legal reference material in the library was poor (see paragraph 5.7).

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.

4.31 With the notable exception of younger prisoners and those with disabilities, work towards ensuring fair treatment and inclusion was weak.

4.32 No equality manager had been in post for several months and most work on ensuring fair treatment and inclusion had effectively stopped until the appointment of an acting manager a few weeks before our inspection.

4.33 Much of the data produced and scrutinised by the prison were not useful in identifying disproportionate treatment. In the few instances where such treatment had been identified, there was no evidence that action had been taken to address the concerns.

4.34 There had been no recent consultation meetings for prisoners with protected characteristics. Leaders suggested that information gathered through some of the PLIs partially addressed that gap, but we saw no evidence that this was the case.

4.35 There were major weaknesses in responding to prisoner complaints about discrimination. In the sample of discrimination incident report forms (DIRFs) that we reviewed, many had not been thoroughly investigated and responses did not always address the issues raised by prisoners. Moreover, quality assurance within the safety team had not identified these failings. The deputy director had recently started to quality assure all DIRFs and had also identified weaknesses in the DIRF process and in responses. Nothing had yet been done to address these failings.

4.36 The lack of data analysis and consultation and the inadequacies of the response to DIRFs left leaders poorly placed to understand and respond to the needs of prisoners and to ensure fair treatment.

4.37 Provision for prisoners with disabilities was reasonable. A social care worker in the safety team liaised well with colleagues in health care to identify and respond to the need for adjustments and equipment. Prisoner carers provided support and assistance to those with severe disabilities. These carers were given job descriptions, but most had only received limited training and were subject to very limited oversight.

4.38 A manager had recently been appointed to make sure that the needs of neurodivergent prisoners were met. She had undertaken a thorough

assessment and had encouraging plans to support the population, including through training and raising awareness among staff and prisoners.

4.39 Understanding and responding to the needs of younger prisoners had appropriately been prioritised and there was a good strategy to guide work in this area. The safety team provided a focal point for this work and played a key role in supporting prisoners transitioning from the youth estate. Some young prisoners had undertaken the 'choices and changes' (see Glossary) programme to receive appropriate support, but the numbers taking the programme were low. An engagement day for young prisoners took place every month in the visits area. A survey on physical exercise had recently been undertaken with young prisoners and, as a result, there were plans to offer basketball to this cohort.

4.40 There was limited support for older prisoners. The Prison Council had rightly identified this weakness and had submitted a compelling paper to the senior management team with suggestions on how this might be addressed. One suggestion that had been quickly acted on was the creation of a garden area outside the Redwell unit where many older prisoners were located. However, at the time of the inspection, prisoners had yet to access this area because adjustments to the access gate were needed.

4.41 Our survey did not reflect more negative perceptions among minority ethnic prisoners in most areas of prison life, but many such prisoners told us in person that they had experienced discriminatory treatment at the prison. This most commonly related to job allocations and particularly participation in PLIs, where it was felt that existing peer workers were able to influence recruitment unfairly. Minority ethnic prisoners also perceived inequity in the incentives scheme, particularly in access to the super-enhanced units. Leaders were not aware of these perceptions because of a lack of consultation or scrutinising of relevant data.

4.42 There were two transgender prisoners at the time of our inspection. Provision for them had improved in recent months. Support meetings for members of the LGBT community were taking place on some units and for the broader prison community in the visits hall. These meetings were popular with prisoners.

Faith and religion

4.43 The chaplaincy benefited from good facilities including a very large hall that could be divided into a Christian chapel and a Muslim prayer space. A smaller room was being repurposed for worship by other faiths.

4.44 Most faith groups had good access to corporate worship and, in our survey, 88% of prisoners said they could attend a religious service if they wished. Almost all prisoners had access to a chaplain of their own faith and chaplains were active across the prison.

4.45 One of the PLI initiatives provided an active team of peer workers attached to the chaplaincy whose role was to promote and support faith provision across the prison. The managing chaplain provided good oversight of the team.

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.

4.46 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

4.47 Partnership working between health service providers and the prison team was good. The health needs assessment had been published before the prison opened and required updating.

4.48 The newly appointed head of health care had brought stability to a relatively new team of clinical leaders. There was a positive culture in the team and staff told us that they felt supported by managers.

4.49 The local delivery board and clinical governance meetings had not taken place regularly and did not provide appropriate oversight of the risks to patient safety.

4.50 Leaders were aware of the key risks. Action plans had been developed to address deficits but had yet to be fully implemented. There was a programme of audits, but these did not always take place which meant that the effectiveness of the action plans to improve services to patients was not measured.

4.51 The patient records that we reviewed varied in quality: some lacked detail and were not always completed contemporaneously. The head of health care had already noted this and there were plans to give additional training and support to staff.

4.52 There were vacancies in all areas of health care. Agency staff were used to make sure that staffing levels were safe, but there were some gaps in health care provision.

4.53 Not all staff mandatory training had been completed but dates had been booked to conclude outstanding elements. Not all staff received regular supervision, but dates had also been set to address this.

4.54 From our observations, health care practitioners clearly knew their patients well and treated them with dignity and respect. Staff were committed to meeting the needs of patients, who told us that they received good care.

4.55 Clinical rooms were clean and equipment was well maintained, although there was not enough space for all health care activity. A full list of clinical equipment had been updated and all equipment had been tested recently to make sure it was safe to use.

4.56 Health care staff told us they were confident in dealing with safeguarding concerns and they made referrals appropriately. No safeguarding supervision was available, which was an omission.

4.57 Health care complaints were submitted on paper but had to be sent via the prison which affected confidentiality. The replies to the complaints that we reviewed were formal and were not succinct or written in plain English to help the patient to understand the response.

Promoting health and well-being

4.58 There was no whole prison approach to improving the health of the population. The health care service followed the national calendar of events with monthly events supported by a team of peer-led health champions.

4.59 Health champions delivered a useful peer support service to encourage the uptake of immunisations, health screening and blood pressure readings. The oversight of the health champions was not rigorous enough to address the potential risk to patient safety.

4.60 There was a dearth of accessible health information and advice throughout the prison. The health care department had some easy-read documents but there was no information in other languages.

4.61 Retinal, bowel and aortic aneurysm screening was carried out regularly and waiting times were limited.

4.62 Age-related NHS health checks were not offered which meant that potential health risks could be missed.

4.63 There was an up-to-date infectious diseases outbreak plan and health care contacted the local health protection team if they had concerns. Sexual health screening was offered and patients were referred to secondary care services as required.

Primary care and inpatient services

4.64 The early days in custody team supported prisoners during their first 14 days at the prison. A registered nurse saw all newly arrived patients for an initial health screening on their first day and consent to share information was appropriately recorded. The team referred patients to relevant services, such as substance misuse, and carried out secondary reception screening in line with national guidance.

4.65 A care team led by a paramedic offered daily nurse clinics for urgent needs and responded to emergencies across the prison. Emergency calls by prison staff to health care were made too frequently and often inappropriately. Training was being rolled out to educate prison staff on when an emergency should be called. The paramedic on site had met the local ambulance service to improve working relationships.

4.66 Patients were required to submit applications to see health care using paper forms, but there were no facilities on the wings for health care to collect the applications. As a result, applications were not confidential and were often delayed in reaching health care. Prison and health care leaders planned to address this by moving health care applications to the electronic system used by all other prison departments.

4.67 Despite high levels of vacancies across the primary care team, there was an appropriate range of primary care services and access to allied health professions such as an optician and physiotherapist. The planned care team ran daily clinics and long-term conditions were very well managed. Patients received a high standard of care planning to address their complex health needs.

4.68 The waiting time to see a GP was on average three weeks, which was acceptable, and urgent slots were available each day. A high number of tasks were allocated to GPs, many of which related to prescribing. Patients and staff told us there were frequent delays in the signing of prescriptions which was poor practice and delayed patients receiving their medication.

4.69 Patient applications were triaged each day by a nurse. Patients did not receive details of their appointments in advance which resulted in a high level of missed appointments.

4.70 Secondary care appointments were well managed and comprehensive data were recorded to monitor waiting times. Four slots were available each day for external hospital appointments, but prison officers frequently arrived late to escort patients resulting in a high rate of missed appointments. This caused unnecessary delays to patients' treatment and wasted valuable clinical time and expertise.

4.71 All patients released or transferred from the prison were seen by a nurse before they left. Nursing staff attended multidisciplinary prison discharge meetings to identify and address health needs. Patients received health advice and a pack to register with a GP on release.

Social care

4.72 Four patients were receiving social care support at the time of the inspection and they valued the service. The social care memorandum of understanding was in draft and there was no information-sharing agreement in place.

4.73 North Northamptonshire local authority had an established referral process and responded in a timely manner.

4.74 Health care staff questioned new arrivals about social care needs during the reception screening and they understood the referral process. The council's social worker or occupational therapist screened all referrals and completed assessments promptly. The service was not well advertised across the prison.

4.75 Equipment, such as a hospital bed, was provided but some patients had experienced delays of up to eight weeks for it to arrive.

4.76 There were peer resident assistants, who supported other prisoners with their daily needs, for example keeping the cell clean or collecting meals. Oversight of the resident assistants was too limited to identify or address the potential risk to patient safety.

Mental health

4.77 All front-line prison officers had received mental health awareness training, although the Practice Plus Group mental health team said that referrals were not always appropriate. There had recently been no prison officers to assist with mental health on the wings and mental health staff had not been notified of ACCT meetings. This had caused frustration but we found relationships were improving.

4.78 The mental health team operated from inadequate office space and there were no dedicated therapy rooms. Rooms designated for health care had been assigned to other purposes and alternative provision offered was not therapeutic. This led to inefficiencies in the delivery of care, particularly curtailing group therapies.

4.79 There were sufficient staff with a good range of competences and experience in nursing, occupational therapy, psychiatry and psychology, all of which were delivered seven days a week. The team was overcoming recent staffing challenges and the consultant psychologist had recently left. The vacancy had been advertised and contingency plans were being developed if recruitment was unsuccessful.

4.80 There was an open referral system, and a threshold assessment grid was used to indicate concerning behaviours. There were about 12 referrals a day and a mental health practitioner was assigned to respond to all referrals within the day and attend ACCT meetings. Multidisciplinary working was impressive, and we observed in-depth debate to identify individual patients' needs. Substance misuse recovery workers coordinated care at the multidisciplinary meetings.

4.81 At the time of the inspection, 89 patients were in treatment, of whom 20 had serious or complex mental illnesses - a high number. A further 58 patients were in receipt of psychotropic medicines with no clinical justification, having arrived at the prison on these medicines. The most common complaint that we heard from patients was the discontinuing of these medicines. A suitable range of therapies were available. Clinical records and care plans that we sampled were good.

4.82 A clinical audit had identified areas for improvement in standards of clinical supervision, physical monitoring of patients and the care programme approach (CPA). The new team leader had started clinical supervision of the team, physical checks had been arranged and action was in hand to update the CPA records of eight patients.

4.83 During 2023, three patients who required transfer to hospital under the Mental Health Act had not been transferred within the target of 28 days, which was unacceptable. The team worked closely with community mental health teams and the offender management unit to arrange through care for patients on release.

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

4.84 There was no prison-wide drug strategy despite illegal drug use being of considerable concern across the prison. Partnership working between prison and health care staff had improved since the appointment of a drug strategy manager.

4.85 Practice Plus Group delivered clinical and psychosocial substance misuse services. At the time of our inspection, around 105 patients were prescribed opiate substitution therapy (OST) and 160 patients were supported by the psychosocial team.

4.86 There was no clinical substance misuse team and agency cover was in place as a temporary measure. However, a quarter of patients had not received their 13-week prescribing review which did not meet the national guidance. Although GPs supported substance misuse prescribing in the absence of a specialist, this had not been sufficient to maintain oversight, and the high volume of GP prescribing tasks affected their oversight of OST (see paragraph 4.68).

4.87 There was a lack of clinical expertise in the substance misuse team and patients were not offered flexible prescribing of medications such as buprenorphine or buvidal. This was an omission.

4.88 All prisoners arriving at the prison were screened remotely by the substance misuse team. Patients identified from screening were seen promptly to continue their treatment and receive psychosocial support from a recovery worker.

4.89 There was an open system for referral to the substance misuse team. Committed and passionate recovery workers offered timely assessments and delivered regular one-to-one key work sessions. Prisoners involved in an episode of substance misuse were also referred to the team. Recovery workers offered harm reduction advice and psychosocial interventions. The team had received SMART recovery group work training, but these groups had not yet been implemented.

4.90 Recovery workers completed care plans but the care plan template was restrictive and did not allow the patients' views or personalised goals to be recorded.

4.91 The drug recovery unit was run by prison staff with group work delivered by peer workers from the 'Big & Better' peer-led initiative. This provided valuable peer support for prisoners wishing to address their substance misuse, but the programme was not accredited and there was not enough oversight and supervision of the delivery by peer mentors, which posed considerable risks. There was no mutual aid support from Alcoholics or Narcotics Anonymous.

4.92 All patients with a history of substance misuse were offered Naloxone (to prevent overdose) on release. There were robust arrangements to support patients returning to the community through continuity of care.

Medicines optimisation and pharmacy services

4.93 Medicines were supplied by an on-site pharmacy but some patients did not always receive their medicines promptly (see paragraph 4.68).

4.94 Medicines were administered twice a day by nurses and pharmacy technicians and we observed patients being offered simple advice. There were systems to follow up non-attendance and, if necessary, the patient was referred to the GP for a review of medication.

4.95 Medicines administration hatches opened out on to a small lobby. The supervision of medicine queues by prison officers was of variable quality. Patients stood close to each other around the hatch, but no action was taken to prevent this and patient confidentiality was not suitably protected. There was also the potential for diversion of medicines and bullying.

4.96 Not all patients had secure lockers in their cells to store their medicines safely. Cell checks were undertaken when intelligence was received but no routine checks were undertaken.

4.97 There were no pharmacist-led clinics or opportunities for patients to speak to a pharmacist, which was an omission.

4.98 In-possession risk assessments were noted on the clinical records. Too many patients were receiving medication for seven days in possession when the risk assessment stated 28 days. This practice did not support patients to develop self-management of their medication. These medicines were supplied in clear plastic bags which did not afford appropriate confidentiality.

4.99 Controlled drugs were managed appropriately and were transported and handled safely within the prison. The treatment rooms did not provide appropriate storage cupboards for medication and this was being addressed.

4.100 Reporting of medication errors or incidents was good. There were regular medicines management meetings, but these were poorly

attended which limited effective oversight. The prescribing of tradeable medicines was mainly well controlled but there was higher than expected prescribing of mirtazapine.

4.101 There was an effective procedure to make sure that medication was supplied on transfer or release. Patients being released received a month's supply of medication or were given a prescription as necessary.

Dental services and oral health

4.102 Time for Teeth delivered a well-led dental service which met the needs of the population. Fourteen dental clinics were run by the dentists and a therapist each week.

4.103 The service was busy with about 120 applications a month. Applications were triaged on the day they arrived and patients with urgent needs were seen in daily emergency slots and those for routine appointments were placed on the waiting list. The level of dental pathology was significant and most patients required instruction in oral health care.

4.104 At the time of the inspection, there were 241 patients on the waiting list, half of whom had waited for longer than eight weeks and some as long as 15 weeks, which was similar to the local community. An initiative was in progress to reduce waiting times by 20 patients each week. There was the capacity to achieve this target.

4.105 NHS treatments were available to patients and practices were evidence based. The two dental surgeries and separate de-contamination facilities were exemplary and well maintained and all safety certifications were in place.

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 At the time of our inspection, we were told that staffing levels had necessitated a restricted regime but there were plans to return to a full regime in April 2024.

5.2 The restricted regime offered reasonable time out of cell for most prisoners, but evening association was limited to prisoners on the super-enhanced landings. In our survey, only 7% of prisoners said that they usually spent less than two hours a day out of their cells which was better than similar prisons (32%). Time outside for exercise was insufficient at 30 minutes a day.

5.3 Prisoners in part-time roles typically received more than six hours out of their cells a day, rising to more than eight hours for those in full-time employment and more than 10 hours for those living on super-enhanced landings. About 16% of prisoners were unemployed at the start of our inspection, and they typically received less than three hours out of their cells each day.

5.4 Our checks indicated that 18% of prisoners were locked up during the working day, but only about a quarter of the population had left their houseblocks for work, education or training.

5.5 While time out of cell was reasonable by current standards for most, prisoners were not always occupied in purposeful activity. We regularly saw wing cleaners who were idle because their jobs did not provide them with enough to do.

5.6 All landings had pool tables and tennis tables as well as cardiovascular equipment rooms, which was positive. Peer groups were delivering a range of recreational enrichment activities on some landings during the day and at weekends.

Landing cardio room

5.7 The library service was delivered by Weston College. The selection of books was very limited and they were not well ordered on the shelves. Few books were available for prisoners with specific needs such as emergent or ESOL readers (English for speakers of other languages). There were not enough legal texts for prisoners to refer to.

5.8 Too few activities to promote reading were offered by the library, with only a weekly reading group and chess club available. Weston College had an action plan to tackle some of these challenges, but progress had been slow.

Library

5.9 Data collection in the library was poor. Staff did not track which books were being taken out or monitor which prisoners were attending, although this was being addressed by delivering training to library staff.

5.10 Prisoners had weekly access to the library and there were bookshelves in some landings and workshops, although these varied in size and quality.

5.11 HMP Five Wells had surprisingly been built with no dedicated gymnasium, which had created considerable challenges for staff. A workshop had been converted to serve this purpose, but the space was cramped and only had capacity for 30 prisoners per session. There was a reasonable range of equipment, but much of it was in poor condition. Staff had requested replacements, but these had been subject to lengthy delays.

5.12 There was outside exercise equipment and four small multi-use games pitches. Football was available at weekends for 20 prisoners from each houseblock.

Gym

5.13 The limited capacity of the gym and the restricted regime in the prison resulted in poor access of two 45-minute sessions a week for prisoners. Additional sessions for key workers and super-enhanced prisoners were heavily oversubscribed.

5.14 No specialised sessions for prisoners with specific needs were available in the gym, but staff were conducting outreach in the drug recovery unit and on the older prisoners' landing for remedial gym. Few accredited courses were available, although the Saints Inside scheme run by Northampton RFC Saints Foundation offered a good 12-week employability and fitness programme where a small number of prisoners could attain level 2 gym instructor qualifications.

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.

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

Overall effectiveness:	Inadequate
Quality of education:	Inadequate
Behaviour and attitudes:	Inadequate
Personal development:	Inadequate
Leadership and management:	Inadequate

5.16 Too many prisoners did not have access to meaningful activities. Leaders had not provided sufficient full-time education, skills and work activity spaces for the entire prison population. While only a small number of prisoners were unemployed, too many prisoners with wing-based jobs were under-occupied during work hours. There was no provision for the small number of prisoners with minimal English language knowledge to study English for speakers of other languages (ESOL).

5.17 Leaders had not developed an ambitious curriculum to meet prisoners' needs fully. There were very few opportunities to gain accredited qualifications in education, industries and work areas, including wing work. Although the curriculum included some useful vocational and work options, such as level 2 business and enterprise and functional English and mathematics up to level 2, too many subjects and training programmes were not running.

5.18 In too many subject areas and workshops, the curriculum was not demanding enough. Teachers and trainers did not have high enough expectations of prisoners. For example, prisoners in fork-lift repair spent too much time without meaningful activity. On information, communication and technology courses, many prisoners studied a curriculum that was too easy for them.

5.19 Leaders did not use the information on the local and regional skills needs well enough to plan the curriculum. They had only recently reviewed and revised their curriculum strategy to include relevant labour market information. They now offered training in fork-lift repair in the logistics and manufacturing sector, which was identified as an important employment sector in their region. However, they did not offer accredited courses in other key sectors such as construction.

5.20 The allocations process was ineffective. Too often, largely due to staff shortages and curriculum limitations, prisoners were allocated to activities that did not match well with their career aspirations. Staff

allocated prisoners to multiple and unrelated activities simultaneously. For example, prisoners were allocated to education at the same time as gym, worship or health care sessions.

5.21 Too many prisoners did not receive appropriate and timely information, advice and guidance (IAG) when they arrived at the prison. Leaders did not ensure that staff delivering IAG were suitably informed about prisoners' needs to provide high-quality advice. During inductions, staff did not provide prisoners with useful IAG about their education, skills and work options. As a result, prisoners were not able to make informed choices about education, skills and work activities that would support them on release. Only a small minority of prisoners gained employment on release.

5.22 The local pay policy that leaders had implemented suitably incentivised education over general work. For example, those in education got paid more than those in work roles. Prisoners in education also received a bonus on completion of courses and progression to higher levels.

5.23 The quality of education and skills provision offered by Weston College was poor. In too many subjects, tutors did not plan curriculums logically. Although tutors and trainers were suitably qualified and had significant classroom and industrial experience, they did not support prisoners to remember new knowledge and skills in the long term. They did not plan to recap and recall topics that prisoners had previously studied. Consequently, most prisoners did not remember new knowledge and skills well enough. Tutors also did not check well enough that prisoners understood challenging concepts as they moved from topic to topic. Prisoners too often studied topics that were either too hard or too easy for them.

5.24 In too many cases, tutors and trainers did not use prisoners' starting points effectively to plan training. For example, in upcycling, trainers did not routinely identify prisoners' existing skill levels in carpentry when working with old wooden pallets. Too often, they did not have basic information about prisoners, such as their English and mathematics starting points. Leaders did not ensure this information was available for all prisoners. Where this was available, it was not analysed or routinely shared with the tutors and trainers.

5.25 In most subjects, such as functional English and mathematics at levels 1 and 2, arts and employability, achievement rates had declined and were too low. Although most prisoners who completed their education courses, such as functional mathematics, passed their qualifications, too many prisoners left their courses early.

5.26 Leaders had not rigorously challenged low achievements or implemented effective strategies to improve prisoners' achievement in education, skills and work.

5.27 The reading strategy was under-developed. Leaders had not ensured that staff across the prison had a sound understanding of the strategy. They did not know the level of need for reading support across the

population. The results of prisoners' reading assessments were not made available beyond education staff. Too few prisoners had received targeted support for improving their reading skills. There was also a very limited focus on reading in prison workshops.

5.28 Leaders did not ensure that all prisoners had planned and frequent access to the library. They did not run suitable interventions, such as Shannon Trust (provides peer-mentored reading plan resources and training to prisons) sessions or extra-curricular activities to support reading due to staff shortages. In addition, staff were not suitably trained in the use of phonics to support early readers.

5.29 In a small minority of curriculum areas, staff promoted reading. For example, in the business and ICT curriculums, staff encouraged prisoners to read during their breaks to develop their reading skills.

5.30 Across education, skills and work, prisoners with learning difficulties and disabilities (LDDs) did not consistently benefit from appropriate support. Leaders had not ensured that the completion of assessment and screening for prisoners' neurodiverse needs was completed in a timely manner and by appropriately trained staff. Tutors and instructors were not consistently aware of prisoners' LDD needs. They often did not use the specific support strategies that would help prisoners during lessons and work activities. As a result, too many prisoners did not make expected progress.

5.31 Leaders had been too slow to ensure prisoners had regular access to the virtual campus (prisoners' online access to community education, training and employment opportunities). Prisoners only had limited access to the virtual campus and could not use it for job searches. Prisoners who were preparing for release did not have access to information to support them prepare for employment.

5.32 In the majority of subjects, prisoners produced practical work that was of at least the expected standard. In the fork-lift repair workshop, prisoners worked to high-quality industry standards. They completed check sheets appropriately on vehicles and consistently met the maintenance standards required by the external partner. However, in ceramics, prisoners did not produce items that were well finished. Too many items were discarded because they had elementary issues, such as substantial marks.

5.33 Prisoners did not demonstrate consistently positive attitudes towards their learning and work activities. Attendance across education, skills and work was not high enough and was particularly low in education. Prisoners did not arrive promptly for work and lessons, or left part way through sessions. A significant minority of prisoners lacked motivation. They failed to participate well and consequently made slow progress.

5.34 Staff did not set clear or high expectations of behaviour across education, skills and work. In too many classes prisoners took breaks whenever they wanted to. Prisoners vaped during break times in the education department and in workshops, even though this was against

the rules. They showed a lack of respect to staff and inspectors. Too often these poor standards of behaviour went unchallenged by staff. Consequently, learning and work environments were often noisy and disorderly places.

5.35 In a smaller minority of cases, staff managed their classrooms and workshops effectively. For example, in business, level 1 English, kitchen-fitting and barbering, staff set clear expectations of standards of behaviours and work. As a result, in these subjects, the learning environment was calm, productive and respectful.

5.36 In both education and work activities, staff did not promote fundamental British values well enough. As a result, too many prisoners did not have a broad enough understanding of these values. Prisoners did not have the confidence to challenge inappropriate behaviours and language, which did not align with these values.

5.37 Staff did not provide timely or helpful careers information, advice and guidance to the prisoners. Most prisoners did not have a clear plan for their development throughout their time in the prison. Where they had agreed targets, staff did not link these to prisoners' sentence plans or their future career goals. In addition, they did not review these targets frequently enough with prisoners, to help them continue to work towards their career goals.

5.38 Leaders did not ensure that there were sufficient opportunities for prisoners to undertake external work opportunities while still in custody via release on temporary licence (ROTL, see Glossary). Leaders had initial plans to develop ROTL opportunities and had started to engage with employers in the logistics and manufacturing sector. However, only a very small number of prisoners had benefited.

5.39 Leaders recognised that they did not promote the range of opportunities beyond education, skills and work activities well enough. Leaders offered additional activities including chess, meditation, drug support groups, football and rugby sessions. Not enough prisoners took part in these activities. However, the small proportion of prisoners who did attend developed their knowledge of topics such as healthy lifestyles, mental health and well-being, and increased their confidence.

5.40 Prison leaders had recently introduced numerous processes and initiatives to tackle some of the weaknesses in the quality of education, skills and work provision. This included weaknesses in IAG and achievement. However, most of the plans were very new or not fully implemented, and as such had not yet had a positive impact.

5.41 Staff turnover was high in education, skills and work. Leaders did not focus well enough on the developmental gaps that tutors and trainers had. They did not support tutors and trainers to plan their courses and work activities to a consistently high standard. In industries and work, most trainers did not have frequent opportunities to take part in industry related activities to update their knowledge and expertise.

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 The prison had a very good range of services to support prisoners to maintain contact with their families.

6.2 Visits took place six days a week in a large and bright visits hall. Visitors were received by staff of the partner organisation Invisible Walls in a spacious and welcoming reception area. There were two additional lounge areas that could be booked for visits to super-enhanced prisoners and those residing on the family intervention unit (see paragraph 6.7).

6.3 Supervision by staff was discreet and visitors we spoke to were very positive about the visits experience. A team of family intervention peer workers took and shared photos of prisoners and their families and provided other support during visits.

6.4 Prisoners who were not receiving visits had been identified and were given appropriate support, including engagement sessions for them in the visits hall and introducing them to prison visitors.

6.5 A full programme of family days took place throughout the year and 28 had been held over the previous 12 months. Each family day was themed, for example to reflect the time of year or particular holidays and celebratory events such as Pride and Black History Month.

6.6 There was a good range of interventions to support prisoners to build and maintain relationships with their children and families. Many of the interventions had a particular focus on supporting prisoners' contact with their children. Several interventions had a particular focus on facilitating prisoners to support their children with their literacy and numeracy.

6.7 A residential family interventions unit provided specialist family support staff and peer workers to assist prisoners to maintain contact with their families. We spoke to prisoners residing on the unit who were extremely positive about their experience and the support they received on the unit.

6.8 Prison video terminals were available in the visits hall and were particularly popular with prisoners whose families lived abroad or a long distance from the prison. In-cell phones and tablets that enabled prisoners to text their friends and families were highly valued by prisoners.

Reducing reoffending

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

6.9 Many resources were available to help prisoners prepare for release. Several of the teams of staff involved, including community partners such as DWP, worked in the resettlement unit which had a prominent location in the Cross Well unit. The support for prisoners who used the services was generally reasonably good, but governance of this work was weak and leaders could not be confident that all prisoners were getting the support they needed.

6.10 There was not yet a clear reducing reoffending strategy based on the needs of the population, with goals to improve outcomes for prisoners, nor were strategic meetings held to monitor progress and identify important issues that might impede progress towards these goals. One such example was the inflexible working relationship between the pre-release team (PRT) and staff in the offender management unit (OMU), despite these teams working in offices on the same floor of the unit. We saw a prisoner approach a member of staff in the resettlement unit with a query about benefits, but as he was high risk and the PRT only dealt with low- and medium-risk prisoners, he was directed to discuss the matter with his prison offender manager (POM).

6.11 The work of all staff involved in preparing for release was negatively affected by a lack of private spaces across the prison to conduct interviews. Staff from the PRT usually spoke to prisoners in shared spaces such as the atrium of the Cross Well unit. As a result, they no longer asked prisoners whether they had been involved in the sex industry or were victims of sexual abuse which meant that prisoners needing additional specialist support might not have been identified.

6.12 Resettlement work was supported by several enthusiastic peer mentors. They attended regular meetings with staff, but not all resettlement staff were aware of what these mentors were doing. For example, Wellingborough Resettlement Advice Programme (WRAP) mentors approached prisoners three months before release to collect information about resettlement needs such as accommodation and

benefits. PRT staff who asked the same questions of prisoners at the same point in their sentence were not aware that WRAP mentors were gathering this information. WRAP mentors also conducted interviews with prisoners about lawful debt, including asking for personal information about the size of the debt and to whom it was owed. This was not appropriate. Peer mentors from the Residents Experience Group (REG) helped to explain issues such as home detention curfew (HDC), categorisation reviews and parole.

6.13 The OMU was well resourced. POMs had high caseloads of between 60 and 80, but levels of contact with prisoners on their caseload were generally reasonably good. The level of structured one-to-one work undertaken by POMs with prisoners to reduce their risk,was higher than we usually see in other prisons. Contact was not simply limited to time-bound tasks such as conducting categorisation reviews or completing parole dossiers and we saw POMs scheduling time to work with prisoners on a wide range of structured workbooks. Many of the prisoners we spoke to were positive about the advice and support they had received from their POM.

6.14 While many prisoners continued to arrive without an initial offender assessment (OASys), which should include a sentence plan, about three-quarters of prisoners had an OASys that had been completed in the previous 12 months. POMs prioritised work to meet target dates to complete new, or review existing, assessments. The quality of the plans that we reviewed was reasonably good, with targets that were appropriate to the individual prisoner's circumstances. In our survey, 83% of prisoners who said they had a plan said they knew what their targets were.

6.15 All the plans that we reviewed contained multiple targets. In addition to offence related work, the most common targets required the prisoner to engage with substance misuse services, mental health or education, or related to behaviour in custody and constructive use of time. Achievement of these targets in the cases that we looked at was reasonably good for most prisoners.

6.16 Key work (see Glossary) had not been used to help prisoners to progress. Our review showed that almost no prisoners had received any key work sessions in the previous six months, which was a missed opportunity to motivate and encourage them or simply keep them appraised of work that had been completed by other staff to meet their resettlement needs.

6.17 Despite the absence of key work, many prisoners were able to demonstrate that they had reduced their risk. During the previous year, 270 prisoners had been re-categorised as suitable for open conditions and had been transferred promptly to an appropriate prison to complete their sentence.

Public protection

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

6.18 The OMU had four dedicated public protection staff who reviewed all newly arrived prisoners to identify potential public protection risks. Where such risks were evident, they were passed to a POM to determine whether additional measures were necessary to mitigate the risk, such as monitoring the prisoner's mail, phone and text messages.

6.19 At the time of the inspection, only 18 prisoners were subject to offence-related phone and text monitoring conducted by the dedicated public protection staff. However, the calls and texts of several prisoners had not been reviewed for more than a month which managers were not aware of until we raised the issue.

~~6.20~~ The continued requirement for communications monitoring was reviewed at the monthly interdepartmental risk management meeting (IDRMM). This forum was also used to consider the risk management plans for high-risk prisoners eight weeks before release. At this point in their sentence, responsibility for managing these prisoners appropriately passed to the community offender manager (COM). The IDRMM only discussed cases where the POM was concerned about the arrangements to manage risk on release.

6.21 During the previous 12 months, prisoners had been released to 32 different probation areas and the senior probation officer who chaired the IDRMM told us that POMs were not always able to develop effective working relationships with the COMs in these areas.

6.22 On release, more than half these prisoners had had to be managed under multi-agency public protection arrangements (MAPPA) because of their offence or risk level. The level of management was determined by the COM to whom the case had been transferred. In most of the cases that we reviewed, the level set by the COM had not always been communicated to prison staff in sufficient time for it to be considered in planning for release. MAPPA meetings were well attended by POMs. Most of the reports that they prepared for these meetings were comprehensive and analytical and identified good links between risk factors, work completed in the prison and how this could inform risk management on release.

Interventions and support

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

6.23 As Five Wells was a resettlement prison, there was an expectation that prisoners who transferred there towards the end of longer sentences should have already completed any necessary offending behaviour courses.

6.24 However, many prisoners, including some who served their entire sentence at Five Wells, still had offending behaviour needs and it was positive that in the previous 12 months about 90 had completed the Thinking Skills Programme, which was more than we usually see. It was possible to deliver this course to prisoners convicted of sexual offences, but this had not yet been done and there were no other offending behaviour interventions for the more than 350 such prisoners.

6.25 It was positive that the programme team had recently started delivering the structured Choices and Changes workbooks to a small number of younger prisoners to help develop their maturity (see paragraph 4.39).

6.26 During the previous 12 months, about 200 prisoners had benefited from the accredited Foundations for Rehabilitation short course delivered by Change, Grow, Live (CGL), a community partner that worked in the resettlement unit. This personal development course helped prisoners to manage stress and improve motivation. Many of the prisoners who had completed the course had been referred by their POM, which was positive.

6.27 A similar number of prisoners had completed the accredited 'Mindset' course, which helped prisoners to improve their attitude towards employment. Many prisoners had been supported to open bank accounts and obtain identity documents to make sure they were eligible for employment on release. However, the employability course was no longer delivered and there were too few opportunities for prisoners to gain employment-related skills and qualifications before release (see paragraph 5.19).

6.28 There were no money management and budgeting programmes, but DWP staff were available on site each day and helped prisoners to complete benefit claims while they were still in custody, so that they could access the money without delay after release. If prisoners had an immediate need for funds, DWP staff arranged for an advance from the benefit to be paid into the prisoner’s bank account on the day of release, which we have not seen at other inspections.

6.29 During the previous 12 months, most prisoners had had an address to go to on the day of release and the proportion of those released homeless was lower than other category C resettlement prisons. Many high-risk prisoners, who comprised about half of all releases, were initially required to reside in probation approved premises as part of

their licence conditions. There were no data at the prison on whether these prisoners had an address to move to afterwards.

6.30 Prisoners were released to many different areas and their accommodation needs were addressed by a range of accommodation support providers. The contracted provider met prisoners face to face who were being released to the local area to discuss their plans, while those released elsewhere received remote support, including by video calls. The outcomes for prisoners released to other areas were not systematically monitored.

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.

6.31 The pre-release team met low- and medium-risk prisoners to develop a release plan and subsequently made the necessary referrals to service providers. The quality of the plans that we reviewed was reasonably good.

6.32 The preparation of release plans for high-risk prisoners was the responsibility of the COM and, in the cases that we viewed, we found that POMs had arranged timely and effective handover of cases to the COM to allow pre-release work to start. However, the actions taken by the COMs were not always recorded on the prison systems and we spoke to some high-risk prisoners who were not aware of arrangements that had been made on their behalf. In our survey, only two-thirds of the prisoners who expected to be released in the next three months said that someone was helping them to prepare for this.

6.33 The resettlement needs of prisoners nearing release was reviewed at a monthly meeting, but until the week of the inspection OMU did not regularly attend and high-risk cases were not discussed. This meeting had the potential to coordinate resettlement activity, minimise duplication of effort and identify any prisoners whose needs were not being met. However, the actions discussed were not tracked and no manager had responsibility for the meeting.

6.34 The recently opened departure lounge was an excellent and comfortable facility that offered good practical support to prisoners at the point of release. Prisoners passed through the facility prior to completing their final exit checks with staff at the gate. In the lounge prisoners had the opportunity to relax, speak with peers, and were offered a hot drink and food. Prisoners were also offered a substantial food pack, spare clothes and toiletries to take with them on release if required. Staff from DWP were also available in the lounge to finalise any advance payments of benefit claims.

Departure lounge seating area

Appendix I About our inspections and reports

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

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

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

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

Respect
Prisoners are treated with respect for their human dignity.

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

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.

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/).

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

Inspection team

This inspection was carried out by:

Martin Lomas	Deputy Chief Inspector
Sara Pennington	Team leader
Natalie Heeks	Inspector
Rick Wright	Inspector
Kellie Reeve	Inspector
Chris Rush	Inspector
Martyn Griffiths	Inspector
David Owens	Inspector
Helen Downham	Researcher
Alexander Scragg	Researcher
Emma King	Researcher
Isabella Heney	Researcher
Sarah Goodwin	Lead health and social care inspector
Paul Tarbuck	Health and social care inspector
Richard Chapman	General Pharmaceutical Council inspector
Dayni Johnson	Care Quality Commission inspector
Saher Nijabat	Ofsted inspector
Andrew Thompson	Ofsted inspector
Saul Pope	Ofsted inspector
Vicki Locke	Ofsted inspector
Carolyn Brownsea	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.

Choices and Changes programme
An HM Prison and Probation Service resource pack for key workers or prison offender managers to use in one-to-one sessions with young adults who have been identified as having low psychosocial maturity.

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.

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).

Rectification notice
Performance-related contract notices are issued as formal notification to the contractor where the Ministry of Justice identifies specific areas of concern that performance has fallen below expected standards. These can be related to performance delivery indicators and/or in response to other specific concerns about custodial service delivery.

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

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

Special purpose licence ROTL
Special purpose licence allows prisoners to respond to exceptional, personal circumstances, for example, for medical treatment and other criminal justice needs. Release is usually for a few hours.

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 Notices

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

Provider

Practice Plus Group Health and Rehabilitation Services Limited

Location

HMP Five Wells

Location ID

1-12238089198

Regulated activities

Diagnostic and screening procedures, personal care 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
Safe care and treatment

How the regulation was not being met:

- There had been no clinical governance meetings since service delivery commenced which meant that learning from audits, incidents and complaints had not been routinely shared with staff.
- There was insufficient storage for all patient medicines in the medicines administration room on Stanwell houseblock. This meant that patient medicines were not locked away securely.

Regulation 18
Staffing

How the regulation was not being met:

- There was no clinical oversight of substance misuse services. An agency non-medical prescriber and on-site GPs supported substance misuse prescribing, but the lack of a substantive specialist substance misuse prescriber had resulted in a backlog of patients awaiting 13-week prescribing reviews for opiate substitution therapy. At the time of the inspection, 25 patients out of 105 were overdue reviews due to a lack of staff.
- Staff had not received an appraisal of their professional development in line with the provider's policy.
- Staff had not completed all mandatory training in a timely manner in line with the provider's policy.
- Staff did not receive regular supervision to support them in their roles.

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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