REPORT ON

A FULL ANNOUNCED

INSPECTION

OF

HM PRISON

LANCASTER CASTLE

9-13 DECEMBER 2002

BY

HM CHIEF INSPECTOR OF PRISONS

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INTRODUCTION

It must be rare, early in the twenty-first century, for a prison inspection report to contain the memorable phrase: "Education was delivered in seven classrooms on two adjoining floors in the 12th century castle keep". Yet in some ways this statement exemplifies Lancaster Castle: it is a physical anachronism, but it strives to deliver, and often achieves, better provision for its prisoners than many other training establishments which do not have its unique limitations.

HMP Lancaster Castle is a small category C male training prison, and most of it is a grade 1 listed building dating back to the 10th century. This imposes significant limitations on the prison and the Prison Service, in terms of the kind of accommodation, facilities and security it can provide. Yet, in spite of those constraints, we found a largely safe, respectful prison, with a great deal of positive, and sometimes innovative, work being done.

Inevitably there were number of areas in which Lancaster Castle can and should improve. The healthcare centre was clearly inadequate and should be refurbished as a matter of urgency. And while staff-prisoner relationships were generally positive, inspectors were concerned that ethnic minority prisoners saw the prison in much more negative terms than white prisoners. This needs to be investigated and addressed, and, as we recommended at the last inspection, there should be prisoner representation on the Race Relations Management Committee .

Though there were examples of good practice, and an extremely creative use of very limited space, the range of education and training was more limited than we would wish to see in a training prison. Drug rehabilitation work was also well-established, though the prison was now having to cope with an increasing number of prisoners who were still drug-dependent, in a physical environment where it was very difficult to control the supply of drugs.

There had been some pioneering work on resettlement, with an excellent, but under-resourced, resettlement unit that identified prisoners' needs on arrival, and sought to meet them on release. The resettlement committee and manager took a 'whole prison' approach, involving all departments, and were seeking to develop an integrated strategy to include the new Custody to Work funding. This would need to ensure that there were needs-based sentence and custody plans for all prisoners, to work with them all the way through sentence; and this would be greatly helped by strengthening personal officer work, which was underdeveloped.

Overall, managers and staff are to be commended on what they have achieved at HMP Lancaster Castle. They now need to be supported in developing a role for the prison, within the north-west, that recognises the constraints of the built environment. We suggest that this should build upon the good staff-prisoner relationships and the developing resettlement and drug rehabilitation work, making the prison a resource for the north-west. However, it is inevitably more difficult to develop a coherent strategy and role for Lancaster Castle while population pressures mean that it is receiving prisoners early in sentence, while still drug-dependent; prisoners who stay for only a short time; or prisoners who are not local to the area.

Anne Owers **July 2003**

HM Chief Inspector of Prisons

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Role of the establishment

Lancaster Castle is a category C male training prison offering courses in education, industrial cleaning, welding, painting and decorating, catering, offending behaviour programmes, an accredited 12-step drug programme and resettlement unit. At the time of the inspection the prisoner population included a high proportion of men with serious drugs misuse histories, and three life sentenced prisoners. There were 13 Score 3 prisoners, 41 long-term prisoners (over four years), 57 on enhanced status and none on the basic regime.

Area organisation

North West Area.

Number held

12 December 2002: 235.

Cost per place per annum

£27,840.

Certified normal accommodation

159.

Operational capacity

244.

Last inspection

Full inspection: 9-13 September 1996.

Unannounced follow-up inspection: 4-7 December 2000.

Brief history

The main prison is in Lancaster Castle, a Grade 1 listed building dating back to the 10th century; the administration department is located nearby in a large Georgian

house purchased by the Prison Service in the mid-1990s. The age, style and protected historic status of the Castle impose significant limitations on modifications or developments that the Prison Service might wish to make. The Castle has had a long and colourful history as a place of custody, but the extent of structural 'improvements' to accommodate modern Prison Service standards is unavoidably restricted.

Description of residential units

There are three wings located in separate towers of the Castle.

A wing - segregation unit; 37 single cells; four dormitories each housing four prisoners.

B wing - drug rehabilitation unit; one 10-bed dormitory; five eight-bed dormitories; 10 single cells.

C wing - induction prisoners in 45 single cells.

HEALTHY PRISON SUMMARY

Introduction

HP.01 The concept of the healthy prison was introduced in our thematic review, *Suicide Is Everyone's Concern*, 1999. The four criteria for a healthy prison are:

- **Safety** – all prisoners are held in safety.
- **Respect** – prisoners are treated with respect as individuals.
- **Purposeful activity** – prisoners are fully and purposefully occupied.
- **Resettlement** – prisoners are prepared for their release and resettlement into the community with the aim of reducing the likelihood of their re-offending.

Safety

HP.02 Overall, we felt that Lancaster Castle was a safe prison. There were a number of factors that appeared to contribute to this positive finding. First, it had a settled, largely local and relatively experienced prisoner population. Prisoners were mainly from the North West area and in our prisoner questionnaire, 88% had been in prison before and 60% of these had been in prison five times or more. Second, prisoners appeared to have adjusted well to custody, following a comprehensive induction to the establishment. Third, they were properly occupied during their time.

HP.03 Underpinning these factors were good relationships between prisoners and staff. Staff responded with care to those prisoners who were identified as being at risk and it this has contributed to there being no self-inflicted deaths at the prison and few incidents of self-harm. There was, however, no room for complacency.

HP.04 We found little evidence of bullying. However, the dormitory's accommodation had inherent risks, despite the risk assessments being completed. This type of accommodation has the potential for silent collusion in bullying among prisoners, where the weakest prisoner in the group is made to feel unsafe. The location of the dormitories was not conducive to good observation or supervision. Regular checks should be made on individuals by personal officers.

HP.05 The physical environment created disadvantages for supervision generally and, for health and safety issues, the ancient building presented a range of challenges for a modern prison service.

HP.06 In our prisoner survey 86% said they felt confident that they knew what was going to happen to them on their first night or first day. Nearly all (98%) said they felt safe on their first night. There was virtually no violence reported by respondents, either between prisoners or from staff. Recorded incidents of prisoners assaulting prisoners had reduced from 19 in 2001 to 13 by December 2002. During this time there had been only two recorded incidents of assaults on staff. There were 20 incidents of assault recorded in 2001 and this number had reduced even further to 14 in 2002. The establishment, however, needed to collate and evaluate the evidence available from other sources, for example, security information reports (SIRs) and reports of injuries to prisoners (F213s).

HP.07 Control and restraint techniques had been used on nine recorded occasions in the 12 months prior to this inspection. In our survey, 88% of prisoners said they had never felt unsafe, compared with the average of 67% in similar prisons we have surveyed. And 69% reported that staff responded to cell call bells within five minutes, compared with the average of 38%.

HP.08 Lancaster Castle was, overall, a safe place for prisoners, despite its unique and difficult physical environment. The establishment should give a higher profile to its anti-bullying strategy, with particular emphasis on the monitoring of data.

Respect

HP.09 Lancaster Castle was, generally, a very respectful establishment. Relationships within the prison were relaxed, friendly and non-confrontational. Prisoners felt able to approach staff with their concerns, and staff often demonstrated their willingness to act on these issues. Our prisoner survey indicated that 47% of staff regularly checked on the prisoner's welfare – more than double the average for similar establishments – but, if improvements were made to the personal officer scheme, this figure could be even higher.

HP.10 As a grade 1 listed building, structural limitations impacted greatly on accommodation provision. This meant that staff had to consider imaginative ways of maximising the use of space. A good example of this was in the painting and decorating workshop, but it was not so evident in the use of association space. The cleanliness of the prison was generally of a good standard, although in some cramped places (such as the servery washing-up areas) a high level of cleanliness was difficult to maintain.

HP.11 There was an urgent need to refurbish the healthcare centre, which required more storage space. The level of healthcare was of a good standard, and the open door policy should be particularly commended. The provision was run by enthusiastic staff, who were working under difficult conditions.

HP.12 The perceptions of a large percentage of the black and minority ethnic prisoners were not as positive as the rest of the population. They expressed concerns about their access to such facilities as release on temporary licence, home detention curfew and re-categorisation although many of these concerns were not supported by the establishment's monitoring statistics. Although the establishment had made some attempt to celebrate diversity, much more work was required to address these perceptions.

Conclusion

HP.13 The general level of respect shown throughout the establishment was of a high standard overall, but Lancaster Castle should see this as a positive starting point and continue to look at where improvements can be made.

Activity

HP.14 The delivery of education and training in Lancaster Castle was good, but was undermined by poor resources and a limited range of options for prisoners. Links between education and training were good, and education outreach was particularly effective.

HP.15 The overall quality of education was satisfactory, with 48% of the prisoner population attending education each week on a part-time basis.

HP.16 Over two-thirds of the population had basic skills below level 2. While these literacy and numeracy needs were well assessed, and prisoners were encouraged to attend education, problems with both attendance and delivery to classes affected continuity.

HP.17 The main problem with education provision at Lancaster Castle was the narrow curriculum. For the 30% of prisoners assessed at level 2 or above there were only very limited open learning classes and very little IT. There was also no evening provision for prisoners in full-time work or training.

HP.18 Links between education, training and the wider regime were effective, particularly in the vocational training workshops where there were good levels of achievement in literacy and numeracy. There was good individual support; accreditation in small units enabled prisoners on short sentences to achieve some form of recognised qualification.

HP.19 Physical education suffered from the age and design of the building. Facilities were poor, with the two gym areas too small for many activities. External space for outside sports was also lacking. PE staff made best use of what was available; we support proposals for improved facilities.

HP.20 We were concerned that prisoner wage levels had not been reviewed in recent years and, as a result, had not kept pace with increases in prison shop prices.

HP.21 We were particularly concerned about the establishment's problems in keeping to the timing of its regime. Late starts and early finishes were not uncommon, and there were no management systems to monitor and challenge this inefficiency. Middle and senior managers should be more active in dealing with this problem.

HP.22 Education and training provision was generally satisfactory, but its range – particularly in terms of IT – needed to be improved. Regime slippage affected the use of the activity that was available. More efficient operation of the wider regime would

further enhance the delivery of education and training. Investment was required to improve the facilities, as well as prisoner wage levels.

Resettlement

HP.23 There was a well developed resettlement strategy at Lancaster. It was apparent that the establishment had moved on from the traditional throughcare model and was adopting a 'whole prison' approach to resettlement. The allocation of responsibility for all resettlement functions to one senior manager had evident benefits, and it was clear that specialist departments were sharing information and collaborating effectively.

HP.24 The inspection team welcomed the fact that, as well as focusing on meeting key performance targets, the resettlement policy committee also emphasised the development of good practice. The policies and procedures developed through the broad-based resettlement committee were sound.

HP.25 The modestly resourced resettlement unit carried out extremely good work, a point endorsed by anecdotal evidence from prisoners who used the service. We found a good spread of prisoner coverage, particularly at the induction and pre-release stages. However, our survey highlighted significant numbers who reported that they were not being reached during the mid-point of sentence, because of lack of resources

HP.26 The sentence planning system was well administered and efficiently run. We sampled files that showed that departments were making thoughtful contributions, and which contained a good range of assessment material. We were very disturbed to learn that, following an audit recommendation, sentence planning boards had now been limited to prisoners serving over four years. We considered this to be a backward step, and that more emphasis was needed on providing short-term prisoners with some form of modified sentence plan.

HP.27 The personal officer scheme was a weak link in the resettlement process at Lancaster Castle. Ironically, the good relationships between staff and prisoners seemed to fudge the need for a clear and focused personal officer scheme. The

officers concerned tended to be rather passive, and prisoners were sometimes unclear who their personal officer was and what their actual targets were.

HP.28 While it was encouraging to see the attempts to monitor personal officer contributions – for example on wing files – we thought that a much more robust approach was generally needed in this area, to ensure that prisoners continued to be supported between induction and pre-release.

HP.29 A further area of some concern was the arrangements for temporary and early release. Once again we found the systems and procedures to be well administered and efficiently run. It was clear that proper boards were convened, and the staff involved studied a wide range of assessment material quite diligently. However, the number of men who were actually being given the opportunity to be released through the release on temporary licence or home detention curfew systems was very low. We were given various explanations for the low rates of release, but we concluded that Lancaster Castle was not inclined to take informed risks, tending to err on the side of caution.

HP.30 The inspection team was also disappointed to see the relatively low rates of re-categorisation of prisoners from category C to category D status.

HP.31 Lancaster Castle had a well developed resettlement strategy that adopted a 'whole prison' approach to resettlement, involving the development of sound policies and procedures. However, the work of the resettlement unit needed to reach more prisoners, and the sentence planning system needed to include shorter-term prisoners in the process. The numbers of prisoners released on temporary licence or home detention curfew was low. This situation would be improved by the development of a clear and focused personal officer scheme.

Main recommendations

HP.32 **The healthcare centre should be refurbished**.

HP.33 **Shorter-term prisoners should be included in the sentence planning process and supported by a clearly focused personal officer scheme**.

HP.34 **The resettlement policy committee should carry out a needs analysis of all prisoners, to inform resettlement work throughout the length of sentence**

HP.35 **Black and minority ethnic prisoners should be represented on the Race Relations Management Team, and the negative perceptions of many such prisoners addressed.**

CHAPTER ONE

ARRIVAL IN CUSTODY

Expected outcomes

The expected outcomes for arrival in custody procedures (reception, first night and induction) are:

- **Safety:** Everything reasonable is done to help prisoners feel safe on their reception into prison; prisoners' needs are identified, including physical and mental healthcare, in order that they may be cared for and supported by competent trained staff
- **Respect:** The way in which entry procedures are conducted and the approach of competent staff preserves the personal identity of prisoners, respects their privacy and dignity and is responsive to their individual needs
- **Respect:** Prisoners are made aware of prison routines, how to access available services and cope with imprisonment
- **Purposeful activity:** Prisoners are constructively occupied during their first days in prison, preferably as part of a comprehensive induction programme
- **Resettlement and reducing re-offending:** Prisoners' welfare needs are identified and appropriate help offered to deal with them

Reception

1.01 Few prisoners were received into the prison during the week of our inspection and we were unable to observe the process experienced by prisoners. Our survey results, however, indicated prisoners' perceptions of some aspects of the reception process: 86% said they felt confident about what was going to happen to them on their first night – compared to an average of 60% in other training prisons we have surveyed. More than half, 52%, said that they felt that had been treated well or very well during their time in reception and 55% said they were held in reception for less than two hours, compared with an average of 60% in similar prisons.

1.02 Most prisoners were from the North West and had travelled relatively short distances; 80% had been in prison before, 60% on five occasions or more. This was, therefore, a population which was experienced in prison custody, and was not arriving with the level of unknown risks associated with many new prisoners.

1.03 On reception, prisoners were given sufficient prison clothing for one night. They would visit the clothing exchange store the following day to receive a full kit. Showers were available once they had been located on a wing. There were no facilities to access a telephone in reception; the first opportunity for this – providing they had a telephone card – was during evening association on the wing.

1.04 Reception facilities were limited by the physical restrictions imposed by the building. The area was accessed by a set of winding stairs. There were two holding rooms, which provided good observation. There was a small area where prisoners and their property were searched – this had been improved since our last inspection and curtains had been installed. The general reception environment would be improved by redecoration and the removal of graffiti in the holding rooms. The search area should be kept clean. It is to the credit of staff that, despite the physical limitations of the building, they managed to operate an efficient reception process. There were few compensation claims for lost property.

1.05 The four officers who had the main responsibility for reception were all trained in reception procedures. Staff showed a good awareness of problems prisoners might face. With the exception of cell sharing risk assessments, the information that arrived with prisoners was satisfactorily completed and checked by staff. However, in an estimated 80% of cases, the sending establishment had not completed cell sharing risk assessments. There were no confidential interview rooms to conduct cell sharing risk assessments or to establish if prisoners had any immediate concerns. There were no arrangements for prisoners for whom English was not their first language. Language Line – an interpreting service - was not used, nor was there any local information available in languages other than English.

1.06 Just over half of the prisoners we surveyed said that they had been given written or verbal information on what was going to happen on their first day in custody. An information sheet outlined the first 24 hours for new prisoners.

1.07 Healthcare staff collected new prisoners from reception and took them to the healthcare centre, where the reception health screen was conducted. They were then located on a wing. When spaces were available this was, in the first instance, C wing. All new prisoners saw the medical officer the following day.

First night

1.08 We were told that most prisoners would arrive with a telephone card. In our survey, 27% said that they had the opportunity to make a telephone call on their first day in the prison, less than the national average of 35%. Reception packs were offered to prisoners on the morning following reception; these contained telephone cards and tobacco for those who wished to accept this advance. Prisoners shared cells, which had in-cell television; cells were generally well maintained.

1.09 There were no formal arrangements for staff to interview new prisoners once they had arrived on the residential units, and there was no requirement for night staff to check on all new prisoners.

Induction

1.10 We commend the introduction of the five-day rolling induction programme, which commenced in the education unit on the morning following reception. In our survey, 96% of prisoners had received some induction and, of these, 62% found it helpful.

1.11 There were four induction officers, one of whom was detailed for this task each day. Some officers had put a considerable amount of their own time into developing the induction programme. The classroom was quiet, but the location was restrictive when there were a high number of people on the programme – which could last up to 5¾ hours per day. The induction officer's role demanded a high level of organisation to manage the needs of new receptions along with those prisoners who had already completed several days of the programme.

1.12 The induction officer was responsible for a range of tasks that were more appropriate for residential staff – for example, the ordering and collection of reception packs; ensuring that prisoners had received all their kit from the clothing exchange store; and that prisoners had been seen by the medical officer. Completing these tasks could be disruptive to the induction programme.

1.13 The contents of the induction programme were appropriate. Prisoners were given essential information in a pocket-sized book, *An Introduction to HMP Lancaster Castle*. The programme included assessment tests by the education department, and an opportunity for prisoners to apply for employment. A number of staff from other areas were included in the programme, introducing the opportunities available in the prison. Importantly, it introduced new prisoners to the work of the resettlement unit at the start of their time at Lancaster Castle. What was missing in this early period, however, was the opportunity for prisoners to meet individually with staff to discuss the impact of their transfer. If prisoners are not given this opportunity by personal officers, it should be built into the induction process, as there was no formal admission or reception board**.**

Conclusion

1.14 Prisoners felt safe on reception, and the process was explained to them. More could be done to enhance the reception area, despite the restrictions of its location. Prisoners should be given a personal interview on the day of their arrival, as well as access to a telephone. The induction programme provided a relaxed and informative introduction to the establishment, but prisoners should be given some one-to-one time with staff during this period.

Recommendations

1.15 **All prisoners should be given a confidential interview with a member of staff on arrival at the establishment to give them the opportunity to raise any issues of concern**.

1.16 **Reception packs should be offered to prisoners on their first night**.

1.17 **Night staff should introduce themselves to new prisoners once all prisoners have been locked up for the night**.

1.18 **The tasks of the induction officer should be reviewed.**

1.19 **Following their transfer to Lancaster Castle, prisoners should be given an early opportunity for a one-to-one interview with a personal officer.**

Legal rights

Expected outcomes

The expected outcomes for legal rights procedures are:

Safety Prisoners are safe from repercussions or recrimination in making any application, request or complaint

Respect: Prisoners are told their rights of access to due process in relation to bail, legal aid, legal representation and appeals and can exercise those rights while in prison

Respect: Unconvicted prisoners are treated as innocent, unsentenced as not having a custodial sentence, and both are given the same opportunities and activities as convicted or sentenced prisoners

Purposeful activity: The regime provides reasonable opportunity to seek release on bail and prepare for trial

Resettlement and reducing re-offending: The regime provides reasonable opportunity to preserve accommodation and employment and to pursue legitimate business and social interests

1.20 There were no remand prisoners in the establishment. We were satisfied that any prisoners in need of, and eligible for, legal aid would be identified and the procedures explained to them by a trained and competent legal services officer. Written information about legal services was not available in languages other than English.

1.21 Legally privileged correspondence was protected on residential units through the issue of mail to prisoners. Normal mail was opened by staff in front of prisoners, but legally privileged correspondence was opened by prisoners in front of staff.

1.22 Staff helped prisoners unable to read or write to complete legal application forms. We visited the library and were satisfied with the range of legal reference books offered.

1.23 Visits by legal advisors were allowed with appropriate flexibility, given the low demand.

1.24 Recently sentenced prisoners were informed of their rights of appeal against conviction and/or sentence and were assisted, as far as possible, in pursuing their rights

Recommendation

1.25 **Information about legal services should be available in a range of languages**.

Courts and transfers

Expected outcomes

The expected outcomes for courts and transfers procedures are:

Safety: Prisoners travel in safe conditions to and from court and between establishments

Safety: Prisoners are safe in crown court cells and other holding areas

Respect: Prisoners are held in decent conditions in escort vehicles and at court

Respect: Prisoners are provided with opportunities for refreshment, toilet and washing facilities at reasonable time intervals

Respect: The individual needs of prisoners during escort and while at court are given proper attention

1.26 The majority of prisoners were received from HMP Preston; many were serving short-term sentences. A small number, around three per month, were re-categorised and transferred to open prison conditions. Around 12 prisoners per month were transferred out for inter-prison visits.

1.27 In the previous 12 months, 95 prisoners had arrived on overcrowding drafts. Other moves involved prisoners transferred to Lancaster Castle to complete a rehabilitation programme. Others were being transferred out having failed to complete the programme. These prisoners were often referred to as 'sale or return' – an inappropriate phrase throughout the Prison Service that sees prisoners as 'objects'. There were, on average, around 15-20 receptions and discharges per week, although this number fluctuated greatly.

1.28 The prison had issued a Prisoner Transfer Policy which stated clearly the criteria for receiving and transferring prisoners. There was a well designed application form, which helped prisoners to understand the procedure. Prisoners being transferred to Lancaster Castle were not routinely given information about the establishment before their arrival.

1.29 The area contract for escorting prisoners was held by Group 4. Relationships were generally described as good. The contractors attended a monthly security meeting when problems relating to the transport of prisoners were discussed. These, in the main, concerned the times at which prisoners arrived outside the contract hours. Reception staff were detailed for other tasks, including the supervision of mealtimes. When prisoners arrived during the lunch hour or late afternoon, staff worked flexibly to ensure that they were received safely.

Conclusion

1.30 Most prisoners had a short journey to Lancaster Castle. The criteria for allocation to, and transfer from, the establishment were clear, although these were threatened by general population pressures. Difficulties arose when prisoners arrived at the prison at times when staff were not detailed for work in reception. However, staff were sufficiently flexible to ensure that prisoners were not left waiting unnecessarily on escort vehicles.

CHAPTER TWO

RESIDENTIAL UNITS

Expected outcomes

The expected outcomes for accommodation and facilities, clothing and possessions, and hygiene are:

- **Safety:** Prisoners live in a safe and hygienic environment
- **Safety:** Prisoners are risk and needs assessed before being placed with other prisoners in shared cells
- **Respect:** Prisoners have their dignity and privacy of life respected while in prison
- **Respect:** Prisoners are encouraged, enabled and expected to maintain an acceptable level of personal hygiene in appropriate, decent residential accommodation
- **Purposeful activity:** Suitable space and facilities on residential units are available and used to permit association activities that meet prisoners' needs

Accommodation and facilities

2.01 All the living accommodation (with the obvious exception of dormitories) had recently been certified as for single occupancy. However, the majority of cells on A and C wings were used as dual occupancy. B wing had six single cells, each used by only one prisoner, with three occupied by life sentenced prisoners. All cells were fitted with cell call bells, which were tested daily. The call bell system was computer linked and this enabled managers to monitor the length of time staff took to respond to a cell call bell. The establishment was unable to cater for the needs of prisoners requiring wheelchair access. All cells and dorms had access to in-cell electricity and TV.

2.02 Cell sharing risk assessments were completed to varying standards. One such risk assessment identified a prisoner on A wing who stated that he did not wish to share with an 'English' prisoner. We discussed this with the prisoner concerned, who informed us that he was only joking and that he believed staff were aware of that

when carrying out the assessment. He was sharing a cell with an English prisoner and there had been no problems to date. If staff had assessed that the prisoner was not serious, the risk assessment should have indicated that; if they felt that there was a risk, he should not have been sharing a cell with an English prisoner.

2.03 A policy on the display of offensive material was observed in various areas of the prison. However, we noticed displays of a sexual nature in some cells, which may have been offensive to some people. The prisoner compact clearly stated that nude or topless displays were not permitted, but such pictures were displayed in many dorms and cells.

2.04 All living unit accommodation was in a reasonable state of repair; cells and dorms were, on the whole, clean, and prisoners located in dorms took time to ensure a good standard of cleanliness. Cell overcrowding was particularly noticeable on A wing which, as mentioned above, had until recently been certified for double occupancy. Although cells on A and C wings afforded a reasonable level of supervision, B wing design meant supervision was more difficult. Noise was kept to a reasonable level throughout the prison.

2.05 Association facilities were woefully inadequate on wings A and C. C wing had one area, approximately 3 x 2 metres, which was used for a table football game. B wing used a room that doubled as a group room during the day (we were informed that the area was underused on association), and C wing had some landing space. Prisoners on both A and B wings frequently associated in the dormitory accommodation. Due to the structural restrictions on the establishment, imaginative consideration needed to be given to how association space could best be used.

Clothing and possessions

2.06 Prisoners could only wear their own underwear, and there were no washing facilities for these items other than the sink in the cell. Although we received no complaints regarding any shortages of prison clothing issued, we noted that much of what was issued was in a poor state of repair.

2.07 With the exception of B wing, the volumetric control of prisoners' property was rarely used. However this did not appear to create any problems regarding available space in cells and/or dorms. A list of what a prisoner could retain in possession was available in each wing office. Sheets and pillowcases were changed weekly; blanket change was either on application or when the prisoner left. We recommend that blankets should be washed at regular intervals on a rota basis.

Hygiene

2.08 Prisoners located in cells had access to showers on each landing; each dormitory had access to a shower in a recess. All prisoners were able to access personal hygiene supplies from staff and they were able to shower daily. At the time of the inspection, the prison was conducting a programme of shower facilities refurbishment; once completed, the shower areas would be of a good standard. The refurbishment of shower areas should continue as a matter of urgency, as some were in an extremely poor state of repair.

2.09 Each wing had a total of 10 cleaners, who shared responsibility for cleaning all areas, including the serveries. Servery areas were cramped and this led to difficulties in cleaning. All cleaning equipment was colour-coded and used for specific purposes to avoid cross-contamination.

Conclusion

2.10 Lancaster Castle was extremely restricted in how it could use its available space. However, it managed to create a relaxed and friendly environment with an overall atmosphere that was calm and reasonably quiet and peaceful. Staff needed to consult with prisoners to find imaginative ways to use the space available, particularly in the extremely limited association areas. The prison appropriately afforded prisoners their basic rights, for example, a change of clothing and a shower, and could now move forward to further enhance the entire regime.

Recommendations

2.11 **Risk assessments should contain accurate information that should be considered when locating all prisoners in dual occupancy accommodation**.

2.12 **The offensive displays policy should be enforced**.

2.13 **There should be imaginative consideration of how to make the best use of association space.**

2.14 **Facilities for prisoners to wear and wash their own clothing should be considered**.

2.15 **Blankets should be washed at regular intervals on a rota basis**.

2.16 **The refurbishment of shower areas should continue as a mater of urgency**.

CHAPTER THREE

DUTY OF CARE

Anti-bullying

Expected outcomes

The expected outcomes for creating an environment safe from bullying are:

- **Safety:** Prisoners are as safe as possible from bullying behaviour and bullied prisoners are always given full support in any bullying incident
- **Respect:** Neither staff nor prisoner uses their position or power to bully others
- **Respect:** Bullying and bullied prisoners are treated fairly and are aware of the systems that operate to prevent bullying behaviour
- **Purposeful activity:** Activities take place to develop self-esteem within an environment which discourages bullying and assists those who are or might be bullied
- **Resettlement and reducing re-offending:** Street and prison cultures are challenged through effective anti-bullying measures and programmes for all who are involved

3.01 Prisoners arriving at Lancaster Castle were told of the establishment's anti-bullying policy on induction, with over 90% of prisoners receiving induction. Prisoners missing induction could access the information on the establishment's information channel on their in-cell TV (New Castle TV).

3.02 The anti-bullying strategy clearly defined unacceptable behaviour, and this section of the document was displayed on notice boards in some areas of the prison. Prisoners on all of the units said they saw bullying as unacceptable behaviour, and some stated they would inform staff if they saw it taking place. However, some prisoners did not understand the correlation between bullying and 'baroning' (the buying and selling of items), and this was of concern. Although issues of debt were discussed on induction, Lancaster Castle should give further consideration to how prisoners' attitudes to 'baroning' could be challenged.

3.03 Staff identified potential cases of bullying through indicators such as assaults, refusal to attend work, and incidents of self-harm. If they suspected a case of bullying, there was early intervention; both the victim and suspected perpetrator were spoken to, followed by more intensive observation of their movements. Staff across the establishment encouraged positive relationships by the example they set in their day-to-day contact with prisoners.

3.04 In our survey, 88% of prisoners said they felt safe in the prison; this compared favourably with the training prison average of 67%. The dorms themselves could be potential hotspots for bullying, although prisoners did not indicate that it was a problem. Staff from the security department made an input into the decision of which prisoners were located in dormitory accommodation, and this had helped in reducing the instances of bullying there.

3.05 Prisoner Listeners took an active part in the development of the anti-bullying strategy, and we commend the direct representation of prisoners on the anti-bullying committee. All incidents of bullying were rigorously investigated, with comprehensive documentation completed. That documentation took the form of an action plan (known as the pact) that attempted to support the victim and challenge the behaviour of the perpetrator. Further supporting information was recorded in the prisoner's wing file.

3.06 Both the victim and alleged perpetrator remained on normal location wherever possible, where staff followed the action plan for both parties. The nature of staff/prisoner relationships was such that other prisoners could be involved in monitoring a situation.

3.07 There were no anger management or assertiveness courses available to support either the bully or the bullied. However, prison staff would attempt to address individual issues as they arose. For the identified bully such interventions included the use of the incentive and earned privileges scheme, sentence planning or adjudication. For the victim, measures included staff contact and/or Listener support. If those

measures were found to be ineffective, the prisoners concerned were moved to an establishment better equipped to address the situation.

Conclusion

3.08 Since July 2002, four prisoners had been placed on a pact and, at the time of the inspection, no prisoners were suspected of bullying. The inspection team spoke with a significant number of prisoners who stated that bullying had become socially unacceptable in Lancaster. If bullying was detected, there were comprehensive practices to address the issues raised. Lancaster should now pay further attention to how it can help prisoners understand the link between 'baroning' and bullying.

Recommendation

3.09 **Prisoners' attitudes to 'baroning' (the buying and selling of items) should be further challenged, and its links to bullying made clear**.

Good practice

3.10 ***Prisoners were represented on the anti-bullying committee***

Preventing self-harm and suicide

Expected outcomes

The expected outcomes for preventing self-harm and suicide are:

Safety: Prisoners are held in an environment in which all reasonable steps are taken to protect prisoners from self-harm and suicide honouring the prison's duty of care to every prisoner

Safety: Significant information about individual prisoners at risk of self-harm or suicide is communicated effectively by those who hold it to those who need it and integrated into the support plan

Respect: Prisoners know where to find help and access it in times of crisis or need

Respect: Raising and maintaining prisoners' self-esteem, especially in times of transition or change, should be inherent in the prison's culture, management, regimes and activity

Respect: The treatment of those at risk of self-harm or suicide shall always maintain confidentiality, preserve or enhance the dignity of the prisoner and shall not itself be dehumanising

Purposeful activity: Those prisoners at risk of self-harm or suicide are encouraged to participate in appropriate purposeful activities including specific programmes for their needs in this respect

3.10 Lancaster Castle did not have the problems of suicide and frequent incidents of serious self-harm often found in large local prisons. Prisoners appeared to adjust well and overcome the initial trauma of reception into prison. Many were serving short sentences and, importantly, prisoners perceived Lancaster Castle to be a safe environment. Few had experienced insults or violence in the prison, from either prisoners or staff. In our survey, 98% said that they felt safe on their first night in the prison.

3.11 The link between bullying and self-harm was recognised in the establishment. There were systems for healthcare staff to inform the orderly officer of any suspicious injury which could then be investigated. Reception staff were alert to issues which could precipitate self-harm and checked records for concerns. There was a substantial

induction programme in which prisoners were given information about how to access help.

3.12 Prisoners were mainly from the local area and most were familiar with prison – 80% had been in prison before, 60% of these five times or more. Relationships with staff were good. These were all added protective factors against self-harming behaviour. In these circumstances those relatively few prisoners who were identified as being at risk received an individual response. If required, counselling was available through the probation department and, if appropriate, prisoners' families would be involved in their care.

3.13 No self-inflicted death had been recorded at the prison. In the year prior to this inspection there had been a total of 15 F2052SH (at risk) forms opened. Most of these were opened as a consequence of a pro-active concern for prisoners by staff. Few were opened for more than two to three days. There had been one recorded incident of self-harm during this period.

3.14 The prison had no facilities to care for prisoners who were at risk of serious self-harm and who required constant observation or medical intervention. Such prisoners would be transferred to other establishments in the North West with the appropriate facilities. At the time of the inspection no prisoner was the subject of an open F2052SH form. We talked to the last prisoner who had been placed on one of these forms and confirmed the adequacy the last two completed F2052SH documents.

3.15 The prison had a Listener scheme, but this was somewhat depleted at the time of the inspection. There was only one Listener and one other prisoner in training. The Listener attended the suicide awareness team meeting and said that, on average, he had around four to five calls per month. One cell on each wing had been designated as a Listener suite. These were simply standard cells with two bunks where prisoners requiring a Listener could be brought. Staff, we were told, were generally supportive of the scheme, and the Listener we spoke to said that prisoners could even get access to a Listener during the night time hours. Listeners gave a presentation to new prisoners on the induction programme.

3.16 The prison had a good relationship with the Samaritans, who were key members of the suicide awareness team. They 'walked the wings' and played a key role in the recruitment and training of Listeners. There was currently no dedicated Samaritans telephone for use by prisoners, although they could be accessed from the phones on the wings, where contact numbers were displayed.

3.17 The prison's suicide prevention policy document had been re-launched in January 2002. This covered all the essential elements of a sound policy but could have reflected other important aspects of the safer custody agenda, for example prevention and the importance of relationships and culture – positive factors that we found in the establishment, but which were not explicit in the policy document.

3.18 The suicide awareness team met bi-monthly and was well attended. We were pleased to see that a representative from Morecambe Bay Health Authority regularly attended as this brought an important perspective from outside the establishment. The anti-bullying committee met following the suicide prevention team meeting. Some thought could be given to how these two areas could be brought closer together under a safer custody committee.

3.19 We were shown an excellent and thorough self-audit document from May 2001. This process should be repeated. Our night visit exposed some deficiencies in first aid equipment and training. There should be regular audit by staff from another establishment to avoid complacency in a prison that has much to be proud of in the care it shows for prisoners.

Conclusion

3.20 There were several characteristics of the Lancaster Castle population that suggested prisoners posed less risk to themselves and others than in some other prison environments. Underpinning all these factors were the good relationships between prisoners and staff, and the pro-active approach of staff in responding to those prisoners identified as being at risk. An improved personal officer scheme would be an added safety factor. Complacency should be avoided by acting on regular audit findings and training.

Recommendation

3.22 **Consideration should be given to the development of a safer custody committee**.

Good practice

3.23 ***A representative from Morecambe Bay Health Authority regularly attended suicide awareness team meetings, bringing an important perspective from outside the establishment.***

Race relations

Expected outcomes

The expected outcomes for race relations are:

Safety: Prisoners live in an environment in which they are safe from physical, verbal or emotional abuse, intimidation or victimisation or any discrimination on the grounds of race or culture

Respect: Prisoners experience a culture that values diversity and actively promotes, maintains and monitors good practice in race relations

Respect: Foreign nationals and those for whom English is not their first language are enabled to understand and communicate successfully

Respect: Prisoners, regardless of their ethnic cultural background, have equal access to all appropriate facilities and activities within the establishment. Eligibility for benefits and privileges, e.g. risk assessments, are made without regard for race, ethnicity or culture

Purposeful activity: Prisoners and staff are able to recognise and acknowledge the cultural diversity of the prison population

3.24 We found no evidence of direct racial discrimination in Lancaster Castle. However, this contrasted with the perceptions of the majority of the black and minority ethnic prisoners we met. These prisoners made up a small minority of around 5% of the total prison population. We were told that there was only one member of staff from a black or minority ethnic group.

3.25 We met with black and minority ethnic prisoners in a group and also with most of them individually. Many of their complaints – for example, restrictions on their access to release on temporary licence – were not supported by the evidence from the ethnic monitoring statistics. This largely young Muslim group of prisoners felt they were well supported by the race relations liaison officer (RRLO). He would regularly meet with the group and the Imam. However, the group expressed the view that they felt marginalised to some extent. They were described by a number of staff as a particularly difficult group, and incidents were cited to support this. During the inspection the majority of black and minority ethnic prisoners had been located together on C wing during Ramadan.

3.26 Black and minority ethnic prisoners had no direct representation on the race relations management team (RRMT). Team meetings had previously been held outside the main prison; we were told that, due to security considerations, a further change of location would be required to allow prisoners to attend. Prisoners currently met quarterly as a sub-committee of the RRMT, chaired by the RRLO. Issues raised at this meeting were then reported by the RRLO to the RRMT.

3.27 Giving full representation on the RRMT to black and minority ethnic prisoners would of the establishment's commitment to good race relations. It would help to make policy development more transparent and inclusive of this group of prisoners. Prisoners had, for example, complained of the arrangements for daily prayer at their place of work. There was confusion for staff, prisoners and managers about whether prayers should take place on work location or in the multi-faith room. Those working in education had easier access to the multi-faith room than those in other work locations. There was a need for the policy to be clearly understood. Frustrations are less likely to arise when such a group feel they have participated in the decision-making process.

3.28 The governing governor had an area responsibility for diversity. There was an Area-wide race relations forum which was attended by the Race Relations Liaison Officer. A member of the Commission for Racial Equality had recently given a presentation to this forum. The forum was seeking greater support for improved training to assist RRLOs in investigating racist incidents. The RRLO was a member

of a community-based multi-agency partnership that aimed at eliminating discrimination. This represented a significant commitment from the RRLO given that this task was in addition to his role as a senior officer.

3.29 Lancaster Castle needed to give race relations a higher priority. The race relations management team met quarterly, but was frequently poorly attended. It was chaired by the deputy governor. The last meeting had been attended by only three members of staff – two of whom were the chair and the RRLO. The membership of the RRMT was well publicised throughout the establishment, as was the policy statement.

3.30 Monthly monitoring statistics covered most aspects of the regime and provided the opportunity to identify areas where racial discrimination might be occurring. In addition, the RRLO produced a quarterly report to the race relations management team which commented on the monthly statistics, any racial incidents that had been investigated, and other relevant issues.

3.31 Two members of staff were diversity trainers. We were pleased to see that one was a civilian cleaner who we met and who was enthusiastic about the training role. Less than half the staff, 41%, had undertaken diversity training. Not all members of the RRMT or managers had completed this training, and this should be rectified.

3.32 The RRLO was responsible for investigating any incidents of a racist nature. The racist incident log book had recorded four incidents in the previous 12 months. These had been dealt with promptly. None of these referrals came directly from prisoners, and this raises questions as to whether they understood or trusted the system. The investigations were dealt with promptly and countersigned by the chair of the RRMT. They had all been resolved without recourse to formal disciplinary procedures. New racial incidents reporting forms were available, although there were no boxes to enable prisoners to submit these forms confidentially.

3.33 The education department and chaplaincy had both recognised the importance of celebrating Diversity Week. This had included an all-faiths festival involving visiting ministers from a range of religions. This was welcome, but more positive

action should be taken to promote diversity for staff and prisoners throughout the year, rather than just a single event. An appropriate basis for this would be a well attended race relations management team that included prisoner representatives.

Conclusion

3.34 Many of the black and minority ethnic group of prisoners came from communities in the North West where there has been considerable racial tension. While we found no evidence of direct discrimination at Lancaster Castle, it is important that minority ethnic prisoners have confidence in the management of race relations. Giving this group direct representation on the race relations management team would be one way of achieving this.

Recommendations

3.35 **The governor should re-iterate to staff the importance of their attendance at the race relations management team.**

3.36 **All managers and members of the race relations management team should attend diversity training.**

3.37 **Secure boxes should be made available for prisoners to submit racist incident report forms confidentially**.

Substance use

Expected outcomes

he expected outcomes regarding substance use are:

Safety: All prisoners are as safe as possible from exposure to and the effects of substance use while in custody

Respect: Prisoners with substance related needs are identified at reception and throughout their time in custody

Purposeful activity: All prisoners receive effective drug and alcohol education interventions to meet their needs

Resettlement and reducing re-offending: Prisoners, according to their individually assessed needs, are provided with the necessary support and treatment both in prison and after release to maintain healthy lifestyles and avoid the harmful effects of drug use

3.38 The prison had a written drug strategy that laid out aims and objectives. Its implementation was monitored and supported by the drug strategy team which met bi-monthly and drew its membership from all areas of the prison involved with drugs work. It included prison staff and representatives from external agencies who were contracted-in to provide specialist services. We were told that these meetings were also a useful venue for sharing information and agreeing joint working protocols.

3.39 The prison's healthcare unit did not offer a detoxification service as all prisoners were expected to be totally drug and alcohol free before being transferred there. If a prisoner was assessed as having a dependency problem they would be sent to HMP Preston, the nearest establishment with the facilities to provide a medical detoxification. While this was appropriate, we were concerned that healthcare provided little input into the prison's drug strategy. We would have expected protocols for counselling and testing for infectious diseases, particularly hepatitis C, as well as health promotion and education on drug related issues. We were told, however, that healthcare staff were keen to become involved, and there had been some initial planning to develop their role.

3.40 The prison had the services of a community psychiatric nurse (CPN) who visited weekly to provide support to those prisoners identified as possibly having a mental health problem as well as a substance use problem. This was an extremely valuable service, particularly because, due to their dual diagnosis, these prisoners were excluded from most other treatment options.

3.41 The prison's Counselling, Assessment, Referral, Advice and Throughcare (CARAT) team introduced itself to all new prisoners during their induction. They had a key performance target of undertaking 25 initial assessments in the year, which they were likely to greatly exceed. This target was inappropriate for Lancaster, as theoretically most prisoners should already have had their initial assessment in their local prison.

3.42 The CARAT team ran a five-day course on Drugs and Positive Change for up to 10 prisoners at a time. This used a variety of approaches to persuade participants to take a more realistic view of their drug use and the risks involved. There was a follow-up half-day session some time later, to examine how much of the information had been integrated and to bolster the participants' motivation. The CARAT team was also responsible for the fortnightly pre-release group, which gave direct advice on harm reduction and areas such as the potential for overdose. The CARAT staff also maintained a caseload of individual prisoners and were responsible for undertaking full assessments, and producing care and release plans.

3.43 The CARAT team was multi-disciplinary and comprised two full-time staff from an external agency, Lifeline, and a group of officers who were supposed to provide 61.25 hours of CARAT work between them each week. We were told that, invariably, this did not happen and that, even when staff were formally allocated to CARAT work, they were still used to undertake general duties. Apart from the inconsistency this created, it impacted on the workload of the two full-time staff and was undermining the service to prisoners.

3.44 The prison also ran a 12-step programme in partnership with the Ley Project, which had recently been accredited by the joint probation and prison service accreditation panel. The programme could take up to 16 prisoners on its groupwork

phase, with similar numbers on pre-admission and post-programme phases. We were impressed by the impact that the programme had on participants, and the immediate effects that were apparent in the decrease in disciplinary problems and major improvements in overall behaviour. We were concerned, however, that the Prison Service had not been undertaking a systematic evaluation of the programme and its ongoing effect on offending and drug use.

3.45 One of the strengths of the 12-step programme was that prison staff were fully involved in its delivery. This gave it greater credibility and acceptance among other staff, as well as ensuring that the need to work within the requirements of the prison culture was understood and respected. All staff were given adequate training opportunities and received regular supervision.

3.46 The prison's mandatory drug testing (MDT) scheme was achieving its performance target of randomly testing 10% of the population, as well as undertaking targeted testing. There was considerable concern among staff that the rate of positive random tests was running at a high level – approximately 29% for 2002-03 – despite a concerted effort to deter drug smuggling into the prison. The only positive point was that, in recent months, there appeared to have been a trend away from the use of opiates to that of cannabis.

3.47 Voluntary drug testing (VDT) was showing a similar pattern of drug use, with cannabis significantly outstripping the use of opiates. We were concerned, however, that the same team of officers was responsible for taking samples for both MDT and VDT. We were assured that the two operations were not related to each other and that, for example, a prisoner who was found positive on a VDT would not then be a target for MDT. However, we could see no convincing reason why these schemes should not be conducted separately by different officers, removing the potential for any confusion.

3.48 It was also clear that VDT was integrally linked to the incentive and earned privileges scheme (IEP), and for a prisoner to reach the enhanced level it was compulsory to join the scheme. This contravened the ethos of VDT as detailed in

Prison Service Order 3620, which also clearly stated that it should operate independently from the IEP.

3.49 Lancaster Castle had been attempting to reduce the availability of drugs in the prison and was using all available measures to control smuggling. These included the use of a drug dog and CCTV in the visit area, the shielding of windows to prevent drugs being pulled in from over the wall, and regular searching of cells and communal areas. However, the difficulties of securing such an old building, combined with planning constraints, meant that the prison was vulnerable to those who wished to bring in drugs.

3.50 If the prison were to develop its role in providing specialist services to prisoners with significant drug problems, then those who were not committed to remaining drug free needed to be screened out before being sent there. This would allow a safer environment for prisoners who wished to tackle their problems , with less opportunity for relapse at times of vulnerability.

Conclusion

3.51 There were many positive elements to Lancaster Castle's drug strategy and we were impressed with the commitment of the individual staff responsible for delivering it. There were, however, issues out of their control that militated against the effective delivery of services. Paramount among these were the vulnerability of the establishment to drug smuggling and issues related to national prison overcrowding which meant that a significant number of prisoners were arriving at the prison who were still actively involved in drug use. This was undermining much of the good work that was taking place and needed to be resolved if Lancaster Castle was to develop a specialist role in the treatment of drug use.

Recommendations

3.52 **The role of healthcare in the drug strategy should be clearly identified, and the department should take a lead in providing health promotion and education to the prison population**.

3.53 **The area drugs co-ordinator should set targets for the Counselling, Assessment, Referral, Advice and Throughcare (CARAT) team that are more pertinent to its work at Lancaster Castle**.

3.54 **Consideration should be given to making the prison officer posts in the CARAT team full-time, and ring fencing their role to ensure that they only undertake relevant work**.

3.55 **The evaluation of the long-term efficacy of drug programmes in prison should be a priority, both to evaluate outcomes and to advise on the development of good practice. The Prison Service's Drug Strategy Unit (DSU) should ensure that Lancaster's 12-step programme is properly evaluated and results disseminated**.

3.56 **The prison should review the mandatory and voluntary drug testing schemes to ensure a clear distinction between their operation, and the teams of officers conducting the sampling**.

3.57 **The voluntary drug testing and incentive and earned privileges schemes should be clearly separated, and prisoners should be encouraged to undertake testing as a positive step to tackle drug use, rather than to gain extra privileges**.

Maintaining contact with family and friends

Expected outcomes

The expected outcomes on maintaining contact with family and friends are:

Safety: Prisoners and visitors feel safe in their time together and visitors feel safe within the establishment

Respect: The rights of prisoners to maintain contact with family and friends are upheld and practical arrangements are in place to provide for them with special consideration being given to children and partners

Respect: Visitors are welcome to the establishment, supported within the prison and recognised as free members of society in order that they may contribute positively to the prisoners' progress

Resettlement and reducing re-offending: Prisoners are encouraged to build and maintain family and social networks and relationships that contribute to their well being and help reintegrate them into the community

Mail and telephones

3.58 There were few complaints about issues related to mail. In response to our prisoner questionnaire, 100% reported that they had no problems in sending letters and 88% had no problem in receiving them. These figures were far better than those we normally find in similar prisons.

3.59 Prisoners were allowed a free letter each week and were able to purchase additional ones if they wished. We found no examples of unacceptable delays in either outgoing or received mail.

3.60 Each wing had telephones fitted with small acoustic hoods. A telephone card was part of the reception pack and prisoners could then purchase additional cards from the prison shop. We received few complaints about access during our inspection and, in response to our questionnaire, 80% of prisoners said they had no problems in being able to use the telephones.

Visits

3.61 Domestic visits took place every afternoon of the week, although Wednesday afternoons were reserved for prisoners in the drug rehabilitation unit. Prisoners were theoretically allowed visits of up to two hours, rather than the statutory minimum of 30 minutes. However, in practice, there were considerable delays in starting visits, which substantially reduced the time available. There were no restrictions placed on statutory entitlements to visits because of competing activities or as a punishment.

3.62 Where there was a sensitive issue, such as bereavement, the chaplaincy were able to arrange special visits and were able to afford prisoners and visitors an element of privacy in a separate 'family room' adjacent to the main visits room. While this was a welcome resource it was in poor condition and would have benefited from being re-decorated and made more welcoming.

3.63 The prison was easily reached by public transport, although some visitors had to travel long distances to reach it. In response to our questionnaire, 52% of prisoners felt it was 'very easy' or 'easy' for their families or friends to get to the prison. This compared favourably with the training prison average of 24%.

3.64 There was no visitors' centre and, given the planning issues involved, it was highly unlikely that the prison would get permission to site one just outside. Once through the main gate, however, there was a fairly comfortable waiting room, with toilet facilities, where visitors could stay until their visit was ready. All visitors were searched and normally screened by a passive drug dog before being allowed into the visit room.

3.65 The visit room also doubled up as a gym and had items of sports equipment scattered around it. Because of the need to move the furniture about, the prison had been unable to acquire the fixed chairs and table groups which other establishments have found useful for security purposes. There was a staffed play area for children, which opened during Thursday, Friday and Saturday visit times. This was funded by the prison and was a well used resource that was much appreciated by the parents.

3.66 There was room for 15 different visits to take place at one time and there were also facilities for four closed visits and two cubicles for legal visits. Drinks and snacks were available from machines and there were also toilet facilities. Prisoners were required to wear coloured tabards throughout their visit. These were in poor condition and looked dirty.

3.67 We spoke to a number of visitors about their experience of the prison and received some very positive messages. Apart from the delays in getting into the visit room, they felt that they were treated well and that staff were courteous and helpful. This confirmed the replies to our prisoner questionnaire where 60% had responded that their visitors were treated very well or well, compared to the average for training prisons of 44%. There were no complaints about the booking system and we were told that it was easy to get through on the telephone.

3.68 The prison had done remarkably well to make the experience of domestic visits a pleasant one, given the limited resources available. In particular, the need to share the visit room with the gym constrained improvements to its environment. The proposed move of the gym into other premises would allow the prison to both enhance the visit room and develop better security measures.

Recommendations

3.69 **The prison should review the way staff are detailed to ensure that they are available to start visit sessions at the advertised time.**

3.70 **A supply of new tabards for prisoners receiving visits should be obtained and kept clean and well maintained**.

Applications, requests and complaints

Expected outcomes

The expected outcomes for applications, requests and complaints are:

Safety: Prisoners are safe from repercussions or recrimination in making any application or request or complaint

Respect: Prisoners know and are given appropriate help to exercise their right of access both to applications, and requests and complaints; they receive a prompt, courteous and fair response from staff

Resettlement and reducing re-offending: Sentence plans are normally implemented without a prisoner needing to use applications or request and complaints

3.71 It was clear that most prisoners felt confident to approach staff for help or answers to straightforward questions. Application forms were readily available, and prisoners had to apply for request and complaint forms. Some prisoners said that there had been occasions when they had asked for these forms but staff had not provided them. However, in our prisoner survey, only 6% said it was difficult to get a request and complaint form.

3.72 The number of request and complaint forms completed (approximately 20 per month) was not particularly high and tended to suggest that the majority of minor issues were dealt with on the wings.

3.73 Given the poor levels of literacy and educational attainment of many prisoners, the heavy reliance on written material and procedures might have deterred some from using the application, request and complaint and appeal systems. We found little evidence from the request and complaint forms we read that officers helped prisoners to complete the documentation.

3.74 Request and complaint forms were efficiently processed, and in the majority of cases prisoners received a prompt and full reply. The majority of replies clearly addressed prisoners' concerns and were polite, acknowledging error or fault where

appropriate. All replies were signed, but it was not always easy to decipher handwritten responses.

3.75 We were not aware of any comprehensive analysis of the nature of complaints, but this probably reflected the relatively small number**.**

Recommendations

3.76 **Replies to request and complaint forms should be easy to read, and should clearly identify the staff member involved**.

3.77 **A database to analyse complaints should be considered**.

CHAPTER FOUR

HEALTHCARE

Expected outcomes

Inspectors will make judgements about healthcare against the following outcomes:

- Prisoners receive a full range of primary healthcare, health promotion and disease prevention services in an environment that is clean, safe and conforms with the standards that operate in the NHS
- NHS and prisoner records are available to those responsible for the care of the patient
- Prisoners receive healthcare from appropriately trained staff and support and care in meeting their health needs from all prison staff**.** Their right to refuse treatment is recognised
- Prisoners with physical or mental health problems are identified and assessed promptly, receive appropriate treatment and care and, where appropriate, are referred without delay to appropriate secondary care providers
- Prisoners' access to health promotion in primary care is equivalent to that in the community
- Prisoners are encouraged to maintain healthy lifestyles while in prison and on release and are linked to community services including GPs prior to release
- Prisoners receive inpatient healthcare that meets NHS standards in an environment that is clean, safe and meets NHS standards
- Inpatients receive opportunities for purposeful, therapeutic occupation according to their assessed needs and care plan
- Patients requiring specialist healthcare are identified promptly and referred to visiting specialists or the NHS
- Continuity of treatment and care is not impeded by transfer between prison and the NHS or by inappropriate security precautions

Introduction

4.01 HMP Lancaster Castle's situation in a Grade 1 listed building severely restricted its opportunities for adaptation of structure and function, and created a challenge for maintenance. It was one of two prisons in the Lancaster prison cluster, the other being HMP/YOI Lancaster Farms. The two prisons shared a joint Health Improvement Plan with the local Primary Care Trust.

4.02 Both of the nursing staff were new in post, particularly the senior nurse who had been there less than three weeks at the time of the inspection. This made the improvements in the quality of care even more commendable.

4.03 Prisoners generally felt that access to healthcare was good and that healthcare staff were respectful and caring. The pre-inspection survey revealed that 65% of prisoners felt that the delivery of healthcare at the prison was good or very good. This compared favourably with a national average of 39% for similar prisons.

Environment

4.04 The healthcare centre (HCC) was situated on one floor in the centre of the prison next to the segregation unit. Its general state of decoration and cleanliness was good, despite the ancient fabric of the building.

4.05 The centre was very small and consisted of a waiting area, an office and two clinical rooms. All access was through the waiting room, which had no natural light. There were wooden benches along three of the walls for prisoners to sit on. The display of health promotion literature and healthcare centre information was limited by the shortage of notice boards. Two doors provided access from the waiting area to the office and the doctor's/treatment room respectively.

4.06 The office accommodated two nursing staff and an administrative assistant (AA). It had no natural light, was very cramped and lacked lockable cupboards and worktops. Consequently, the area was rather untidy with boxes and equipment having to be placed on the floor due to lack of storage space. The floor was stone and a little uneven. We understood that the general HCC refurbishment included plans to lay carpet in the office.

4.07 The doctor's office was multi-functional. As well as a doctor's surgery it was used as a treatment room, record store, and pharmacy. A pharmacy refrigerator equipped with maximum/minimum thermometer was available for the storage of thermolabile (heat sensitive) medicines and temperature records were maintained. Drugs were stored in a fixed lockable cupboard and patient medical records were filed in a locked cabinet. Eye testing equipment was also kept in this room. There was access through the doctor's office to a toilet, which doubled as a cleaning store.

4.08 The dental surgery was accessed through the office and was also very cramped. The surgery equipment was of modern design and included a dental chair and lockable instrument and storage cupboards. Working surfaces were good and there was a sink and 'Little Sister' autoclave for sterilising instruments. Space was further reduced due to a paper shredder and other non-clinical items.

Records

4.09 We reviewed a random sample of inmate medical records (IMRs) and all were properly filed and in date order. Nurse treatment records were also filed in the IMR. Dental records were filed in a lockable cabinet in the dental surgery. The register of instruments and HCC tools was also kept in the dental surgery. There was no controlled drugs (CD) register as CDs were not kept on site.

4.10 F213s (reports of injuries to prisoners) were stored in the office in date order, but there was no evidence that these had been reviewed to identify any trends in causes of injury.

Staffing

4.11 A healthcare manager based at HMP/YOI Lancaster Farms managed services at both Lancaster Castle and Lancaster Farms. He was not available at the time of the inspection. The head of regimes at Lancaster Castle had day-to-day oversight of healthcare.

4.12 There were two full-time nurses: one G grade registered general nurse – recently promoted from HMP/YOI Lancaster Farms – and one registered nurse for the

mentally handicapped (RNMH). Both were new in post. The G grade nurse attended senior management team (SMT) meetings as required.

4.13 General medical care was provided five mornings a week by a general practitioner (GP) from a local general practice. Out of hours cover was provided by the local primary care trust (PCT).

4.14 The dental services (including out of hours cover) were provided by a local dental practitioner under the General Dental Services of the National Health Service.

4.15 Visiting specialists included a community psychiatric nurse (CPN) from Lancaster Farms, a consultant forensic psychiatrist, an optician and a chiropodist (all as required); a pharmacist from HMP Garth visited quarterly, and specialist asthma and genito-urinary (GU) nurses from Morecambe Bay PCT visited on alternate weeks.

4.16 The department was supported by a part-time AA (Monday to Friday from 8.00am to 12.00 noon).

Delivery of care

4.17 Healthcare services for prisoners included primary care, mental healthcare and access to visiting specialists. Outpatient care was provided by Lancaster Royal Infirmary (LRI). There were no inpatient beds; patients requiring inpatient treatment were transferred to either LRI or HMP Preston.

4.18 The nursing staff were available from 7.30am to 4.30pm, Monday to Friday. There were plans to change the shift pattern in the near future so that one nurse worked from 9.00am to 6.00pm to cover new receptions. Weekend nursing cover (7.30am to 11.00am) was provided from Lancaster Farms.

4.19 All new prisoners were screened on arrival in reception by one of the nurses. The reception area was adequate, but precluded access by any prisoner with a mobility problem as it was up a steep spiral staircase. New prisoners were seen by the doctor in the HCC within 24 hours. They were given a healthcare centre information leaflet and, although correct in content, it referred to HMP/YOI Lancaster Farms.

4.20 Primary care clinics were run from 8.30am to 11.00am, and there was an 'open door' policy outside these hours for prisoners seeking advice or treatment. The physical layout meant it was difficult to maintain privacy, but staff made every effort to control entry to the waiting area and safeguard patient confidentiality.

4.21 Medicines were normally supplied twice daily, at 7.45am and at 11.30am, via a hatch that connected the treatment room to the waiting area. A further supply time of 4.00pm was available when necessary. Patient information leaflets (PILs) were not normally available for supply with medication; this was of concern to us as this is a legal requirement.

4.22 Prisoners unable to work through minor illnesses were seen at the clinic and given authorisation by healthcare staff to stay in cell. Nurses took medication to prisoners on treatment residing in the segregation unit.

4.23 The medical officer had taken over from a partner in the same practice when he retired earlier in the year. He was familiar with the prison having previously provided locum cover when required. He attended Monday to Friday from 8.30am to 10.30am, after which there was an on-call system for out of hours emergencies – provided by the local primary care trust. The contract for the provision of medical cover was to be subject to tender, but the prison hoped that the current doctor would continue to work there.

4.24 Most prisoners were also seen by the doctor prior to discharge and, if appropriate, a summary letter was given to him for his GP in the community. Copies of all discharge summaries were filed in the IMR.

4.25 The nurses were in the process of introducing triage, and were to undertake training to develop nurse-led chronic disease management clinics for asthma and diabetes. The rapid turnover of prisoners militated against optimum ongoing care. Many prisoners were also transferred-in from other prisons (notably HMP Preston) for short periods at the end of their sentence.

4.26 Health promotion delivery was sound, and prisoners were encouraged to take responsibility for their own health. However, there was insufficient access to health promotion leaflets in the waiting area.

4.27 A 'Well Man' clinic had been previously available, and it was planned to re-introduce this shortly. Staff had already arranged 'shadow' attachments to GP practices to observe clinics and build relationships with PCT staff.

4.28 Hepatitis B vaccination was carried out by healthcare staff on request, and specialist staff from Lancaster Farms undertook hepatitis C screening and pre- and post-counselling.

4.29 A quit smoking scheme was planned to start in January 2003. This initiative was fully supported by the governor, who had issued a tobacco control policy in August 2002. This was a good example of joint working, both within the prison and with the local PCT. The scheme had been suggested to healthcare staff by one of the prison physical education officers. Funding had been obtained from Morecambe PCT to provide treatment for up to 16 prisoners for nine weeks, and staff support by a specialist smoking cessation advisor. All participating prisoners would be medically assessed by the doctor and given an information pack, questionnaire and contract to sign before starting nicotine replacement therapy.

4.30 Some patient-focused joint working had started between healthcare staff and staff working in the drug rehabilitation programme.

4.31 Specialist appointments were made as required and, depending on the condition, prisoners were seen either at the Castle or at the LRI. There was good cooperation with discipline staff to enable outside escorts when necessary. The introduction of the asthma and GU clinics run by visiting specialist nurses were a recent innovation and well received by prisoners. The optician and chiropodist attended regularly on an 'as required' basis, and there was no difficulty in the provision of NHS spectacles.

4.32 There was, however, a significant problem with the delivery of physiotherapy to prisoners due to staff shortages in the local PCT. As a result a large backlog had developed. Staff had taken steps to reduce this by making a block booking to the LRI physiotherapy department.

4.33 Other support services from LRI – such as pathology – were good, met the demand, and included advice for staff on request.

Pharmacy services

4.34 Pharmacy services were supplied remotely by the pharmacy at HMP Garth. The pharmacist from Garth was contracted to visit Lancaster Castle at least four times a year, and wrote a report after each visit. There was a drugs and therapeutics committee, which met four times a year. A written formulary was available and due for review. There were patient group directives and practice protocols, which were regularly reviewed.

4.35 There was a written 'in possession' policy, which was due to be reviewed shortly. With occasional exception, all medicines were provided 'in possession', with supplies given in weekly quantities. The staff reported that this had not caused any significant problems. Most medicines were supplied by the pharmacy at Garth on a named patient basis. Venalink MDS cassettes were used wherever appropriate and were properly labelled. Starter packs were also provided for several medicines, mainly antibiotics, to allow treatment to be started as early as possible. These were assembled at Garth and were properly labelled, with the patient name and number added at the time of issue.

4.36 Although the high use of 'in possession' medication was commendable, the cost of using Venalink cassettes should be included in the review, and there should be consideration of whether re-packaging medication was always necessary.

4.37 The prescription and administration sheets in use were locally designed to make them easier to fax. They appeared to contain all the necessary information and were properly filled in. The prescription charts were issued by the doctor, and then faxed through to Garth to be dispensed. Any prescriptions faxed through in the

morning would normally be delivered on the same afternoon. There were difficulties with this during the inspection because the fax machine was not working.

4.38 Starter packs would be issued to the patient when available, and the quantity supplied would then be notified to Garth on the prescription chart to be deducted from the amount dispensed. Stocks of starter packs would then be replaced through weekly requisition sheets. The system allowed full, computerised patient medication records to be maintained at Garth.

4.39 Weekly checks of stock levels and expiry dates were carried out and recorded by the nursing staff. All medicines were stored in lockable metal cupboards and security appeared adequate.

4.40 There was a 'special sick' policy. The supplies were properly recorded on the patient's prescription and administration record sheet.

4.41 There was a written 'out of hours' policy. An out of hours emergency cupboard was available, with a limited number of medicines, for use by the on-call doctor. Access to the emergency cupboard was logged and medicine usage was recorded. There were arrangements for a local community pharmacy to supply against private prescription if an unusual medicine was required.

Dental services

4.42 The dentist attended weekly, assisted by a dental nurse. While a full range of treatments was available, the majority of dental work was for the relief of pain. The service was in great demand and, at present, failed to meet the need. There were 40 patients on the waiting list, many of whom were in pain. More dental sessions needed to be provided to reduce the waiting list, and to provide comprehensive dental care. The additional employment of a dental hygienist would release more clinical time for routine dental care. The dentist routinely checked the inventory of instruments, which was good practice.

Mental healthcare

4.43 The GP provided primary mental healthcare. Specialist mental healthcare was provided on an ad hoc basis by a CPN from Lancaster Farms. Consultant forensic psychiatric advice was similarly informal and available from the Guild NHS Trust in Preston as required. We were concerned that the service was not formalised nor had it been increased to meet the high levels of psychiatric morbidity among prisoners.

Staff development

4.44 All staff recognised the importance of clinical governance and there were plans to formally strengthen links with the Bay Area PCT. There was evidence that staff were supported to undertake continuing professional development. The senior nurse had attended an X-ray protection course, and asthma and diabetic courses were planned. Staff had access to professional journals, and re-registration fees were paid by the prison. There was no internet access for professional matters.

Information systems

4.45 Lack of a co-ordinated and comprehensive IT service prevented staff from developing a healthcare information system to monitor processes and outcomes. Similarly, there was little evidence of medical audit as the present system for collecting information was through the health information system for prisons (HISP). This was not a clinical information management system and, consequently, there was little or no disease-specific or morbidity information available.

First aid

4.46 Deficiencies in first aid policy were exposed during the inspection following random examination of equipment. First aid packs were undated and unchecked, and first aid trained personnel were not easily identified. Once the deficiency had been discovered, steps were taken immediately to rectify the situation.

Conclusion

4.47 The quality of healthcare provision at Lancaster Castle was very high, given the difficulties imposed by the physical environment. All healthcare staff were extremely motivated and enthusiastic about their work. The new nursing staff had turned the service around and significantly improved the level of care and expertise

available to prisoners. As a result, they were valued by prisoners and staff alike. Healthcare staff were keen to develop stronger links with the wider prison and local NHS facilities, and to enhance their own professional expertise to improve further the service they provided. Their ability to do so would depend on maintaining and improving staff levels, improving the working conditions, and the introduction of NHS-compatible primary care information management systems.

Recommendations

4.48 **There should be a review of healthcare staffing levels and skill mix in relation to provision for the mental health needs of prisoners. Formal arrangements for the provision of specialist mental healthcare should be established**.

4.49 **NHS primary care-compatible information management systems should be installed to support clinical audit, chronic disease management and the further development of nurse triage and nurse-led clinics**.

4.50 **The dental service should be reviewed and consideration given to increasing the numbers of sessions and employing a dental hygienist to reduce the waiting list**.

4.51 **The dedicated fax machine in healthcare should be replaced as a matter of urgency to ensure the effective management of pharmaceutical requirements and contact with external agencies**.

4.52 **The pharmacist from HMP Garth should visit more frequently (preferably monthly), and review the 'in possession' policy, use of starter packs and reconcile the original prescription charts held at Garth with the copies faxed to make the supply**.

4.53 **Patient information leaflets should be supplied to prisoners, or a notice about their availability displayed at the treatment room**.

4.54 **There should be urgent upgrading of healthcare accommodation for staff to maximise use of the limited space available, and improve patient care and the overall efficiency of the unit**.

4.55 **The healthcare centre should work closely with primary care trust staff to resolve the excessive waiting list for physiotherapy services**.

CHAPTER FIVE

ACTIVITIES

Employment

The expected outcomes for prisoner employment are:

- **Safety:** Prisoners work in a safe, suitable environment
- **Respect:** The range, type and availability of work activity meets the needs of the prison population and prisoners are treated fairly in all aspects of their work, its allocation and pay
- **Purposeful activity:** Prisoners are engaged in well organised employment; work programmes are integrated fully with residential units and other departments
- **Resettlement and reducing re-offending:** Prisoners are occupied in realistic work that prepares them for employment on release and helps to reduce re-offending

5.01 Most areas of work had no formal training component, and there was no accreditation of the skills developed by prisoners. However, the kitchens had successfully bid to become an approved centre for catering NVQs, and one learner was actively working towards a level 2 qualification. In textiles, prisoners who had developed skills in sewing machine operation and maintenance were provided with a certificate of competence by the supervisory staff.

5.02 While these certificates were appreciated by prisoners, they were not a substitute for recognised accreditation. There was no prison strategy to achieve this.

Education and work skills training

Expected outcomes

The expected outcomes for education are:

Safety: Prisoners receive education and work skills training in a safe, suitable environment in which they are enabled to participate fully

Respect: Prisoners are offered opportunities in education and work skills training that meet their identified needs and different levels of ability, and promote and respect personal responsibility; education is facilitated and valued by the establishment and reflects a sensitivity to equality of opportunities issues

Purposeful activity: Prisoners have the opportunity to engage in a range of education and work skills training that provides constructive and meaningful activity and potential for self-expression

Resettlement and reducing re-offending: Prisoners are involved in education and work skills training specifically to enhance their employment opportunities

Management of education and training

5.03 Education and training were the responsibility of the prison's head of activities, with a senior prison officer taking operational responsibility for most training. Education was delivered by a college sub-contractor, which also contracted with another prison.

5.04 At the time of the inspection 70 prisoners were undertaking part-time education courses, and there were 32 places available in workshops with training. In addition there were 62 work places without training. Prisoners were paid between £7.00 and £8.50 per week for work, and £3.50 for half-time education. Some of those taking education courses could make up their wages through a half-time job, but most of the available employment was full-time.

5.05 The nature of the prison's ancient buildings made it very difficult to provide good vocational training facilities. Accommodation for painting and decorating courses was very poor, and other workshops were also in premises which were well below the standards found in most industrial buildings outside.

5.06 Education was delivered in seven classrooms located on two adjoining floors of the 12th century castle keep. Classroom accommodation varied from satisfactory to poor. Facilities were well used, in general; however, teaching time was wasted due to problems in releasing prisoners from the wings and escorting them to their activities. During the inspection prisoners arrived between 15 and 30 minutes late for most education classes.

5.07 Links between education and other aspects of the prison regime were well developed. Teachers visited prisoners working in a number of areas – such as the training workshops and the gym – to help them develop either key skills or basic skills. The education department contributed to the drug rehabilitation programme, and to the resettlement programme through a business start-up course. The education manager sat on the prison committees for resettlement, equality, and quality development, and education staff sat on the labour board, which allocated prisoners to work, training or education.

5.08 The education contract was carefully monitored through regular meetings between the head of activities and the education manager. Tangible improvements had resulted from this monitoring, for example action had been taken in the wider regime to reduce absenteeism from education classes. Quality assurance arrangements in education were well developed, using the procedures of the contracting college. However, the monitoring of the quality of delivery was less effective in work and training workshops. There were no formal systems for monitoring or reporting on the effectiveness of training or the views of the learners.

5.09 The education unit had produced self-assessment reports and action plans over several years (in other areas of training at the prison this process only began in August 2002). The self-assessment report covered all aspects very thoroughly and succeeded in pinpointing most of the issues identified by inspectors. A comprehensive action plan had been produced, covering the weaknesses identified in the self-assessment process. However this had not yet resulted in a strategy for the development of work-based training. There were proposals for the development of specific facilities, but

these had not been drawn together into a comprehensive plan to improve provision at the prison.

Education

5.10 Education provision at Lancaster Castle was satisfactory overall. It was provided by Lancaster and Morecambe College, which also contracted with the nearby HMP/YOI Lancaster Farms.

5.11 The prison had developed an induction programme for all new entrants, which incorporated testing for basic skills and the chance for advice and guidance on education and training opportunities. Unfortunately, a significant number of new entrants had not received this induction in the months prior to the inspection. Initial assessment indicated that 43% of the population had basic skills below level 1, 26% at level 1, and 31% at level 2 and above. Prisoners with identified literacy and numeracy needs were encouraged to attend education, but this was not always effective and many served their sentence without addressing these deficiencies.

5.12 On average, 48% of the prison population (118 learners) attended education each week on a part-time basis. This included 31 men in the training workshops who received individual support in basic skills. There were 45 day classes in the education department each week, with an additional 12.5 hours individual work in the workshops. There was no evening provision. Fifty-three per cent of foundation provision was basic skills. There were three information technology (IT) classes. The remainder of the time was divided between social and life skills, open learning and art. Most classes had no waiting lists.

5.13 Staffing levels were good. There was a full-time education manager, a full-time basic skills coordinator and four other permanent teaching and guidance staff. Seventeen sessionally paid teachers and five volunteer tutors supported basic skills learning. Administrative support was provided by a full-time member of staff.

5.14 Literacy and numeracy teaching in the vocational training workshops was effective, leading to good levels of achievement. Individual support was provided to match identified needs, and learning was accredited in small units – enabling men on

short sentences to achieve a recognised qualification. Every opportunity was taken to celebrate learner success. There were lively and eye catching displays of work on classroom walls and along the corridors. A 'roll of honour' board outside the main education office was updated whenever certificates for external accreditation were received from examining bodies – learners could see this board whenever they attended education, and were proud of their achievements.

5.15 Teaching was well structured with detailed lesson planning. All classes had clearly defined objectives, which were shared with learners at the start of the session. There were good support, monitoring and review structures in place. However, literacy and numeracy classes, at two and a half hours, were too long to sustain learning throughout the class, particularly for entry level learners. Teachers found it difficult to maintain good pace and interest during the whole session. This led to some indiscipline in a minority of classes, which was not sufficiently challenged.

5.16 he curriculum range was narrow. There was very little IT and only limited opportunities for learning outside the basic skills provision. Although 31% of men were assessed as at level 2 or above, there were only four open learning classes and three access classes to meet their needs. There was no evening provision to cater for men who were in full-time work or training.

5.17 IT resources were very poor. The majority of the hardware was over 10 years old, and frequent breakdowns interrupted learning. This resource base was totally inadequate for training. There were no IT facilities in the basic skills teaching areas: this prevented access to the comprehensive range of software available to support the new adult basic skills curriculum.

5.18 Some teaching accommodation was unsatisfactory. For example, the three classrooms on the first level were separated from each other by partition walls which did not reach the ceiling; this allowed overspill noise from adjoining rooms, which learners and some teachers found distracting.

Work training

5.19 Training was provided in painting and decorating, industrial cleaning, and welding. The welding shop was closed at the time of the inspection, so was not inspected. Generally the quality of training was satisfactory or good, though facilities were sometimes poor.

5.20 There were nine learners on the painting and decorating programme, working towards a City and Guilds qualification. They attended the workshop five days per week, of which half a day was spent studying basic skills. There was one full-time instructional officer who was a qualified assessor and internal verifier, and held a recognised teaching qualification. Over the past year, 24 learners had started the programme: six full qualifications had been awarded and 14 learners had completed part of their qualification. The painting and decorating programme was well structured. The awarding body recently highlighted its good assessment practices.

5.21 However, facilities for this training programme were poor. The painting and decorating workshop lacked sufficient space to effectively accommodate learners. It was situated on three floors, creating logistical problems for the instructor, and preventing the monitoring of learners' safety and welfare. The dampness of ceilings and walls in a number of areas made it impossible for learners to train there. There was an inadequate number of tables and chairs, so learners had to stand when attending basic skills sessions, or sat on access platforms used for painting and decorating.

5.22 Training in industrial cleaning was good. The full-time instructional officer was vocationally experienced, qualified and teacher trained. Since April 2002, 106 learners had started the programme: 41% had achieved a preliminary certificate, 59% stage 1, 29% stage 2, and 25% stage 3. Learning materials were of a high standard. Each learner was provided with a file containing training and assessment guidance notes. There was a good rapport between learners and the instructor, creating a positive and friendly atmosphere in the workshop. Learning resources were satisfactory.

Conclusion

5.23 Management of education and training at Lancaster Castle was satisfactory. Prisoners had good access to purposeful activity – most were able to gain a place on their chosen activity within a fortnight of arrival at the prison. There was much good practice in the delivery of learning, but the effectiveness of provision was often undermined by poor resources. The small size of the prison made it difficult to offer an adequate range of programmes to meet the needs and interests of prisoners.

Library

5.24 The library was provided and run by Lancashire County library service. It was managed by a full-time prison officer who also supervised the small bindery operation at the rear of the library – this provided work for two prisoners, repairing and re-binding books. He was supported by a librarian who attended for six hours per week. There were two prisoner orderlies.

5.25 The book stock (approximately 3,750 volumes) was adequate in size for the number of prisoners, and in good condition. It included all the legal volumes required by Prison Service Orders. There was a small collection of foreign language books, but the stock of books for learners with reading difficulties was very limited. The library also had a collection of audio books on cassette tape, and had begun to offer music CDs, which had proved very popular with users. Prisoners had access to the Lancashire libraries catalogue on-line, and could request any book within the system.

5.26 Access to the library was good: it was open for 32 hours per week, though opening times varied. The issue of books and records had risen significantly over the previous year. Losses were approximately 2%, well below the Prison Service target of less than 4.4%.

5.27 There were few links between the library and the education department, so opportunities to develop prisoners' information skills were missed. The book stock focused on recreational reading, but there were some useful reference books.

Physical education

Expected outcomes

The expected outcomes for physical education are:

Safety: Prisoners are safe during physical education activities

Respect: The range, type and availability of physical education activities meet the needs of the prison population; prisoners are treated fairly in all aspects of physical education

Respect: Physical education is part of the provision of a healthy lifestyle in promoting personal health, fitness and co-operative and team skills

Purposeful activity: Prisoners are engaged in suitable physical education programmes that are fully integrated with other purposeful activities

5.28 Lancaster Castle provided generally good access for all prisoners to the physical education facilities. There were short waiting lists for activities, but we were told that it would be unusual for anyone to wait for more than two weeks to take part. This, however, was dependent on poor take up, as there was a limit of 25 prisoners for each session.

5.29 Facilities for PE were poor as the two gym areas were not large enough to run many activities, and there was no appropriate external space for outdoor sports. One of the gym spaces was also used as the visit room in the afternoons, which meant that all equipment had to be stored away after each session, and this further limited the activities that could be undertaken there. There was a proposal to move this gym area to a more appropriate building in the prison, which seemed to be the most sensible option available.

5.30 There were resources in the prison for weight training and a limited number of team sports, such as volleyball, basketball and badminton. Step aerobics and circuit training were also offered. The equipment was of a decent standard and well maintained, although the facilities for changing and showering were limited – prisoners had to wait until they returned to their living accommodation to take a shower.

5.31 All new prisoners received a gym induction, including a course on lifting and handling which was mandatory before they were allowed to use the weight training equipment. Activities were monitored closely by staff, and clear health and safety rules and guidelines were applied. The PE department supported other initiatives in the prison – such as education and the drug rehabilitation programme – by making participation in them a condition of involvement in gym activities.

5.32 The PE team consisted of a senior officer and three physical education instructors, supported by four prisoner gym orderlies. They managed to provide a full week of activities, including evenings and weekends, which allowed all prisoners who wished to undertake physical activity ample opportunity to do so. However, the programme was based on what it was possible to provide, rather than in response to any analysis of need.

5.33 The department offered a 'PE employment' course, which was popular and successful. Achievements of learners undertaking it were satisfactory. The course provided accreditation in five awards, including first aid, British amateur weight lifting leaders award (BAWLA), and the community sports leader award. Fifteen learners were enrolled onto each 12-week course, and the majority completed successfully. These courses were popular, and the teaching was good. There was good team working between the PE and education departments: learners on PE courses spent one day per week in education working on key skills – a teacher visited them in the gym to provide further one-to-one assistance when necessary.

Conclusion

5.34 Overall, the PE department was making the best that it could of very limited circumstances. Through good organisation and flexible working patterns the staff were able to provide opportunities for both courses and recreational PE throughout the week, including evenings and weekends. The need for a new gym area was self-evident, and any further development of the PE programme was dependent on a move to a more appropriate building.

Recommendation

5.35 **The gym resource should be moved from the visits area to more appropriate premises in the prison as soon as possible**.

Faith and religious activity

Expected outcomes

The expected outcomes for faith and religious activity are:

Safety: Prisoners can safely take part in spiritual activities

Respect: Prisoners of all faiths are able to practise their faith in suitable accommodation with sufficient appropriate facilities

Purposeful activity: Prisoners have ready access to a range of appropriate spiritual activities

Resettlement and reducing re-offending: Prisoners and groups of prisoners are able to be involved with their faith ministers from the community

5.36 The chaplaincy at Lancaster Castle was co-ordinated by the full-time Church of England (C of E) chaplain. Prisoners were able to access a minister of their faith, and ministers from the Christian, Muslim, Buddhist and Jewish faiths attended the prison.

5.37 Prisoners were informed of services and their times through induction, a leaflet, notice boards and the 'New Castle' TV channel. Prisoners wishing to attend either the C of E or Catholic services had to respond to a Tannoy message given 15 minutes prior to the service commencing. They were required to press their cell call bell if they wished to attend; staff would then unlock those who had responded.

5.38 At the time of this inspection church attendance averaged 20 for the C of E service and 16 for the Catholic service that followed. The church facilities were of a good standard and could accommodate over 40 prisoners comfortably. Non-Christian faiths had the use of an all-faiths room next to the chapel.

5.39 All prisoners had access to an appropriate service or religious activity, except for those in the segregation unit under rule 45 (for their own protection), who would

be visited by the chaplain personally. There had been a problem with a group of Muslim prisoners who had broken into a cupboard and stolen some of the Chaplain's belongings when the Imam was not available and, therefore, their prayer time had gone largely unsupervised. At the time of this inspection the chaplaincy was involved in discussions with the Imam to retain his services. He had expressed a desire to cease attending the prison as he had concerns over the motives of a number of prisoners attending Muslim prayer.

5.40 Services started at 9.25am and finished at 10.25am, which allowed prisoners also attending Sunday gym sessions to do so without missing either activity. The chaplaincy often solicited the views of prisoners attending the services, to ensure the service was constantly engaging and relevant.

5.41 One uniformed staff member (the 'Keep' officer) was required to supervise up to 20 service attendees. Some officers supervised the service from outside the door, while others took an active part in the service. All staff should supervise the service from inside the chapel.

5.42 The role of the chaplaincy appeared to be integrated into the general regime to some extent. A member of the chaplaincy team interviewed new arrivals soon after they were received into the establishment, then again on induction (Friday afternoon). The chaplaincy maintained contact, where appropriate, by responding to requests either via application or verbal request by a prisoner. Chaplains would speak to prisoners either in the chaplaincy office or on their unit. The chaplain visited both the healthcare centre and the segregation unit on a daily basis.

5.43 The Chaplain was a fully integrated member of the 12-step programme and contributed to the prisoner's progress, and supported the facilitation of their resettlement needs in some cases. The team also attended committee meetings on issues such as race relations, and self-harm and suicide prevention.

5.44 However, the chaplaincy team did not appear to be fully integrated into sentence planning. The Chaplain was unclear as to whether or when she received

sentence planning contribution forms, and was only clear on the completion of F75 (lifer report) forms.

5.45 Chaplaincy skills were used to convey messages of bereavement or personal news, in conjunction with other prison staff. The team had established some good links with outside organisations, helping to obtain resettlement accommodation and religious items such as prayer mats and religious books. The team had recently co-opted the services of a rabbi for a single Jewish prisoner. It had run a number of religious classes during the week, including Bible study, 'skills for living', and 'open house'. It had also played an active part in celebrating Diversity Week.

Conclusion

5.46 It was evident that the chaplaincy played an active part in the establishment, but its role in contributing to sentence planning the overall documentation was limited.

Recommendations

5.47 **Staff supervising religious services should do so from inside the chapel**.

5.48 **Efforts should be made to ensure that the chaplaincy contributes to all sentence plans where they have contact with the prisoners concerned**.

Time out of cell

Expected outcomes

The expected outcomes for time out of cell, including hours unlocked, association and exercise, are:

Safety: Prisoners are safe when participating in out of cell activities

Respect: All prisoners have fair access to out of cell activities, opportunities for which meet the needs of the prison population

Purposeful activity: Varied and appropriate activities are supported by well run wing routines and staff involvement

Association

5.49 Association took place six days a week on A and C wings and on all seven days on B wing. It ran from 5.30pm to 8.30pm during the week, and 6.00pm to 8.00pm at weekends; we were told by both staff and prisoners that it was very seldom cancelled. This confirmed the results of our prisoner questionnaire in which 86% responded that that they had association more than five times a week, comparing favourably with the training prison average of 67%.

5.50 The range of activities available to prisoners on association was extremely limited. Some prisoners took the opportunity to engage in recreational PE, but facilities on the wings were poor, mainly due to the lack of physical space. B wing was better off than the two other wings as it had its own association room, although this was not particularly well utilised.

5.51 Staff maintained as much supervision as was possible given the design of the buildings, which militated against them being able to monitor activity consistently. However, the association periods that we observed were calm and there was nothing to suggest that prisoners were unsafe or being intimidated. It was evident that many prisoners chose to remain in their dormitories or cells as there was little else on offer on the wings.

Time in the open air – exercise

5.52 There were two exercise periods each day, morning and afternoon, and those prisoners not engaged in other activities were able to get fresh air in their exercise yard. Exercise periods were only cancelled in the most severe weather, although most prisoners did not have the outdoor clothing to exercise when it was wet.

5.53 The prison operated an open door policy during exercise, which meant that prisoners could leave their wing by themselves into the yard, and also access the resettlement unit or library during this period. No seating or games equipment were available, which limited the type of activity possible in the exercise periods.

CHAPTER SIX

GOOD ORDER

Expected outcomes

The expected outcomes for good order are:

- **Safety:** Prisoners' safety is protected by clear rules necessary for the maintenance of good order and discipline and enforced by the properly exercised authority of prison staff
- **Respect:** Prisoners understand the rules of the establishment and are treated fairly; they are able to appeal against decisions
- **Respect:** Segregation, the use of force and application of category and status are used for their proper purposes and not as punishments
- **Respect:** Every opportunity is taken to encourage good behaviour even when enforcing boundaries of control
- **Purposeful activity:** Good order is supported through activities for prisoners which are challenging and well organised

Rules of the establishment

6.01 The rules of the establishment were displayed on wing notice boards throughout the prison. Local rules were explained on induction. Prisoners we spoke with said they understood the rules, particularly as they had been in other prisons before coming to Lancaster Castle. From our observations, the rules were applied in a consistent manner, and with fairness and due regard to differing situations. However, as detailed elsewhere in this report, prison officers were not always pro-active in supervising and controlling prisoners.

6.02 Staff understood the rules and, in the main, applied them sensibly and consistently; we observed no instances of discrimination.

6.03 Staff challenged inappropriate conduct when they were confronted by it, and took time to deal with difficult situations in a reasonable manner. There was much

anecdotal evidence from prisoners – supported by official documentation – that staff would do their utmost to resolve conflict calmly without resort to control and restraint techniques.

6.04 Staff worked within their authority when applying the rules, and prisoners told us this was the norm. The main routines, meal times, prison shop and kit exchanges were managed in an orderly and controlled way.

Security

6.05 The physical security was appropriate for a category C prison, despite the enormous difficulties inherent in such an ancient physical structure. Movement around the prison was a mixture of free-flow and staff escorting prisoners.

6.06 A principal officer and two senior officers managed security in an efficient and effective manner. A recent escape had put considerable pressure on the establishment in general, and the department in particular. We were concerned that Prison Service headquarters was taking insufficient account of the security problems involved in a prison with such an ancient fabric.

6.07 At the time of our inspection there had been approximately 200 security information reports (SIRs) submitted to security during the year. These were examined by the managers, who took action on them. A clerk produced a monthly digest of the SIRs, which was then published as part of a local security bulletin.

6.08 The night staff included one Senior Officer, three Officers and two Officer Support Grades. We believed that they could respond to an emergency speedily. The prison officers demonstrated a confidence in their knowledge of how they would deal with different emergency situations. All the wings were staffed by a night patrol. However, on our night visit we spoke with all of them and found that many were deficient in training in various aspects of fire, health and safety, and suicide and self-harm issues.

Prisoner disciplinary procedures

6.09 Adjudications were held in a tiny room unsuitable for this purpose. Prisoners were well treated, however, and were not intimidated by the surroundings. We observed several adjudications. The procedures were conducted in an open and friendly manner, although at times there were too many people in the room for it to be comfortable. Time was taken to ensure the prisoners understood all that was taking place and that they were satisfied with each part of the process. The prisoners were given time, and encouraged, to give their views on the reasons for their actions. The outcome of the adjudication was fully explained to the prisoners, as was the appeals process.

6.10 We examined the past three months' records of adjudications; these were properly recorded and conducted in accordance with prison rules. Awards at adjudication were fair and consistent. We found no evidence of private punishments taking place.

Use of force

6.11 At the time of our inspection control and restraint techniques had been used on only five occasions in the year. We examined all the control and restraint forms and found the reasons for using force to be valid.

6.12 There was one special cell and this was used only as a last resort (only once in the last 18 months). Control and restraint equipment was in good condition and properly accounted for.

Segregation unit

6.13 The small segregation unit was located at the end of one of the main living units. It had an adjudication room, showering facilities and a telephone for prisoners' use. There was one small notice board to give prisoners information.

6.14 The decoration was austere and utilitarian. All areas were reasonably clean, as were the cells, but in need of redecoration. Prisoners were required to clean their cells daily. The cells were equipped with integral sanitation and simple furniture.

6.15 On being received into the unit prisoners were informed of the reasons why they were being located there and given a copy of the segregation unit rules. The rules were then explained, and the prisoner signed to say he understood them and would comply with them.

6.16 Prisoners subject to adjudication were placed in a holding room. On one day of our inspection four prisoners were located in a holding room, which was far too small even for this number. They sat shoulder-to-shoulder in very cramped conditions. Given that they were there for at least one hour, other arrangements should be made.

6.17 The regime for those prisoners resident in the unit provided only for basic facilities. There was daily exercise and a daily shower. Telephone calls were facilitated on application. Prisoners retained their incentive and earned privileges status while in the unit. Kit was exchanged weekly. We spoke to all the prisoners in the unit; they told us that staff treated them fairly. We were intrigued to find that some prisoners shared cells in the unit, even if serving a period of cellular confinement.

6.18 Administratively, all documentation was up-to-date and neatly filed.

Conclusion

6.19 Staff and prisoners alike understood the rules of the prison, which were generally applied fairly and consistently.

6.20 Security was managed efficiently and well. Security intelligence was shared, but dynamic security suffered because of the lack of pro-activity by staff. Night staff lacked appropriately comprehensive training, and the use of emergency equipment was not always adequately understood.

6.21 Adjudications were conducted fairly and properly and records were accurately completed. Punishments were fair and consistent. Prisoners were dealt with in an open, friendly and respectful manner.

6.22 Force was very rarely used but, when it was, this was for legitimate reasons.

6.23 Prisoners in the segregation unit were not mistreated, although the regime provided was rudimentary. Reviews and re-integration planning took place, and accurate records of routines and events were kept.

Recommendations

6.24 **Night staff should be properly inducted and trained for their work.**

6.25 **There should be regular checks to ensure that night staff have emergency equipment.**

6.26 **A more stimulating routine, such as education and work, should be provided for those prisoners in the segregation unit for longer than a week.**

6.27 **There should be re-integration planning and reviews for prisoners who are in the segregation unit for any length of time.**

Vulnerable prisoners

6.28 In the 16 months leading up to this inspection, an average of four prisoners per month were located in the segregation unit under rule 45 for their own protection. Those prisoners were identified through various means – some through attempts to self-harm, security information reports and staff observation, while others were brought to the attention of staff by fellow prisoners. All decisions to segregate prisoners for their own protection were given careful consideration and the appropriate documentation was completed, with reasons clearly stated.

6.29 Vulnerable prisoners were located in the segregation unit, although at the time of the inspection none were located there for their 'own protection'. A high level of respect for all prisoners in the segregation unit was clearly demonstrated and, although none was there for their own protection during the period of this inspection, there was no evidence that this group would be treated any differently to prisoners who we saw there.

6.30 The regime for vulnerable prisoners covered activities that were fair and realistic. They had access to in-cell education, exercise and personal possessions – however, they did not have access to PE apparently because this might reduce an already limited resource for the rest of the establishment. Consideration should be given to how vulnerable prisoners in the segregation unit could access this facility.

6.31 As the segregation unit was within the living accommodation of A wing, it was difficult to ensure the safety of those located there from verbal abuse from other prisoners. This was of particular concern at night when shouting from the windows could be a real issue. Night staff needed to be particularly aware of the potential for verbal bullying during those hours.

6.32 Staff were able to demonstrate that they sought to reintegrate appropriate vulnerable prisoners back into normal location. Inspectors spoke with one such prisoner who was moving towards resuming a normal part in the prison's regimes, and we noted that he appeared better able to engage with the regime than previously indicated in wing record documentation.

Conclusion

6.33 The number of prisoners at Lancaster Castle located in the segregation unit under rule 45 for own protection appeared to be average for an establishment of its type. The prison demonstrated a good level of care for vulnerable prisoners, and there were examples of how staff attempted to re-integrate them back into normal location. The staff responsible for their care showed a good standard of professionalism when dealing with prisoners located under punishment, and there was no evidence that vulnerable prisoners were treated worse than others in the establishment.

Recommendation

6.34 **There should be consideration of how vulnerable prisoners located in the segregation unit can access physical education**.

Incentives and earned privileges

Expected outcomes

The expected outcomes for incentives and earned privileges are:

Respect: Prisoners understand the rules of the establishment and are treated fairly; they are able to appeal against decisions

Respect: Every opportunity is taken to encourage good behaviour even when enforcing boundaries of control

6.35 Notices explaining the incentives and earned privileges (IEP) scheme were displayed in various areas of the prison. A comprehensive policy document was also available in all living units staff offices, although that was rarely accessed by prisoners in practice. Further information on the IEP scheme was given on induction, via the 'New Castle' TV channel, and through the prisoner compact.

6.36 The scheme was monitored and reviewed annually, as was the facilities list. The last review took place in January 2002. Both staff and prisoners agreed that the current differentials between both basic and standard and standard and enhanced levels did not encourage prisoners to comply with either their sentence planning targets and/or the standard of behaviour required. The IEP scheme should better engage prisoners on all levels.

6.37 Managers said that the facilities review took into consideration prisoners' views (via the prisoner committee), how society had changed, and what was given in other similar establishments. The facilities list included religious items as a privilege; these should be removed and provided as of right.

6.38 Prisoners arriving at the establishment with evidence of holding enhanced status would remain on that level. If there were no evidence, arriving prisoners would be placed on the standard level. Prisoners who wished to be considered for the enhanced level could submit an application any time after 12 weeks of their arrival; this was on a pre-designed form which asked why they felt they should be considered. That form was then passed to the personal officer and workplace supervisor for

comment. A decision was made by a committee of the personal officer, wing manager and a landing officer.

6.39 Prisoners who were considered for demotion to the basic level received three written warnings before a review took place. This review did not mean that a prisoner would be demoted automatically, but was the first point of consideration. Prisoners would receive the written warning and an entry would be made in their wing file.

6.40 Prisoners received written assessments of the committee's decision and could appeal against any decision about their level on the scheme. The appeal would be considered by the residential principal officer or governor. We commend the initiative that all prisoners were asked if they would like to attend the appeal hearing. The number of appeals was not recorded and we recommend that they are, in case of further investigation by other interested parties.

Conclusion

6.41 Although the incentives and earned privileges scheme appeared well monitored, reviewed and managed, there was little evidence that it had made an impact on the motivation of prisoners. A significant number of prisoners said that the facilities available on the enhanced level were insufficient to encourage personal development. Wing staff said that prisoners on the basic level would remain there until they had 'had enough' of it, indicating there were no individual plans to assist them to improve. Both of these issues need to be addressed.

Recommendations

6.42 **Attention should be given to how the incentives and earned privileges scheme could better engage with prisoners to encourage them to work towards their sentence plan and meet the standards of behaviour required**.

6.43 **Religious items should not be seen as a privilege and should be removed from the incentives and earned privileges facilities list**.

6.44 **Appeals about IEP status should be recorded in case of further investigation by other interested parties**.

6.45 **There should be individual programmes to assist prisoners on the basic level meet the standards required of them**.

Good practice

6.46 ***All prisoners were asked if they would like to attend their incentives and earned privileges appeal hearing***.

CHAPTER SEVEN

RESETTLEMENT

Expected outcomes

The expected outcomes for resettlement are:

- **Safety:** Prisoners are able to trust staff to deal with details of their offending and personal circumstances responsibly
- **Respect:** Sentence planning, offending behaviour and substance misuse programmes and re-integration planning are effective and meet prisoners' assessed needs
- **Respect:** The approach of all staff encourages responsible behaviour and supports prisoners working on their offending, substance misuse and other problems and preparing for release
- **Purposeful activity:** Access and allocation to purposeful activity is linked to prisoners' assessed needs and their planned targets
- **Resettlement and reducing re-offending:** Prisoners address their offending behaviour and related problems and prepare for release while in custody

Management of resettlement

7.01 The resettlement policy committee (RPC) at Lancaster Castle met regularly every two months and was chaired by the senior probation officer, who had been designated as the resettlement manager. Minutes of the RPC reflected that the core areas of resettlement were dealt with thematically, and were linked closely to a continuous system of action planning on achieving compliance with Prison Service Order 2300 (Resettlement). It was encouraging to see evidence that the committee also placed emphasis on developing good practice, for example, in attempting to allow family members to attend sentence boards.

7.02 The bi-monthly RPC meetings were supplemented by smaller business meetings, which took place on alternate months. This arrangement ensured that

domestic or operational matters were dealt with separately, permitting the RPC to concentrate on its monitoring function.

7.03 The resettlement manager had a strong view about the importance of adopting a 'whole prison' approach to resettlement at Lancaster Castle. It was clear from the broad-based constitution of the RPC – combined with the generic nature of its discussion – that resettlement work at the prison did cross boundaries, and had moved on considerably from the traditional throughcare model.

7.04 The policy and procedures which had been developed by the RPC were sound, and the statistical information that was published monthly appeared to allow it to conduct informed discussions about any trends or patterns that might emerge.

Re-integration planning

7.05 The modestly resourced resettlement unit carried out the bulk of the guidance and assistance on housing, finance, employment and training undertaken with prisoners at Lancaster Castle. This award-winning service was staffed by one full-time equivalent resettlement officer, with professional assistance from a probation service officer and administrative back-up from two part-time resettlement orderlies.

7.06 The resettlement unit was normally open four days a week. It was easily accessible to prisoners, who were advised of the service on admission and who could self-refer at any stage of their sentence. The unit targeted its scarce resources towards prisoners during the induction phase, when individual interviews were carried out, and at the pre-release stage, when routine contact was made to provide advice about accommodation and state benefits.

7.07 The resettlement unit was well integrated within the establishment and had good links with sentence planning and other specialist departments. Contacts with community-based colleagues were particularly strong, and staff in the unit had developed an impressive database, containing up-to-date information on local housing and employment and training providers. We were interested to note that this database also held biographical and needs-related data. This information – which, at the time

of the inspection, covered 75% of the existing prisoner population – could be useful in helping to plan and develop services within the establishment, particularly as a needs analysis did not appear to be available elsewhere.

7.08 Prisoners who used the resettlement unit were consistently positive about the experience and praised the enthusiasm and dedication of the resettlement officer, on whose efforts the success of the unit largely seemed to be based. Accurate statistical information about the way the service was being used was still in the process of being developed. However, in the month prior to the inspection, 22 of the 38 prisoners discharged received documented support from the resettlement unit, mainly in relation to housing and employment advice.

7.09 Information from our survey, combined with anecdotal evidence from prisoners, suggested that there were a significant number of prisoners – in the middle stages of their sentence – who were not receiving the assistance with resettlement that they needed. Despite limited resources, the resettlement unit appeared to be delivering an extremely useful service; however, it was clear that without additional resources it would be unable to provide a service for all those prisoners who needed it.

Conclusion

7.10 The management of resettlement at Lancaster Castle was characterised by a 'whole prison' approach. The work carried out by the resettlement policy committee was professional and had resulted in good procedures and sound policies. The resettlement unit provided a high quality service, particularly at the induction and pre-release stages.

Recommendations

7.11 **There should be a review of staffing in the resettlement unit**.

7.12 **There should be an analysis of prisoners' needs, with the results informing all new service developments**.

Home detention curfew

7.13 The arrangements for dealing with home detention curfew (HDC) were led by probation staff who worked closely with the HDC clerk. The clerk was responsible for collating the relevant assessment information, including the background material required from outside the establishment. We were informed that home-based probation staff were generally co-operative in supplying information to deadlines. However there were sometimes delays in obtaining details about previous convictions which had to be sent on from Lancaster Farms. Once the assessment file had been completed the clerk discussed the proposed released arrangements with the prisoner. At that stage it often became evident that the prisoner did not have a suitable address, partly explaining the very high opt-out rate for HDC – about 50% of those eligible - and requiring further resettlement work to be undertaken by the establishment.

7.14 If the prisoner wished to proceed with his application a board was convened comprising a member of the establishment's probation staff, the HDC clerk and a governor. This group's recommendation was then passed to the deputy governor who made the executive decision about whether or not release should be granted.

7.15 This system was thorough and systematic, and it was clear that the staff involved deliberated carefully before taking decisions. Nevertheless, even taking into account the problems in securing suitable housing on release, the numbers of men at Lancaster Castle being given the opportunity to gain early release under the HDC scheme was very low. Inspectors were told that only 9% of men eligible had been granted release in the previous year, while for the current year the figure reported was still only 19%.

7.16 We were concerned to learn from some prisoners at first hand that they believed that HDC was difficult to attain at Lancaster Castle; some said that they would avoid putting themselves through the process, rather than have their expectations raised and then dashed. Inspectors formed the view that governors at Lancaster Castle were risk averse when it came to HDC, and that they had adopted an over-cautious approach in order to maintain a very low failure rate.

7.17 Overall, the inspection team considered that the HDC scheme should be much better advertised among prisoners and as accommodation was often an impediment to early release, there should be more pro-active work with the prisoner and better use of the resettlement unit.

7.18 Inspectors thought that to deal with risk aversion, the RPC should fully debate the whole area of risk management – particularly in relation to the broad subject of public protection – to try and develop a more flexible approach to managing risk in relation to HDC.

Release on temporary licence

7.19 The system for dealing with release on temporary licence (ROTL) also appeared to be well administered and efficiently run. Boards were always convened to consider cases, and files with a wide variety of assessment materials were compiled before a decision was reached. However, as with HDC at Lancaster Castle, the number of men being given the opportunity for temporary release was disappointingly low. Inspectors were told that, on average, 20 ROTL cases would normally be considered a month. Fifteen men had been granted release over the previous year; the number granted in the most recent six-month period had increased to 19, but still remained surprisingly low.

7.20 We were told that the most common reason for prisoners not being granted ROTL was that they failed to produce convincing release plans; prisoners would be likely to benefit from more assistance from staff in this area. While inspectors recognised necessity to properly consider public protection issues, we felt strongly that a less restrictive approach, which allowed men to be tested in the community in a measured way, could actually reduce the prospect of re-offending.

Categorisation

7.21 Inspectors were told that the area manager had set a monthly target of five prisoners to be re-categorised from security category C to D. Figures for the previous six months showed that this relatively modest target was not being met, with just over three men being re-categorised each month. Inspectors were disappointed with this

performance and thought that it was important that re-categorisation figures were closely monitored to ensure that all decisions made were clear, objective, and fair. In all cases where prisoners successfully complete a period on ROTL, category D status should be actively considered.

Conclusion

7.22 The low release rates under the home detention curfew scheme appeared to reflect an overcautious approach to decision-making. Rates of release under the release on temporary licence scheme were low, and sound policies and procedures were being undermined by unimaginative decision-making.

Recommendations

7.23 **The home detention curfew scheme should be more widely advertised among prisoners and, where accommodation is a problem, a direct referral should be made to the resettlement unit for assistance**.

7.24 **The resettlement policy committee should review risk management to develop a more flexible approach**.

7.25 **The resettlement policy committee should closely monitor the level of applications for release on temporary licence, and ensure that worthwhile cases are not rejected simply on the grounds of poorly prepared applications**.

7.26 **There should be a review of categorisation to ensure appropriate recategorisation of prisoners is actively considered**.

Sentence planning

7.27 Sentence planning systems and procedures at Lancaster Castle were efficiently organised and well administered. Each of the eight sentence planning files we randomly sampled contained a range of relevant assessment material, which was well ordered and up-to-date. The contributions from specialist departments, such as probation and education, showed that real efforts had been made to match the prisoner's need with the type of resources that were currently available. Inspectors

were encouraged to note that, in two of the files sampled, prisoners themselves had made written contributions about their positive experience of sentence planning.

7.28 We were disappointed to learn that, following an audit recommendation the previous year, sentence planning boards being convened at Lancaster Castle were now limited to those serving over four years. In practice this meant that, while previously between 200 and 300 prisoners a year would attend a meeting specifically convened to discuss their sentence, this figure was now reduced to around 20 a year. The inspection team was not convinced that the resources saved as a result would be put to better use, and considered the change to be a retrograde step. The absence of any sentence planning arrangement for prisoners serving less than 12 months was also an area for concern.

7.29 The inspection team was told that there was a backlog of around 50 uncompleted sentence plans. Governors expressed frustration about this, and identified uncompleted paperwork on prisoners transferred in from other prisons as the main reason for this problem. Over the previous month eight prisoners had been admitted from HMP Preston where the relevant paperwork had been absent. This matter needed to be more closely examined by the area manager.

Personal officers

7.30 The personal officer scheme at Lancaster Castle operated inconsistently and did not appear to fully exploit the generally excellent relationships between staff and prisoners throughout the establishment. Although up-to-date lists were published advertising which prisoner was allocated to which officer, the personnel involved were often unclear about who they were supposed to be linked to. Written contributions by personal officers to wing files were mixed in quality, although it was encouraging to see that senior officers were responding positively to an instruction to monitor these entries systematically.

7.31 Officers at Lancaster Castle appeared to be willing and able to assist prisoners with problems whenever they were asked to do so. However, they did not seem to possess a clear enough concept of the pro-active nature of the personal officer role. This resulted in a gap in the system, highlighted in the prisoner survey where 40% of

the men due to be released within the following six months reported unresolved practical issues which they would have liked help with before release.

7.32 Inspectors felt that personal officers should place more emphasis on supporting short-term prisoners. These individuals were not subject to formal sentence planning and, as a result, were more likely to fall through the net provided by the already overstretched resettlement unit.

Conclusion

7.33 The overall sentence planning framework at Lancaster Castle was generally sound. There were weaknesses, however, in the personal officer scheme, particularly in relation to the lack of support routinely available to short-term prisoners.

Recommendations

7.34 **A modified version of sentence planning should be developed for short-term prisoners to ensure that personal officers adopt a more rigorous and systematic approach when working with this group**.

7.35 **The area manager should address the problem of prisoners arriving from other prisons in the area without completion of the relevant sentence planning paperwork**.

Offending behaviour work

7.36 Apart from the drug rehabilitation programme (see paragraph 3.44), the only accredited offending behaviour course run at Lancaster Castle was 'reasoning and rehabilitation'(R and R). This programme lasted for 10 weeks, comprising 38 two-hour sessions. With three groups of 10 running over a year, the number of men participating in this activity was relatively low. R and R courses were delivered jointly by officer tutors and probation staff and managed by the establishment's sole psychologist.

7.37 It was encouraging to see that a high proportion of referrals came from the sentence planning unit, and also that course tutors fed back into participants' sentence plans on completion of the course. It was clear from talking to the tutors and to group

participants that the R and R course was professionally run and well managed. The classroom facilities available were good, and participants appeared to be well supported to ensure that they completed the programme. The current waiting list for the R and R course numbered around 30, although in the previous year this figure had been as high as 70. Probation staff attempted to remedy this shortfall by recommending to community-based colleagues that offending behaviour work be carried out where possible during the licence period. This, however, would not be possible for those serving less than 12 months who were not eligible to receive statutory supervision.

7.38 The resettlement manager estimated that, given existing resources, the proportion of prisoners likely to get the opportunity to undertake accredited offending behaviour work at Lancaster was between 10% and 15% of the population. The regimes manager aspired to increase the amount of accredited offending behaviour programmes available, particularly in drug work. It was clear to inspectors, however, that the absence of an up-to-date analysis of prisoner need made this task much more difficult.

7.39 We were interested to learn about a new victim awareness initiative being developed by the chaplaincy team along with Prison Fellowship. The Sycamore Tree Project was a five-week course based on the principles of restorative justice. A course involving 12 men had been run within the last three months, and a further one was scheduled to begin the following month. The distinctive feature about this prison-based course was the use of outside volunteers who had been the victims of crime. It was encouraging to note that that the Prison Fellowship staff running the course were ensuring that the work was being properly evaluated to increase the prospect of the course being accredited.

Conclusion

7.40 There was a limited amount of accredited offending behaviour work being carried out at Lancaster Castle, but it was of good quality. The establishment's aspiration to develop this type of service further was inhibited by the absence of a proper prisoner needs analysis.

CHAPTER EIGHT

SERVICES

Catering

Expected outcomes

The expected outcomes for catering are:

- **Safety:** Prisoners' food is prepared and served safely in accordance with environmental health regulations and religious requirements
- **Respect:** Prisoners receive a fair portion of healthy, balanced, nutritious and varied meals to meet their physical, gender, health, religious, ethnic and medical needs
- **Respect:** Prisoners have a choice and are encouraged to eat healthily to help them create and maintain healthy lifestyles

8.01 In response to our questionnaire, 65% of prisoners were either neutral or positive about the food at the prison, while 35% said it was bad. The two major complaints were about the quality of meals and the size of portions. The food we saw being served was of good quality, and the amount of food was adequate. Prisoners were clear that the standard of meals had not been improved just for our inspection, and we received no complaints when we were observing the serving of meals. However, we felt that it would be appropriate to commission a nutritionist to review the menu to ensure that it met dietary requirements and that portions were adequate.

8.02 The catering department offered a five-week menu cycle and prisoners were able to pre-select from four different options for both lunch and evening meals. These included vegetarian, vegan and 'healthy eating' options. While we understood that the range of options was restricted due to limited servery areas, we felt that more could be done to satisfy the demand for varied cultural diets.

8.03 Meals were reasonably spaced. Hot water boilers had been fitted in the dormitory rooms, while prisoners in cells were given vacuum flasks to make hot

drinks during lock-up. Meals were eaten in-cell, as there were no areas suitable for communal eating. The servery areas were hindered by lack of space, but they were clean and well managed. However, we were concerned that food temperatures were not being checked and recorded at the point of service.

8.04 The kitchen area had been imaginatively extended by the addition of a pre-fabricated building, and it was of an adequate size and design for its purpose. The fabric was well maintained and the premises and equipment were of a good standard of cleanliness. The kitchen was staffed by civilian caterers, and four prisoners were also employed as support staff. The catering manager attended meetings of the prisoners' committee, and also regularly reviewed the entries in the wing food comment books to resolve any issues related to meals.

Conclusion

8.05 Overall, we were satisfied with the operation of the catering department and the general quality of the food supplied to prisoners. That this was done with an extremely tight budget – and a purchasing system that the Prison Service restricted from obtaining best value – was even more commendable.

Recommendations

8.06 **The prison should commission a nutritionist to review menus regularly to ensure that meals meet the dietary requirements of prisoners.**

8.07 **The provision of culturally appropriate diets should be a priority for the catering department, and minority ethnic prisoners should be consulted about their requirements.**

8.08 **The temperature of food should be checked and recorded by the staff working in the serveries**.

Prison shop

Expected outcomes

The expected outcomes for the prison shop are:

Safety: Arrangements to enable prisoners to purchase goods minimise opportunities for bullying

Safety: Items held in the prison shop and store are stored and served according to the requirements of food safety, hygiene, religion and security

Respect: Prisoners have a suitable range of affordable goods available for purchase at reasonable prices to meet their ethnic, cultural and gender needs

8.09 For the past two years the prison shop had been contracted to a private firm. Goods were priced using the recommended retail price of wholesalers as a guide. This meant that prisoners who were receiving very little money were forced to pay top prices for their goods, as the contractor was in a monopoly situation. It was unclear why the interests of prisoners had not been better protected in the contracting process.

8.10 There was a fairly basic range of goods available for purchase from the shop and prisoners complained to us about the lack of choice. In response to our prisoner questionnaire, 37% thought that the shop sold a wide enough variety of products; this compared to the training prison average of 44%. Prisoners suggested goods that they would like to see made available, but it was unclear how they could influence the contractor to increase the number of items on offer.

8.11 Prisoners were offered an initial reception pack on arrival, and could order goods on a weekly basis thereafter. They were given a weekly order form which also informed them how much money they had in their account. Goods were distributed on Saturdays and were handed out in sealed transparent bags, which allowed them to be checked before opening. Due to persistent problems, the prison paid separately for a member of the contractor's staff to be present when the goods were handed out to remedy any mistakes.

Conclusion

8.12 It was clear that both staff and prisoners were unhappy with the service they were receiving from the shop contractor and that the system did not meet their needs. The provision of shopping facilities for prisoners needed to be reviewed and, in future, contracting arrangements should be designed to protect their interests.

Recommendation

8.13 **The contract to run the prison shop should be reviewed, and prices should reflect those in the community**.

CHAPTER NINE

LIFE SENTENCED PRISONERS

Expected outcomes

The expected outcome for provision for life sentenced prisoners are:

Safety: Lifers trust that details of their offences and personal circumstances are treated responsibly by staff

Safety: Potential lifers on first entering custody, and newly sentenced lifers returning from court, are given close attention and support from trained staff

Respect: All lifers are able to address their risk factors and prepare for release within the timescale of their tariffs

Respect: Recalled lifers and licence revokees are dealt with promptly, openly, consistently and fairly and a regime provided for them

Respect: Staff working with lifers understand the lifer system and encourage lifers to maintain a positive approach to their sentence and work towards their eventual release

Purposeful activity: Lifers experience balanced regimes with opportunities for work, education, leisure and social interaction which afford them choice and require them to take increasing responsibility for themselves

Resettlement and reducing re-offending: Lifers are able to access help which assists them in coming to terms with their sentence and to take responsibility for their offending

Resettlement and reducing re-offending: Lifers experience a phased re-integration into the community supported by a resettlement team in the discharging prison which includes input from the home probation officer

9.01 Lancaster Castle contained a designated category C life sentenced prisoner unit. The Prison Service Lifer Unit and the area manager had agreed that the prison would receive life sentenced prisoners who would participate in offending behaviour interventions available there (to a maximum of 20 prisoners). They had also agreed that Lancaster Castle could accommodate additional moves for prisoners requiring 'time out' from North West category C establishments.

9.02 Lancaster Castle was accommodating three life sentenced prisoners at the time of the inspection. One had been in the prison for 18 months, while the other two had arrived more recently. The prisoner who had been there the longest said that he had benefited greatly from his location, while the other two were still unsure how the establishment's regimes could help their progression.

9.03 The prison operated a life sentence planning procedure which appeared to be effective. The process aimed to ensure that no elements of any previous plan were missed, and monitored the effects of any interventions on the prisoner concerned.

9.04 Lancaster Castle benefited from its ability to use one of 10 trained lifer liaison officers in its work with those prisoners. Each lifer developed a relationship with a dedicated lifer officer, who accompanied him on town visits wherever possible.

9.05 Review boards, chaired by an acting lifer governor, were meeting within the specified time scale. Sentence planning and review board reports were completed to a high standard. These reports indicated an appropriate level of individual responsibility for each prisoner.

9.06 Life sentenced prisoners' documentation was secured in the discipline office, but all uniformed staff had access to information on the prisoner's offence/s.

9.07 Lancaster Castle was responding positively to the needs of its life sentenced prisoners, this is unlikely to remain either efficient or effective unless consideration is given to the expansion of the resource. Two important factors require further consideration. First, the prison has limited regimes to address offending behaviour. Sending establishments will need to ensure that Lancaster Castle can provide for the prisoner's needs, and avoid sending prisoners to address overcrowding issues. Secondly, if Lancaster Castle were to receive its maximum of 20 life sentenced prisoners, they could monopolise many of the offending behaviour programmes currently available. This would be to the detriment of the rest of the population.

Conclusion

9.08 As stated in the last inspection report, we consider that 20 life sentenced prisoners are far too few to centre regimes around that group; however, a group of 20 could place greater demands on the regime than could be currently met.

Recommendations

9.09 **The prison should consider how a group of 20 life sentenced prisoners would impact on the regime currently available**.

9.10 **Details of life sentenced prisoners' offences should not be generally available, but should be secured and accessible on a 'need to know' basis**.

Good practice

9.11 ***Sentence planning and review board reports for life sentenced prisoners were completed to a high standard***.

CHAPTER TEN

RECOMMENDATIONS AND GOOD PRACTICE

(Numbers in brackets refer to paragraph in main report)

Main recommendations

10.01 The healthcare centre should be refurbished. (HP.32)

10.02 Shorter-term prisoners should be included in the sentence planning process and supported by a clearly focused personal officer scheme. (HP.33)

10.03 The resettlement policy committee should carry out a needs analysis of all prisoners, to inform resettlement work throughout the length of sentence. (HP.34)

10.04 Black and minority ethnic prisoners should be represented on the Race Relations Management Team, and the negative perceptions of many such prisoners addressed. (HP.35)

To the Director General

10.05 The evaluation of the long-term efficacy of drug programmes in prison should be a priority, both to evaluate outcomes and to advise on the development of good practice. The Prison Service's Drug Strategy Unit (DSU) should ensure that Lancaster's 12-step programme is properly evaluated and its outcomes disseminated. (3.55)

To the Area Manager

10.06 The area drugs co-ordinator should set targets for the Counselling, Assessment, Referral, Advice and Throughcare (CARAT) team that are more pertinent to its work at Lancaster Castle. (3.53)

10.07 The area manager should address the problem of prisoners arriving from other prisons in the area without completion of the relevant sentence planning paperwork. (7.35)

To the Governor

Arrival in custody

10.08 All prisoners should be given a confidential interview with a member of staff on arrival at the establishment to give them the opportunity to raise any issues of concern. (1.15)

10.09 Reception packs should be offered to prisoners on their first night. (1.16)

10.10 Night staff should introduce themselves to new prisoners once all prisoners have been locked up for the night. (1.17)

10.11 The tasks of the induction officer should be reviewed. (1.18)

10.12 Following their transfer to Lancaster Castle, prisoners should be given an early opportunity for a one-to-one interview with a personal officer. (1.19)

Legal rights

10.13 Information about legal services should be available in a range of languages. (1.25)

Residential units

10.14 Risk assessments should contain accurate information that should be considered when locating all prisoners in dual occupancy accommodation. (2.11)

10.15 The offensive displays policy should be enforced. (2.12)

10.16 There should be imaginative consideration of how to make the best use of association space. (2.13)

10.17 Facilities for prisoners to wear and wash their own clothing should be considered. (2.14)

10.18 Blankets should be washed at regular intervals on a rota basis. (2.15)

10.19 The refurbishment of all shower areas should continue as a matter of urgency. (2.16)

Duty of care

10.20 Prisoners' attitudes to 'baroning' (the buying and selling of items) should be further challenged, and its links to bullying made clear. (3.09)

10.21 Consideration should be given to the development of a safer custody committee. (3.22)

10.22 The governor should re-iterate to staff the importance of their attendance at the race relations management team. (3.35)

10.23 All managers and members of the race relations management team should attend diversity training. (3.36)

10.24 Secure boxes should be made available for prisoners to submit racist incident report forms confidentially. (3.37)

10.25 The role of healthcare in the drug strategy should be clearly identified, and the department should take a lead in providing health promotion and education to the prison population. (3.52)

10.26 Consideration should be given to making the prison officer posts in the CARAT team full-time, and ring fencing their role to ensure that they only undertake relevant work. (3.54)

10.27 The prison should review the mandatory and voluntary drug testing schemes to ensure a clear distinction between their operation, and the teams of officers conducting the sampling. (3.56)

10.28 The voluntary drug testing and incentive and earned privileges schemes should be clearly separated, and prisoners should be encouraged to undertake testing as a positive step to tackle drug use, rather than to gain extra privileges. (3.57)

10.29 The prison should review the way staff are detailed to ensure that they are available to start visit sessions at the advertised time. (3.69)

10.30 A supply of new tabards for prisoners receiving visits should be obtained and kept clean and well maintained. (3.70)

10.31 Replies to request and complaint forms should be easy to read, and should clearly identify the staff member involved. (3.76)

10.32 A database to analyse complaints should be considered. (3.77)

Healthcare

10.33 There should be a review of healthcare staffing levels and skill mix in relation to provision for the mental health needs of prisoners. Formal arrangements for the provision of specialist mental healthcare should be established. (4.48)

10.34 NHS primary care-compatible information management systems should be installed to support clinical audit, chronic disease management and the further development of nurse triage and nurse-led clinics. (4.49)

10.35 The dental service should be reviewed and consideration given to increasing the numbers of sessions and employing a dental hygienist to reduce the waiting list. (4.50)

10.36 The dedicated fax machine in healthcare should be replaced as a matter of urgency to ensure the effective management of pharmaceutical requirements and contact with external agencies. (4.51)

10.37 The pharmacist from HMP Garth should visit more frequently (preferably monthly), and review the 'in possession' policy, use of starter packs and reconcile the original prescription charts held at Garth with the copies faxed to make the supply. (4.52)

10.38 Patient information leaflets should be supplied to prisoners, or a notice about their availability displayed at the treatment room. (4.53)

10.39 There should be urgent upgrading of healthcare accommodation for staff to maximise use of the limited space available, and improve patient care and the overall efficiency of the unit. (4.54)

10.40 The healthcare centre should work closely with primary care trust staff to resolve the excessive waiting list for physiotherapy services. (4.55)

Activities

10.41 The gym resource should be moved from the visits area to more appropriate premises in the prison as soon as possible. (5.35)

10.42 Staff supervising religious services should do so from inside the chapel. (5.47)

10.43 Efforts should be made to ensure that the chaplaincy contributes to all sentence plans where they have contact with the prisoners concerned. (5.48)

Good order

10.44 Night staff should be properly inducted and trained for their work. (6.24)

10.45 There should be regular checks to ensure that night staff are equipped with emergency equipment. (6.25)

10.46 A more stimulating routine, such as education and work, should be provided for those prisoners in the segregation unit for longer than a week. (6.26)

10.47 There should be re-integration planning and reviews for prisoners who are in the segregation unit for any length of time. (6.27)

10.48 There should be consideration of how vulnerable prisoners located in the segregation unit can access physical education. (6.34)

10.49 Attention should be given to how the incentives and earned privileges scheme could better engage with prisoners to encourage them to work towards their sentence plan and meet the standards of behaviour required. (6.42)

10.50 Religious items should not be seen as a privilege and should be removed from the incentives and earned privileges facilities list. (6.43)

10.51 Appeals about IEP status should be recorded in case of further investigation by other interested parties. (6.44)

10.52 There should be individual programmes to assist prisoners on the basic level meet the standards required of them. (6.45)

Resettlement

10.53 There should be a review of staffing in the resettlement unit. (7.11)

10.54 There should be an analysis of prisoners' needs, with the results informing all new service developments. (7.12)

10.55 The home detention curfew scheme should be more widely advertised among prisoners and, where accommodation is a problem, a referral should be made to the resettlement unit for assistance. (7.23)

10.56 The resettlement policy committee should review risk management to develop a more flexible approach. (7.24)

10.57 The resettlement policy committee should closely monitor the level of applications for release on temporary licence, and ensure that worthwhile cases are not rejected simply on the grounds of poorly prepared applications. (7.25)

10.58 There should be a review of categorisation to ensure appropriate recategorisation of prisoners is actively considered. (7.26)

10.59 A modified version of sentence planning should be developed for short-term prisoners to ensure that personal officers adopt a more rigorous and systematic approach when working with this group. (7.34)

10.60 The area manager should address the problem of prisoners arriving from other prisons in the area without completion of the relevant sentence planning paperwork. (7.35)

Services

10.61 The prison should commission a nutritionist to review menus regularly to ensure that meals meet the dietary requirements of prisoners. (8.06)

10.62 The provision of culturally appropriate diets should be a priority for the catering department, and minority ethnic prisoners should be consulted about their requirements. (8.07)

10.63 The temperature of food should be checked and recorded by the staff working in the serveries. (8.08)

10.64 The contract to run the prison shop should be reviewed, and prices should reflect those obtainable in the community. (8.13)

Life sentenced prisoners

10.65 The prison should consider how a group of 20 life sentenced prisoners would impact on the regime currently available. (9.09)

10.66 Details of life sentenced prisoners' offences should not be generally available, but should be secured and accessible on a 'need to know' basis. (9.10)

Examples of good practice

10.67 *Prisoners were represented on the anti-bullying committee.* (3.10)

10.68 *A representative from Morecambe Bay Health Authority regularly attended suicide awareness team meetings, bringing an important perspective from outside the establishment.* (3.23)

10.69 *All prisoners were asked if they would like to attend their incentives and earned privileges appeal hearing.* (6.46)

10.70 *Sentence planning and review board reports for life sentenced prisoners were completed to a high standard.* (9.11)