

Report on an unannounced inspection of

HMP Holme House

by HM Chief Inspector of Prisons

19–30 August 2013

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Introduction

HMP Holme House is a large local and training prison close to Stockton-on-Tees. At the time of this inspection it held about 1,150 prisoners, most of whom were category C sentenced adult men. The prison also held a small number of category B men, including those on remand, and category D prisoners and young adults.

Our last inspection in 2010 was broadly positive, although the prison faced some significant challenges. This inspection found a similar picture – largely positive findings with some significant exceptions. At the time of the inspection, these exceptions were exacerbated by the disruption arising from the implementation of the Prison Service ‘benchmarking’ exercise and the new staffing profiles this entailed. However, we identified some significant improvements since the last inspection and the prison had some areas of real strength.

Levels of violence were low and most prisoners felt safe. The care for prisoners identified as being at risk of suicide or self-harm was good and there were few self-harm incidents. Discipline arrangements were, with a small number of exceptions, satisfactory and the use of force was low. Segregation was not used excessively and mostly for short periods; the regime for longer stay prisoners required development.

At our last inspection the prison had a major problem with the misuse of drugs. There had been significant improvements but these needed to be sustained. There was a robust supply reduction strategy. Fewer prisoners than at the last inspection said they had developed a drug problem in the prison and positive random drug test results were lower than in comparable prisons. However, we were concerned to be told that suspicion tests were not completed because of staff shortages. The treatment of those with substance misuse problems had also improved. Over a quarter of the men held were on methadone during the inspection and 90% were on reducing doses. The psychosocial team was working with over 400 prisoners. The therapeutic community continued to play an important part in the treatment of some of these men but we were concerned that some planned changes might undermine an effective therapeutic approach.

Staff-prisoner relationships had improved considerably since the last inspection and more prisoners than in comparable prisons said staff treated them with respect. Some relationships were distant and supervision was inadequate on some occasions. The complaints system was better than we see elsewhere. The overall quality of health care had much improved. About a third of prisoners told us they had mental health problems. Mental health services were very good, most officers had been trained in mental health awareness and the practice of accepting mental health referrals before a prisoner arrived in the prison was good practice and meant that the appropriate care could be quickly put in place.

Most prisoners were involved in purposeful activity during the day and Ofsted rated the provision as ‘good’. There was a range of activities on offer and this was tailored to the needs of the population. The prison had successfully introduced the ‘working prison’ model in four workshops and prisoners there had a normal working day. However, association was much too limited and this left prisoners too little time to attend to domestic and other personal needs; this was particularly so for some vulnerable prisoners.

Resettlement and rehabilitation planning was weak. Offender management was not sufficiently central to the work of the prison and practical resettlement services were badly coordinated and too few prisoners knew where to go for help. Despite this, individual resettlement agencies worked hard, and generally successfully, to identify prisoners who needed their services. The actual services, such as help with housing, jobs, health care (including excellent palliative care support) and support for prisoners with substance misuse issues were good. Children and family work was particularly good.

Visit arrangements were generally satisfactory and the North East Prison After Care Service (NEPACS) provided particularly good support to prisoners' families.

There were three significant exceptions to this generally positive picture. First, there had been five self-inflicted deaths since the last inspection and there have been what appear to be two further self-inflicted deaths since this inspection. At the time of this inspection although care for those *identified* as at risk of suicide or self-harm was good, there was a real danger that poor first night safety assessments meant that those who needed support might be missed. Furthermore, if a prisoner was anxious or despairing when they first arrived, those feelings were not likely to have been assuaged by dirty first night cells with broken equipment which were among the worst I have seen. There was little organised support from staff or prisoner peer mentors for those who were new to prison. The experience for some new vulnerable prisoners was even worse and they were often located on an overflow landing on the block holding mainstream new arrivals and so had very limited opportunities to come out of their cells. There had been good learning from the previous self-inflicted deaths but some of this had not been sustained.

Second, the poor conditions prisoners experienced when they first arrived in the prison continued throughout much of their stay. Some prisoners shared cells designed for one which were far too small. Toilets were inadequately screened and prisoners had to eat all their meals in their cell. Many cells were dirty. Many had broken equipment and were covered in offensive graffiti. The offensive display policy was not enforced. Some cells stank. Limited association time meant that prisoners had little time to attend to their personal needs. They struggled to access cleaning materials, clean clothing and bedding. The laundry arrangements were chaotic and prisoners with access to money resorted to paying laundry orderlies to get their washing done and then return their clothing to them. When prisoners were let out of their cells there were insufficient phones and showers to meet demand and queues were badly supervised.

Third, the needs of prisoners with protected characteristics were not sufficiently identified or met. There was only limited monitoring and no consultation groups that might have helped the prison identify need or provided support. The relatively small numbers of prisoners from black and minority ethnic backgrounds did not complain of discrimination but felt isolated. Too often foreign national prisoners and those with disabilities were left to fend for themselves with inadequate formal support. Staff still refused to push prisoners in wheelchairs. This lack of formal support made these prisoners reliant on favours and informal support from other prisoners and this put them at risk of bullying. Very little thought had been given to the distinct needs of the older prisoners and the young adults the prison held. The prison had no idea how many gay and bisexual or gypsy and traveller prisoners it held.

Holme House faces significant challenges and has to make a difficult transition to the new working arrangements its benchmarked staffing levels require. Despite these challenges, important progress has been made since the last inspection. Ensuring adequate first night arrangements, that prisoners can deal with their basic personal needs and that all prisoners, whatever their characteristic, receive equitable outcomes, are key priorities for the future.

Nick Hardwick

HM Chief Inspector of Prisons

January 2014

Fact page

Task of the establishment

HMP Holme House is a large category B local prison for male adult prisoners who are either remanded in custody or convicted. It also accommodates a small number of unsentenced young offenders.

Prison status (public or private, with name of contractor if private)

Public

Region/Department

North-East

Number held

1,151

Certified normal accommodation

1,034

Operational capacity

1,210

Date of last full inspection

19–23 July 2010

Brief history

HMP Holme House is a purpose-built category B prison, which opened in May 1992. It expanded in the late 1990s with the building of two further house blocks, providing 235 additional places. Two new workshops (57 places) opened in 1997. An additional house block (224 places) opened in 2010, along with two regimes buildings providing activity places for around 200 prisoners.

Short description of residential units

House block 1	Sentenced adults	183
House block 2	Sentenced adults	183
House block 3	Vulnerable prisoners and older prisoners	181
House block 4	Unconvicted adults, IDTS, first night centre, induction	183
House block 5	Sentenced adults	102
House block 6	Therapeutic community; drug recovery wing	154
House block 7	Resettlement unit; sentenced adults	224

Name of governor/director

Jenny Mooney

Escort contractor

GeoAmey

Health service provider

Care UK

Learning and skills providers

The Manchester College

Independent Monitoring Board chair

Linda Broadhead

About this inspection and report

A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

A3 All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The tests are:

Safety	prisoners, particularly the most vulnerable, are held safely
Respect	prisoners are treated with respect for their human dignity
Purposeful activity	prisoners are able, and expected, to engage in activity that is likely to benefit them
Resettlement	prisoners are prepared for their release into the community and effectively helped to reduce the likelihood of reoffending.

A4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

- **outcomes for prisoners are good.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **outcomes for prisoners are reasonably good.**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **outcomes for prisoners are not sufficiently good.**
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **outcomes for prisoners are poor.**
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
 - **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
 - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection, unless these have already been reviewed by a short follow-up inspection.

This report

- A8 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A9 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A10 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹ The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance.

Summary

Safety

- S1 *Reception was welcoming but first night arrangements were generally poor, and insufficient attention was paid to safety and vulnerability issues. Few prisoners felt unsafe and levels of violence and bullying were low, although support for victims was inadequate. Levels of self-harm were low but there had been five self-inflicted deaths in custody since the last inspection and not all lessons learnt had been sustained. Prisoners at risk of self-harm felt well supported and case management was effective. Drug availability was problematic. There were relatively few adjudications and the levels of use of force and segregation were low. Substance misuse provision was good and enhanced by the drug recovery wing and therapeutic community. **Outcomes for prisoners were reasonably good against this healthy prison test.***
- S2 *At the last inspection in 2010 we found that outcomes for prisoners in Holme House were reasonably good against this healthy prison test. We made 39 recommendations in the area of safety. At this follow-up inspection we found that 20 of the recommendations had been achieved, five had been partially achieved, 12 had not been achieved and two were no longer relevant.*
- S3 Prisoners were generally positive about their treatment and conditions during transfer to the prison but some waited too long in court holding cells before their return to the prison. The prison made good use of video court facilities and was actively developing processes to maximise use.
- S4 The reception area was clean and provided a sufficiently welcoming environment but we were not assured that all prisoners were offered the opportunity to shower on their first night at the establishment. Some prisoners waited far too long to be taken to first night accommodation. Interviews were not carried out in private, the initial screening was weak and staff were not sufficiently focused on safety and vulnerability issues.
- S5 First night procedures were generally poor, with no additional safety checks or peer support. First night cells were dirty, lacked adequate furniture and bedding, and were covered in graffiti. Despite this, most prisoners felt safe on their first night.
- S6 Induction was timely, with some good inter-agency involvement, but omitted too much vital information for those who were new into custody. Induction arrangements for vulnerable prisoners were generally poor and did not always take place.
- S7 Few prisoners felt unsafe. Levels of violence and bullying were low and there was good data analysis to identify patterns and trends. There was good interaction between safer custody staff and other departments to monitor and address antisocial behaviour but support for victims was inadequate, with many victims being located on the vulnerable prisoner house block. There was no specific consideration of the potential for increased risk of bullying, victimisation and predation of young adult prisoners, even among those located on the vulnerable prisoner wing.
- S8 Levels of self-harm and the number of prisoners subject to assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm were low. The quality and management oversight of ACCT case management documentation were good, and the prisoners concerned felt well supported. There was a local 28-day post-closure review, and a community support plan had been introduced for prisoners on release.

Access to Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) was generally good and they felt well supported by the prison and the Samaritans. Actions following the five self-inflicted deaths in custody since the last inspection had been implemented but ongoing monitoring was inadequate and some changes had not been sustained.

- S9 Security risks were managed appropriately and responses were generally proportionate. Overall, dynamic security arrangements were good and there was a healthy flow of intelligence into the department. In our survey, prisoners told us that the availability of illegal drugs was higher than at similar prisons. There was a comprehensive drug supply reduction strategy and action plan, and few divertible drugs were prescribed. The random mandatory drug testing positive rate was lower than in similar prisons but too many prisoners suspected of taking drugs were not tested. The number of prisoners on closed visits was high and not all were for visits-related issues. Some visitors had been strip-searched by prison staff.
- S10 The incentives and earned privileges scheme generally operated effectively and complemented formal disciplinary procedures.
- S11 The number of formal adjudications was low and quality assurance was effective. The number of incidents involving the use of force was relatively low. Paperwork was usually completed properly, governance arrangements had improved and use of force was monitored to identify trends and concerns.
- S12 The number of prisoners segregated was comparatively low and average lengths of stay on the unit were reasonably short. However, the regime for prisoners segregated under good order or discipline was unacceptably poor. For longer-stay prisoners, case management and reintegration arrangements were not well developed. Relationships between staff and prisoners on the unit were good, levels of engagement were high and staff clearly knew about the prisoners in their care.
- S13 Clinical support for prisoners with drug and alcohol issues was generally good, but overnight observation was inadequate and the full range of opiate substitution treatment options was not available. There were regular joint case reviews with the clinical team and psychosocial staff. A wide range of support services was available, although there were long waiting lists for groups. The drug recovery wing provided useful support but there was insufficient activity there for prisoners who were not working. The therapeutic community provided valuable structured support.

Respect

S14 *External and communal areas were generally clean. Too many cells were poorly furnished. Many prisoners could not maintain fundamental levels of personal care. They struggled to keep clean, and the provision of suitable bedding and clean clothes was poor. Access to showers and telephones was compromised by restricted association opportunities. Staff–prisoner relationships had improved. The development of equality had stalled and there was little support for most minority groups. Faith provision was reasonably good. The number of complaints submitted was low and analysis was thorough. Legal services advice was comprehensive. Health services had improved and were good. Food was of variable quality and served too early. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S15 *At the last inspection in 2010 we found that outcomes for prisoners in Holme House were reasonably good against this healthy prison test. We made 60 recommendations in the area of respect.² At this follow-up inspection we found that 30 of the recommendations had been achieved, seven had been partially achieved, 22 had not been achieved and one was no longer relevant.*

S16 Outside areas were much improved and generally clean. The quality of accommodation was mixed, but some was unacceptable, with poorly equipped cells and broken furniture. On most wings, the provision of suitable bedding and clothing was poor and some prisoners were unable to launder their clothes.

S17 Reduced evening association meant that prisoners were unable to shower every day and their access to telephones was limited. Many showers were in poor condition and lacked privacy.

S18 Vulnerable prisoners located on an overspill landing on house block 4 were very isolated and had poor access to association and regime activities.

S19 Responses to applications were not tracked and fewer prisoners than at comparator establishments and than at the time of the previous inspection said that they were dealt with quickly.

S20 Staff–prisoner relationships had improved. Most prisoners in our survey said that staff treated them with respect. Engagement with individual prisoners was generally good but we observed poor supervision on association and exercise. Most electronic case notes were of poor quality, with few qualitative or regular comments or management checks recorded. Consultation with prisoners took place, but not regularly, and minutes did not show much progress.

S21 Diversity arrangements had not developed since the previous inspection. The equality policy did not describe in sufficient detail how the needs of all prisoners with protected characteristics would be met. Diversity incident reporting forms were not easily available, the number submitted was low and quality checking was inadequate. Prisoner equality representatives had received a range of training and were clear about their role.

S22 There were no consultation forums for any prisoners with protected characteristics to provide support or identify collective views and needs. The few black and minority ethnic prisoners felt isolated but not discriminated against. Too many foreign national prisoners

² This included recommendations about the incentives and earned privileges scheme which, in our updated Expectations (Version 4, 2012), now appear under the healthy prison area of safety.

were detained beyond their release date. The care needs of prisoners with disabilities were not always assessed, support was unreliable and uncoordinated, and not all needs were met. Evacuation plans were not always adequate, and not in place for all prisoners requiring them. There was no specialised provision for older prisoners.

- S23 There was provision for all the faiths represented in the prison, and the chaplaincy was well integrated, but prisoners told us that access to religious services was sometimes problematic. Contact with faith groups in the community was limited.
- S24 The number of prisoner complaints submitted was low. Replies were prompt and quality assured. Trends were identified and actioned. Complaint boxes were emptied by house-block staff, which potentially undermined prisoners' confidence in the system. Legal services provision was good.
- S25 The overall quality of health care had improved and was good. Patient care was very good, with an appropriate mix of clinics for primary care and lifelong conditions; waiting times were reasonable and non-attendance rates low. Inpatient care had improved, with less congestion and a better regime, although the shower and bathing facilities were very poor. Pharmacy services were good and the levels of prescribing for tradable medications were low. The quality of dental care was good and prisoners requiring urgent attention were seen quickly.
- S26 Mental health services had improved and were very good, although efficiency was impeded because of poor access to the electronic clinical records system. The acceptance of a referral before the prisoner's arrival in the prison was innovative.
- S27 Prisoners were very negative about the food provided and we found the quality of meals to be variable. Breakfast packs were too small and issued on the day before consumption, and the evening meal was served far too early. Most prisoners had to eat their meals in their cells with inadequately screened toilets.

Purposeful activity

S28 *Most prisoners were engaged in activity during the day but too little association was offered. There were sufficient activity places but some prisoners failed to attend. The quality and range of learning and skills activities were good and suitably tailored to meet the needs of the population. There were good opportunities for progression. Teaching and coaching were effective. A wide range of qualifications was available but not all were taken up. Success rates were mainly high. Library and PE provision was good. **Outcomes for prisoners were good against this healthy prison test.***

S29 *At the last inspection in 2010 we found that outcomes for prisoners in Holme House were reasonably good against this healthy prison test. We made 14 recommendations in the area of purposeful activity. At this follow-up inspection we found that nine of the recommendations had been achieved, four had been partially achieved and one had not been achieved.*

S30 Most prisoners were engaged in activity but still experienced too little time out of cell because of very restricted association opportunities. For the few unemployed prisoners, time out of cell was an average of two hours per day. We found around 30% prisoners locked up at any one time, although these were usually remand prisoners who had chosen not to work or those only working part time.

- S31 The strategic management of learning and skills was good. Provision was tailored to the population and there was a strong focus on quality improvement and self-assessment. There was good and improved collection and analysis of data to inform planning, which also took account of learners' views. There were sufficient activity places available but some prisoners failed to attend or arrived at activities late. Initial allocation to activities was fair but frequently delayed by the gym induction.
- S32 The range and level of vocational and education courses were good, with sufficient opportunities for progression. The quality and variety of work available was good. There was effective linking of learning to employment. Overall teaching, coaching, learning and assessment were good and effective support was provided for learners in overcoming barriers to learning.
- S33 A good work ethic and effective practical and employability skills were developed. Most areas offered accredited skills, and levels of achievement of accredited qualifications were mainly high, but insufficient prisoners engaged with accredited courses.
- S34 The library provided a welcoming environment and a wide range of recreational and academic resources. Access to computers was good and they were well used by prisoners on distance learning courses.
- S35 Recreational and vocational PE provision was good. Access to the gym was good for mainstream and vulnerable prisoners alike. Use of the gym was high but data were not available to identify any under-represented groups.

Resettlement

S36 *The resettlement strategy was not supported by an action plan. Short-term and remand prisoners did not have a custody plan. Assessment and planning for longer-term prisoners were reasonable but few prisoners had regular meaningful offender supervisor contact. Home detention curfew decisions were sound but too many were late. Public protection arrangements were good. The initial assessment of resettlement needs was uncoordinated but individual agencies identified specific needs. Pathway provision was good and some of the education, training and employment, and children and family initiatives were particularly impressive. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S37 *At the last inspection in 2010 we found that outcomes for prisoners in Holme House were reasonably good against this healthy prison test. We made 20 recommendations in the area of resettlement. At this follow-up inspection we found that 10 of the recommendations had been achieved, three had been partially achieved and seven had not been achieved.*

- S38 The reducing reoffending strategy and bimonthly meetings were not supported by an action plan. A general needs analysis had shaped the services provided but the needs of the diverse range of prisoners (for example, black and minority ethnic and indeterminate-sentenced prisoners) were not identified. The offender management unit (OMU) was not at the centre of the work with prisoners, which sometimes resulted in decisions being taken about prisoners without offender supervisor knowledge or approval.
- S39 Unsentenced prisoners and those serving less than 12 months did not receive any form of custody planning. All other prisoners received an offender assessment system (OASys) assessment. The backlog of assessments was small but a few were several months overdue. The quality of assessments was reasonable, with the better ones adequately identifying risk

factors and setting relevant objectives in plans. There was little proactive or regular contact between prisoners and offender supervisors and an over-reliance on process-driven contact.

- S40 Decisions about home detention curfew were sound but the number released and timeliness were not monitored. Half of those we examined had been concluded late.
- S41 Procedures for identifying and monitoring prisoners who presented a risk of harm to the public were effective and proportionate. Monitoring was regularly reviewed and removed when appropriate.
- S42 Initial categorisation and reviews were up to date but the transfer of some prisoners was delayed because of the lack of suitable places in other prisons.
- S43 Provision for indeterminate-sentenced prisoners (ISPs) was undeveloped. Remanded prisoners potentially facing an indeterminate sentence were not routinely supported by the OMU. There was no consultation with or support forum for ISPs.
- S44 The initial assessment and pre-release planning of prisoners' resettlement needs was uncoordinated and confusing. Few prisoners knew where to go for help with some of the resettlement areas, and services were not well promoted across the prison. Despite this, individual agencies had good processes to identify and meet individual need.
- S45 Shelter workers and peer workers provided good support and advice to a large number of prisoners with accommodation issues. Relevant debt advice and support with money management was also available through Shelter and within the education department. The opening of bank accounts had largely stalled in recent months.
- S46 Prisoners were provided with useful careers advice. There were links with external training providers and agencies to help support resettlement into employment. Pertemps provided effective 'through-the-gate' support.
- S47 Pre-release physical and mental health preparations were good. A very high standard of palliative support was offered and some prisoners had been trained to offer care. The new regional palliative care suite promised to offer enhanced end-of-life care. For prisoners with drug and alcohol issues, pre-discharge planning was very good, supported by good links with community drug services.
- S48 Children and family work was well developed. A qualified family support worker provided a wide range of individual support. The North East Prison After Care Society (NEPACS) provided a valuable range of information and services, and a new initiative provided much appreciated support for first-time visitors. Visits booking had improved, with more telephone lines and the introduction of an email system. Visit sessions started much later than advertised in the visiting information.
- S49 There was a wide range of offending behaviour programmes, which met the needs of most prisoners. Waiting times for most programmes were not excessive and the prioritisation of places was appropriate. However, many sex offenders remained at the prison for long periods and there was no sex offender treatment programme to address their offending, or alternative provision for those in denial.

Main concerns and recommendations

- S50 Concern: Although care for prisoners identified as being at risk of suicide or self harm was good, there was a serious danger that those who needed support were not always identified

because first night safety assessments were inadequate. New prisoners anxieties may have been exacerbated because the first night cells were dirty and poorly equipped and new prisoners were offered little support.

Recommendation: First night assessments should concentrate on safety risk factors and should be conducted in private. Additional staff support and peer support should be provided. First night cells should be clean, free of graffiti and properly equipped.

- S51 Concern: Most prisoners were unable to maintain even basic standards of personal hygiene. Access to showers was inadequate. Cells were often dirty and prisoners complained they could not get access to cleaning materials. Prisoners had difficulty obtaining sufficient clean clothes and laundry facilities were inadequate. Access to clean bedding was insufficient.

Recommendation: Prisoners should be able to shower in privacy every day. Sufficient clothing and bedding should be provided, alongside adequate laundry services.

- S52 Concern: The needs of many prisoners with some protected characteristics were not identified or met. Monitoring was restricted to prisoners from black and minority ethnic backgrounds. The prison had not correctly identified the number of Gypsy or Traveller prisoners or those who were gay or bisexual. Some groups of foreign national prisoners were isolated and at risk of bullying. The needs of prisoners with disabilities were not adequately assessed or met. There was very little specific provision for older prisoners and too little consideration of the specific needs of the young people held.

Recommendation: The needs of prisoners with protected characteristics should be promptly identified and met through individual assessment, regular direct consultation with minority groups, effective care planning and monitoring.

- S53 Concern: Although individual agencies identified specific resettlement needs, prisoners did not have a comprehensive initial assessment of their resettlement needs or a coordinated pre-release plan. Not all prisoners had easy access to resettlement services or peer mentors. This meant that too few prisoners felt that they were prepared for release.

Recommendation: The resettlement needs of all prisoners should be comprehensively assessed on arrival and before release and all prisoners should have easy access to resettlement services and peer mentors. A coordinated plan should be developed to support them.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

Prisoners transferring to and from the prison are treated safely, decently and efficiently.

1.1 Our survey results and group feedback comments were generally positive about treatment on escorts. Most prisoners travelled relatively short distances to the prison but too many continued to be held for long periods in court cells. There was good use of video courts.

1.2 Our survey results and comments from prisoners during our consultation groups were generally positive about treatment on escorts. Vans were clean and well prepared for journeys and where necessary carried refreshments and sanitary equipment.

1.3 Most journeys to the establishment were relatively short but custody records showed that prisoners remained in court holding cells for long periods waiting to be taken or returned to the prison.

1.4 There was good use of video courts and the prison was developing the use further.

1.5 There was no information about the establishment at the local courts and many prisoners we spoke to had received insufficient notice of transfer.

Recommendation

1.6 Prisoners should not be held in court cells for long periods before being taken or returned to the prison.

Early days in custody

Expected outcomes:

Prisoners are treated with respect and feel safe on their arrival into prison and for the first few days in custody. Prisoners' individual needs are identified and addressed, and they feel supported on their first night. During a prisoner's induction he/she is made aware of the prison routines, how to access available services and how to cope with imprisonment.

1.7 The reception area was clean and reasonably welcoming, but not all prisoners received a shower on arrival and interview processes were insufficiently private. First night safety screening was inadequate and accommodation was dirty and ill prepared for occupation. Induction was reasonable for some but not for those new to custody.

1.8 Our survey results were generally positive about reception processes and treatment. The area was clean and provided a welcoming environment, but we saw some prisoners remaining in holding rooms for over five hours after being processed. Holding rooms

contained some reading material and prison information but the televisions had been removed since the previous inspection.

- I.9** When appropriate, newly arrived prisoners were given a free telephone call, a hot drink and a meal. We did not see anyone being offered a shower and none of the prisoners we spoke to had been offered one. Those who were located onto wings early enough to take part in association had the opportunity to shower but this applied to very few.
- I.10** A Listener (a prisoner trained by the Samaritans to provide confidential emotional support to fellow prisoners) was available in reception to see prisoners on request and the four orderlies provided impromptu support to new arrivals.
- I.11** Prisoners were located on a dedicated first night spur on house block 4. Most prisoners, and more than at similar prisons, felt safe on their first night but we found first night and early days arrangements to be poor. Safety screening processes were inadequate as interviews were not conducted in private, were insufficiently focused on vulnerability and consisted of a tick-sheet questionnaire in reception. There was no personal first night interview with a member of staff and no additional staff support or peer support available for those new to the prison. Safety screening for vulnerable prisoners was similarly inadequate, and their experience during their early days was particularly poor as they were often located on an overflow landing on house block 4 with very limited opportunities to come out of their cells, associate with other prisoners or access any regime activities (see main recommendation S50).
- I.12** The quality of accommodation on the first night was very poor. Cells were dirty and contained insufficient and broken furniture, and the walls and ceiling were covered in graffiti, some of which was offensive. Bedding was in poor condition and not all prisoners received sufficient blankets or a pillow (see main recommendation S51).
- I.13** Induction usually started on the first working day after reception. In our survey, more prisoners than at comparator establishments said that they had been on an induction course (87% versus 80%), and a similar number said that it had been useful. However, fewer vulnerable prisoners than those on mainstream wings (75% versus 90%) said that they had undergone an induction course.
- I.14** The initial process mainly catered for those who had been in prison before, omitting too much vital information for those who were new into custody and providing minimal written information. Vulnerable prisoners we spoke to reported only having signed behaviour-based compacts, and the available wing records verified this.
- I.15** Supplementary sessions provided by other agencies were effective and provided a wide range of information and access to services such as substance misuse and careers information.
- I.16** Induction usually concluded with a gym induction, which included a manual handling course. These sessions were often delayed, which in turn delayed work placements because of the requirement for completing the induction programme (see also section on physical education and healthy living). Some vulnerable prisoners we spoke to had not completed a gym induction, despite having been at the prison for over five weeks.

Recommendations

- I.17** **Prisoners should be received and moved to their first night accommodation as quickly as possible.** (Repeated recommendation I.24)

- I.18 All newly arrived prisoners should be able to take a shower on the day of arrival, regardless of the time of their arrival or location.** (Repeated recommendation I.26)
- I.19 The induction process should equip prisoners who are new into custody, including vulnerable prisoners, with sufficient knowledge fully to access services and regime activities.**

Housekeeping point

- I.20** Televisions should be restored to the holding rooms.

Bullying and violence reduction

Expected outcomes:

Everyone feels and is safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.

I.21 *Levels of violence were low. Bullying, violence and other antisocial behaviour was managed well via disciplinary and incentives and earned privileges processes. The support for vulnerable prisoners was weak and there was insufficient attention paid to the vulnerability of young adults.*

- I.22** Strategic management of violence and other elements of antisocial behaviour was undertaken by the safer prisons meeting, where a wide range of data relating to behavioural issues was considered and monitored. Staff we spoke to were aware of the issues surrounding violence reduction, and were able to demonstrate how they would report such incidents to the violence reduction coordinator and then pursue the issue. Responses to individual incidents were effectively administered by the use of formal disciplinary measures and the incentives and earned privileges (IEP) scheme.
- I.23** Liaison between violence reduction staff and other key functions within the prison was good and information sharing with security, residential and health services staff was effective in ensuring that the violence reduction staff had a good insight into current and emerging issues and were able to contribute to the overall safety of the prison.
- I.24** Few prisoners felt unsafe at the time of the survey. Levels of violence including fights and assaults were low, at around a third less than at comparator prisons, and the number of reported bullying incidents was almost half that found elsewhere. Levels of victimisation by prisoners reported in our survey were similar to those at other prisons but there was less victimisation by staff. More vulnerable than mainstream prisoners in our survey said that they had ever felt unsafe (59% versus 33%) and also reported higher levels of victimisation by other prisoners.
- I.25** There were no victim support arrangements and, although few prisoners were located in the segregation unit for their own protection, such prisoners were generally located on house block 3 (for vulnerable prisoners and older prisoners), without sufficient enquiry into circumstances or any effective support planning.
- I.26** The few young prisoners (aged 18–21) were always located in a cell with another young prisoner but there was no further consideration of the needs of this group and there were

no measures in place for them to address the potential for increased bullying, victimisation or predation. This was of particular concern on the vulnerable prisoner wing.

Recommendations

- I.27 The negative perceptions of safety expressed by vulnerable prisoners should be explored and acted on.**
- I.28 The particular needs and possible risks to young prisoners should be assessed and met.**
- I.29 Support planning should be introduced for victims of violent and/or antisocial behaviour.**

Self-harm and suicide

Expected outcomes:

The prison provides a safe and secure environment which reduces the risk of self-harm and suicide. Prisoners are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

I.30 *Levels of self-harm were low and those subject to assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm were well supported. Documentation was well monitored and effectively used. Listeners were well supported and links with the local Samaritans were good. Actions resulting from recent deaths in custody were not regularly reviewed and not all lessons learned from self inflicted deaths since the last inspection had been sustained.*

- I.31** There were relatively few incidents of self-harm, and the number of prisoners subject to assessment, care in custody and teamwork (ACCT) case management reviews was also low, at around a third of that at comparator prisons. ACCT case management documentation was mostly well completed, and prison managers and safer custody staff maintained a high level of oversight of procedural issues.
- I.32** There were 14 prisoners subject to ACCT case management reviews at the time of the inspection. Those that we spoke to felt well cared for and were able to demonstrate how their plans supported them. Care planning was comprehensive and focused on activity and behavioural change. There were links to key prison staff, and families were included in the process where practicable. Reviews were timely but sometimes lacked sufficient staff to optimise their effectiveness.
- I.33** Listeners were well supported and visible around the prison, and links with the local Samaritans were good. Listener suites were clean and reasonably well prepared, although equipment was regularly removed to make up for some of the shortfalls on the wings (see section on residential units). Arrangements for those subject to constant watch were good and the use of cameras in these cells had ceased.
- I.34** Post-closure reviews were timely and a locally introduced additional 28-day post-closure review provided extra assurance. For those leaving custody, a community support plan had been introduced, which identified key support agencies and also gave advice on coping strategies for a range of emotional issues.

- I.35** There had been five self-inflicted deaths since the previous inspection and this was of significant concern. There were comprehensive action plans in place, and actions and learning had been taken forward and implemented, at least initially. However, there was insufficient monitoring and some changes even those around risk indicators for newly arrived prisoners had not been sustained.

Recommendations

- I.36** **Reviews should be sufficiently multidisciplinary to ensure that an appropriate focus is maintained on all relevant areas of support.**
- I.37** **The prison should ensure that actions identified as a result of Prisons and Probation Ombudsman death in custody reports are fully implemented, and their effectiveness ensured and regularly reviewed.**

Good practice

- I.38** *A community support plan was used for prisoners leaving custody subject to assessment, care in custody and teamwork (ACCT) case management reviews.*

Safeguarding (protection of adults at risk)

Expected outcomes:

The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.³

- I.39** *There was no safeguarding policy or committee but some effective safeguarding elements were in place and initial contact had been made with the local community safeguarding team.*

- I.40** There was no coordinated safeguarding strategy, although a manager had been appointed and initial contact had been made with the local safeguarding team. Despite the lack of a formal policy, there were some good elements of safeguarding practice in place. For instance, there were links with community health, mental health and social care services for some prisoners returning to the community, and there was good support of the palliative care unit at the prison.

Recommendation

- I.41** **The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes.**

³ We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse while in prison.

- I.42** *Risk management was generally appropriate and responses to security issues were proportionate. Dynamic security arrangements were good and there was an excellent flow of intelligence into the department. The number of prisoners on closed visits was high and not all were for visits-related issues. Some visitors had been strip-searched.*
- I.43** Physical security was good. Procedural security was managed appropriately and security committee meetings were well attended by staff representatives from relevant areas within the establishment. The standing agenda was comprehensive and included a thorough analysis of information reports (IRs) that related to security intelligence. On the whole, important elements of dynamic security were in place, with reasonably positive relationships between staff and prisoners, but supervision was not always adequate when prisoners were unlocked (also see section on staff–prisoner relationships).
- I.44** The security department received an average of 400 IRs each month through the use of a prison computer-based intelligence gathering and information reporting system (Mercury). These were processed and categorised by regional security analysts. Intelligence was communicated effectively and quickly to appropriate areas of the prison, particularly the violence reduction department and the residential wings, and links with other departments, such as the offender management unit, drug strategy committee and education department, were also very good.
- I.45** Individual prisoner risk assessments and subsequent management systems were effective and included the use of information about the prisoner’s recent custodial behaviour as well as historical data to inform assessments. There was a register to identify the risks associated with education areas and workshops, in terms of the type of prisoner that could safely attend and the measures needed to manage identified risks. We saw no evidence to suggest that the prison was risk averse in its allocation of activity spaces to prisoners, although there were some rational restrictions in the areas that high-risk prisoners could attend.
- I.46** The prison operated a free-flow system to allow supervised prisoner movement at the beginning and end of planned regime activities. This was controlled effectively and unobtrusively by officers at strategic points along the route to work and education classes.
- I.47** In our survey, more prisoners than at comparator establishments said that it was easy to get illegal drugs (46% versus 28%) and alcohol (24% versus 13%) at the prison. The number saying that they had developed a drug problem while at the prison was similar to the comparator and lower than at the time of the previous inspection (8% versus 17%). Although more prisoners in our survey than at comparator establishments reported developing a problem with diverted medication (12% versus 8%), there was minimal prescribing of high-risk medication and prisoners we spoke to reported low availability of such drugs.
- I.48** The prison was suitably focused on drugs issues and a comprehensive drug supply reduction strategy and supporting action plan were generally effective. The random mandatory drug testing (MDT) positive rate for the six months to July 2013 had been 10%, which was lower than in similar prisons, but over half of suspicion tests requested since May 2013 had not

been completed because of a staff shortage. Buprenorphine was the drug most frequently detected. Referral to substance misuse services of prisoners testing positive had improved. The MDT facilities were generally good but the holding room was covered in graffiti.

- I.49** The number of prisoners on closed visits was high, at 34, and not all were for visits-related issues. We also found examples of visitors being strip-searched when there was some intelligence that they may have been carrying drugs.

Recommendations

- I.50** **A mechanism to manage target testing more effectively should be developed to ensure that tests are undertaken within the required timeframe.** (Repeated recommendation 3.96)
- I.51** **Closed visits should be applied only due to visits-related issues.**
- I.52** **Protocols with the police should ensure that prompt and effective police support is provided to any incident where there is substantial evidence that a visitor is bringing drugs into the prison. The visitor should not be strip-searched but in these circumstances should be detained for a short time until the police arrive.** (Repeated recommendation 7.12)

Housekeeping point

- I.53** The mandatory drug testing holding room should be clean and free of graffiti.

Incentives and earned privileges⁴

Expected outcomes:

Prisoners understand the purpose of the incentives and earned privileges (IEP) scheme and how to progress through it. The IEP scheme provides prisoners with incentives and rewards for effort and behaviour. The scheme is applied fairly, transparently and consistently.

I.54 *The incentives and earned privileges scheme operated effectively and complemented formal disciplinary procedures. Prisoners had to wait too long after arrival to be considered for the enhanced level. There were sufficient differentials between the levels of the scheme, and prisoners felt the processes to be fair. Reviews were thorough but not carried out for all prisoners, and those placed on the basic regime were not managed according to the policy.*

- I.55** The IEP scheme operated effectively for most prisoners and complemented more formal disciplinary procedures. However, prisoners had to wait three months after arrival before they were considered for enhanced status, which was too long. In our survey, 53% of prisoners, higher than the comparator of 47%, said that they had been treated fairly under the scheme.

⁴ In the previous report, incentives and earned privileges were covered under the healthy prison area of respect. In our updated Expectations (Version 4, 2012) they now appear under the healthy prison area of safety.

- I.56** Warnings were given appropriately and there were sufficient differentials between the standard and enhanced levels to encourage better behaviour. House block 2 provided additional privileges for prisoners in full-time work and on the enhanced regime. The documents we examined showed that promotions and demotions were carefully considered, justified and had all been authorised by a senior manager. However, we found that prisoners who were removed from house block 2 were automatically demoted from the enhanced to standard level without a review taking place. The few prisoners on the basic regime were not managed according to the policy and we found few entries in prisoners' case notes relating to IEP.

Recommendation

- I.57** Prisoners should not be downgraded on the IEP scheme without a review taking place.

Discipline

Expected outcomes:

Disciplinary procedures are applied fairly and for good reason. Prisoners understand why they are being disciplined and can appeal against any sanctions imposed on them.

- I.58** *The number of formal adjudications was low and records showed that proceedings were usually conducted fairly. We found some evidence of collective and unofficial punishments. There were few incidents involving the use of force. The paperwork we examined was completed properly, and written accounts from officers usually gave assurances that force was used as a last resort. Living conditions in the segregation unit were reasonable but there was some graffiti evident. Day-to-day relationships between staff and prisoners were good but case management arrangements were not well developed. The number of prisoners in segregation was comparatively low but the regime for those segregated under good order or discipline was poor.*

Disciplinary procedures

- I.59** The number of formal adjudications was low compared with that at similar establishments, at about 629 in the six months before the inspection. The most common charges were disobeying lawful orders, unauthorised possession of drugs and threatening behaviour.
- I.60** Proceedings were generally conducted fairly and prisoners were given the opportunity to explain fully their version of events.
- I.61** Adjudication standardisation meetings took place quarterly and were chaired by the Head of Residence and Safety. They were well attended by adjudicators and minutes reflected good standards of discussion. Punishment tariffs had been published and were used consistently at formal hearings.
- I.62** We found some examples of threats of collective punishments – for example, for throwing litter in the grounds – and also unofficial punishments, such as curtailing gym activities for prisoners thought to be in breach of minor prison rules.

Recommendation

- I.63 Collective or unofficial punishments should not be threatened or used.** (Repeated recommendation 7.18)

The use of force

- I.64** The number of incidents involving the use of force was relatively low, at 93 in the six months before the inspection.
- I.65** Information about the nature of incidents was collated and there was sufficient analysis to identify patterns and trends at monthly use of force committee meetings. Monitoring arrangements were reasonable and quality checks of use of force forms were carried out after all incidents.
- I.66** Spontaneous and planned interventions were well organised and appropriately carried out, documentation was generally completed correctly and written accounts from officers usually gave assurances that force was used as a last resort. Proper authority was recorded; senior staff supervised all incidents and planned intervention was video-recorded. De-escalation was often used to good effect. However, we came across an incident in which a baton had been used and we were not assured that a full investigation into the reasons for this had taken place.
- I.67** Special cells in the segregation unit had been used to accommodate prisoners four times in 2013 to date, for short periods of time. On these occasions, use had been justified and properly authorised.

Recommendation

- I.68 A full investigation should take place following the use of batons.**

Segregation

- I.69** Segregation was not used excessively. In the six months before the inspection, it had been used 115 times as a punishment following adjudication and 60 times for reasons relating to good order or discipline (Rule 45). The length of time that prisoners remained in segregation was comparatively short, at about six days, with a few notable exceptions. Most prisoners were returned to residential units. At the time of the inspection, there were 10 residents on the segregation unit.
- I.70** Governance of segregation was generally good and there was a strategy which described expected working practices and management arrangements. Relationships between staff and prisoners on the unit were good, levels of engagement were high and staff clearly knew about the prisoners in their care.
- I.71** Living conditions on the segregation unit were reasonable, although some of the cells were grubby, with some graffiti. The two exercise yards were stark and there was graffiti on one of the sheltered areas. A basic daily regime programme included daily showers, exercise and access to telephones. However, prisoners segregated for reasons of good order or discipline, who usually stayed for more protracted periods, could not have televisions, regardless of their IEP status, and most spent nearly all of the day locked in their cells with nothing to do.

- I.72** Segregation reviews were completed on time but there was little evidence to show that changes in behaviour and circumstances were monitored or acted on. For longer-stay prisoners, there was little reintegration planning undertaken to support prisoners' return to normal location. Individual care plans were not prepared, meaningful behaviour targets were not set and staff were not engaged in planning processes.

Recommendations

- I.73** **The daily regime segregation, particularly for longer-stay prisoners, should be improved.**
- I.74** **Planning to help prisoners to return to normal location should be developed.**
(Repeated recommendation 7.56)

Housekeeping point

- I.75** Segregation cells and exercise yards should be clean and graffiti free.

Substance misuse

Expected outcomes:

Prisoners with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their stay in custody.

I.76 *The substance misuse service had improved and offered good support, but overnight monitoring during stabilisation was poor and the full range of opiate substitution treatment options was not available. Strategic management was good.*

- I.77** The strategic management of the substance misuse service was good. A comprehensive needs assessment informed the strategy and action plans, and quarterly drug strategy meetings were well attended.
- I.78** Prisoners with dependency issues saw a doctor on arrival and were admitted to the stabilisation unit. However, all prisoners on community buprenorphine prescriptions were immediately transferred to methadone, which could have jeopardised their recovery. The stabilisation unit had 24-hour nursing, but overnight observations were infrequent and stopped too quickly. Prisoners with severe alcohol or drug withdrawal were admitted to the inpatient unit. There were effective dual diagnosis (the co-existence of mental health and substance misuse problems) services.
- I.79** Almost 300 prisoners were on methadone during the inspection and 90% were on reducing doses. Prisoners told us that reduction was voluntary and that prescribing was flexible. Regular reviews were completed jointly with the psychosocial team. Prisoners who reported developing drug dependence in prison received good support. The administration of lunchtime methadone in the workshops supported prisoners in work.
- I.80** The clinical team was appropriately staffed, had a good skill mix and had received appropriate specialist training. There was effective joint working with the psychosocial team but no co-facilitation of groups. Drug awareness training for discipline staff had recently started.

- I.81** In our survey, fewer prisoners than at comparator establishments said that they had received support for a drug problem (58% versus 64%) and that the support received had been helpful (67% versus 79%). The psychosocial team had resolved its staffing shortages; at the time of the inspection, it was working with 443 prisoners. The support available included alcohol and anger management programmes. Waiting times for groups were long but reducing.
- I.82** The drug recovery wing (DRW) provided a positive environment and effective key work by officers; however, the lack of compact-based drug testing and insufficient recovery-focused interventions, particularly for unemployed residents, reduced the effectiveness of the unit. Alcoholic Anonymous groups were well attended and peer support was being developed. Service user consultation comprised mainly questionnaires. Compact-based drug testing was available only on the therapeutic community (TC) house block.
- I.83** The TC was open to prisoners with any substance dependency and had had some excellent outcomes. It had a consistent supply of appropriate referrals. Prisoners spoke highly of the support they received but we shared their concern that mixing with the DRW units on exercise was a potential risk to recovery because the DRW was insufficiently recovery focused. The psychosocial service, including the TC, was being recommissioned and the planned move away from officer-led therapy was causing residents and staff general anxiety about the future. We were concerned that the future provision might not ensure that an appropriate skill and resource level is maintained.

Recommendations

- I.84** **Opiate-dependent prisoners should have access to the full range of prescribing regimes in line with national guidance.**
- I.85** **Drug- or alcohol-dependent prisoners who require stabilisation should receive appropriate monitoring, day and night, for the first five days or longer, as clinically indicated.**
- I.86** **The drug recovery wing should provide an environment which offers additional support to prisoners wanting to become and remain drug free.**

Housekeeping points

- I.87** The TC should continue to operate in accordance with the distinct features of a democratic therapeutic community. Prisoners in the TC should not usually associate with other wings and staff working in the TC should be fully engaged with its work, be suitably qualified and appropriately supported.
- I.88** The psychosocial team and clinical team should be more integrated, including co-facilitation of groups and joint five-day and 13-week reviews.
- I.89** Substance misuse services should develop a service user forum to inform future developments.

Section 2. Respect

Residential units

Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.

2.1 *Outside areas were much improved and clean. The quality of accommodation was mixed, but some was unacceptable, with poorly equipped cells containing offensive graffiti. Prisoners complained that they could not keep themselves or their cells clean. The availability of suitable clothing and laundry facilities was poor. Access to telephones and showers was hampered by the limited association periods, and telephone queues were not adequately supervised. Too few prisoners in our survey said that they could shower daily. Many showers were in poor condition and lacked privacy. There were delays in posting prisoners' mail at weekends. Responses to applications were not tracked.*

2.2 Outside areas of the prison were much improved and clean. Communal areas were clean and well maintained but the quality of cellular accommodation varied greatly. Generally, accommodation on the newer wings was reasonably good but on the older wings many cells were shabby and dirty. House block 7 had been designated as a non-smoking unit, which was welcomed by prisoners, and was particularly clean.

2.3 A number of single cells held two prisoners and these were far too small. In many cells, furniture was missing or broken and prisoners did not have lockable cupboards. Some cells were in an unacceptable condition and were dirty, with walls covered in offensive graffiti, and the repainting programme was not effective. In our survey, only 28% of prisoners, against a comparator of 62%, said that they could get cell cleaning materials every week. We found offensive material on display in many cells, contrary to the policy.

2.4 Many prisoners could not maintain even basic levels of personal care. Access to showers had deteriorated with the introduction of restricted access to association (see section on time out of cell). Prisoners were not routinely unlocked during the day to shower, and in our survey only 38% of prisoners, against a comparator of 80%, said that they could get a shower every day (see main recommendation S51). Many showers in the older accommodation (house blocks 1–5) were in poor condition and lacked adequate privacy.

2.5 The quantity and quality of prison clothing and bedding were poor, and in our survey fewer prisoners than at similar prisons said that they were normally given enough clean, suitable clothing (see main recommendation S51). Few prisoners could wear their own clothes, and those who could were restricted in the times that they could wear them. Laundry facilities were available on only two wings and access to the main prison laundry was uncoordinated, with prisoners relying on those who worked in the laundry, or paying laundry orderlies, to take their clothing for washing (see main recommendation S51). Many prisoners washed clothing in their cells.

2.6 The cell call bell system was not routinely monitored and we found that bells were not always answered quickly. In our survey, fewer than at comparator prisons said that cell call bells were answered within five minutes.

- 2.7** Responses to applications were not tracked, and fewer prisoners than at comparator establishments and than at the time of the previous inspection said that they were dealt with quickly.
- 2.8** Restricted access to association compromised prisoners' access to telephones. In our survey, more prisoners than at comparator prisons reported difficulties with telephone access, and during association we saw long queues for the telephones, which were not adequately supervised, and not all telephones had privacy hoods.
- 2.9** Mail was delivered promptly to the wings daily. Prisoners were able to receive emails from their families via the 'email a prisoner' scheme, and this facility was well used. Mail posted by prisoners left the prison within 24 hours, apart from on Fridays, when it did not leave the prison until the following Monday morning.

Recommendations

- 2.10** **Graffiti should be removed from cells and all cells should be adequately furnished, with lockable cupboards provided.**
- 2.11** **Cell call bells should be answered promptly.**
- 2.12** **Prisoner applications should be tracked and timeliness of responses monitored.**
- 2.13** **Prisoners should have daily access to telephones, and these should all have privacy hoods.**

Housekeeping points

- 2.14** The offensive display policy should be applied consistently.
- 2.15** Prisoners' mail should be posted out on Saturdays. (Repeated recommendation 2.22)

Staff-prisoner relationships

Expected outcomes:

Prisoners are treated with respect by staff throughout the duration of their time in custody, and are encouraged to take responsibility for their own actions and decisions.

2.16 *Engagement with individual prisoners was generally good but we observed poor supervision during association and exercise periods. Most prisoners said that staff treated them with courtesy. Most electronic case notes were of poor quality and there were few management checks. Peer supporters provided welcome support to some prisoners. Consultation with prisoners took place but not regularly and minutes did not always show the progress that had been made.*

- 2.17** Staff-prisoner relationships had improved and individual engagement with prisoners was generally good, but we observed some poor and distant supervision during association and exercise periods. In our survey, 82% of respondents said that staff treated them with respect, which was better than the comparator (74%) and than at the time of the previous inspection (63%).

- 2.18** Recorded observations in case notes were often of poor quality; they were generally observational, with only a few examples of good knowledge of prisoners' personal circumstances. The few management checks we found did not address these issues.
- 2.19** Prisoner consultation processes had improved and took place across a number of areas, including catering, and incentives and earned privileges. Minutes did not always show the progress that had been made and meetings did not always take place regularly across all house blocks. The amount of peer support had increased, and house block representatives and equality/welfare peer supporters provided significant support to some prisoners.

Recommendation

- 2.20** **Case note entries should reflect meaningful engagement with prisoners and quality assurance measures should be effective.**

Housekeeping point

- 2.21** Prisoner consultation meetings should be held regularly and records of meetings should show the progress made.

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic⁵ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

- 2.22** *The equality policy did not adequately describe how the diverse needs of prisoners would be met, the monitoring of outcomes was limited and there was no action plan to develop services. Links with external organisations were poor. Prisoner equality champions were well supported. Discrimination incident report forms were not readily available to prisoners. Black and minority ethnic prisoners felt isolated but not systematically discriminated against. There were some services for foreign national prisoners but too many had been detained, some for long periods, beyond their release date. Prisoners with disabilities felt unsafe, care planning was inadequate and some of the most needy did not have evacuation plans. There was no dedicated provision for older prisoners. There were also gaps in provision for Gypsy, Traveller and gay prisoners.*

Strategic management

- 2.23** The equality policy stated a clear commitment to promoting and ensuring equality but did not specify in detail how this was to be achieved at the establishment and did not provide staff and prisoners with clear guidance on their rights and responsibilities. The one exception

⁵ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

to this was the policy on foreign national prisoners, which clearly explained the facilities available, how the needs of these prisoners would be met and what was required of staff.

- 2.24** Equality provision was overseen by the bimonthly diversity action team meeting. However, there was no action plan for the development of equality provision for this group to oversee. The monitoring of outcomes for prisoners with protected characteristics was limited to race monitoring. Prisoner representatives attended the meeting and told us that it was useful but there was no input from external representatives of minority groups.
- 2.25** At the previous inspection, there had been lead members of staff for each protected characteristic but this had been reduced to one full-time officer who was responsible for all protected characteristics, and service provision was limited. Prisoner equality champions had been appointed; they were well trained, had a clear job description and were consulted, although not all wings had them at the time of the inspection, and staff were sometimes not clear about their identity. However, there were no consultation forums for minority groups to provide support or identify collective views or needs (see main recommendation S52).
- 2.26** The number of discrimination incident report forms (DIRFs) submitted was low and most were from staff reporting either that they had been accused of discrimination, or incidents of discrimination between prisoners. DIRF forms were not easily available on the wings, which discouraged prisoners from using them. There was little internal quality checking of responses, and when deficits had been found it was not clear what action had been taken. There was no quality checking by an external equality organisation.

Recommendations

- 2.27** **The equality policy should clearly state the services that will be provided and the responsibilities of staff in achieving prisoner equality. It should include an action plan, with measurable objectives, which is monitored by the diversity action team and updated regularly.**
- 2.28** **The management of discrimination incident report forms should be improved to ensure availability to prisoners and the quality of responses.**

Housekeeping point

- 2.29** Prisoner equality champions should be present on all wings and their identity publicised.

Protected characteristics

- 2.30** The development of diversity strands to meet the needs of prisoners with protected characteristics had been poor (see paragraph 2.25) and we were not confident that all prisoners with protected characteristics were identified (see main recommendation S52).
- 2.31** There were too few black and minority ethnic prisoners (less than 10% of the prison population) to enable a valid comparison to be made between the survey results for this group and those of white prisoners. In our groups and individually, they told us that they did not feel systematically discriminated against, but in a largely white population, with mostly white staff, they felt isolated. The prison had tried to mitigate this isolation by displaying positive images of black people in residential areas and celebrating Black History Month and religious festivals.

- 2.32** Although the prison had recorded only one prisoner as being from a Gypsy or Traveller background, in our survey 3%, equating to more than 30, identified themselves as such. The lead staff member for this group was no longer in post and there was no specific provision for them.
- 2.33** There were 49 foreign national prisoners and some services for them had been developed. Written information about the prison in languages other than English was available on request and there was also a useful booklet with pictures of everyday objects, alongside their name in different languages. Professional interpreting services were used appropriately and there was a list of staff and prisoners who were willing to interpret. Free five-minute telephone calls were provided for all prisoners with relatives abroad.
- 2.34** There were several Vietnamese prisoners, who were located together, and we were told by other prisoners that they were vulnerable to bullying. Although we were reassured by one of the group who spoke English that this was not a serious problem, the issue had not been checked by prison equality staff or prisoner representatives.
- 2.35** There were 18 prisoners detained beyond the end of their sentence, the longest for two years and four for more than a year. Although they were held as remand prisoners, progress on removal to an immigration removal centre or to a prison closer to their families, or being bailed was not being made. The Home Office Immigration Enforcement service (formerly the UK Border Agency) visited the prison and provided information surgeries but there was no independent advice service available.
- 2.36** The identification of prisoners with a disability had improved but assessment of their care needs was still inadequate. Although reasonable adjustments had been identified for some of them, these did not extend to many basic care needs or identify in detail how they would be provided. Those using a wheelchair did not always have an identified prisoner who could push them (staff still did not undertake this task in the main prison) and no prisoners were paid to provide basic care such as assisting with showering or collecting meals. The prisoners with care needs that we spoke to described an *ad hoc* and unreliable set of arrangements (see main recommendation S52). Although we found some reasonable examples of evacuation plans, they were not specific enough about who would help in the event of an evacuation and there were prisoners with severe mobility or hearing problems who did not have them.
- 2.37** In our survey, 70% of prisoners who identified themselves as having a disability (compared with 31% of other prisoners) said that they had felt unsafe at the prison at some time, and 45% (compared with 19% of other prisoners) that they had been victimised by other prisoners. Prison managers were not aware of these marked differences and could not readily explain them.
- 2.38** Provision for older prisoners had not been developed. They were not routinely unlocked during the working day and paid for their television if they were retired. A dedicated gym session for them had been discontinued and older prisoners were managed within general sessions (see main recommendation S52).
- 2.39** There was no separate policy for young adult prisoners and they were located on all house blocks, without specific risk assessments, although they did not share cells with adults.
- 2.40** In our survey, 4% of prisoners identified themselves as gay or bisexual, equating to more than 40 prisoners, but there was no dedicated support for, or consultation with, them (see main recommendation S52).

Recommendations

- 2.41** Foreign national prisoners detained beyond their release date should be transferred promptly to immigration removal centres or bailed.
- 2.42** Evacuation plans which cover all necessary arrangements and identify who is responsible for them should be prepared for all prisoners requiring them and should be readily available at all times to staff on the house block where they currently reside.
- 2.43** Consultation should be held with prisoners identifying themselves as having a disability, to investigate why they feel less safe and more victimised. (Repeated recommendation 4.52)

Housekeeping point

- 2.44** Foreign national prisoners should be able to access independent immigration advice easily.

Faith and religious activity

Expected outcomes:

All prisoners are able to practise their religion fully and in safety. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and resettlement.

2.45 *All faiths represented in the prison were catered for and the chaplaincy was well integrated into the establishment. Prisoners were negative about access to chaplaincy provision. Links with the community were underdeveloped.*

- 2.46** The chaplaincy team included sessional chaplains who visited the prison when required so that all religions and denominations were adequately catered for.
- 2.47** There was a large chapel providing for Christian and Muslim services and prayers, with meeting rooms where smaller groups could meet chaplains. Major religious festivals were celebrated and Muslim prisoners told us that the recent observance of Ramadan had been well managed.
- 2.48** The chaplaincy had good relationships with prison staff, worked hard to ensure that prisoners wishing to attend services were allowed to and responded quickly to applications to meet them. However, in our survey fewer prisoners than at comparator prisons said that their religious beliefs were respected, that it was easy to attend religious services and that they could access chaplains in private. Groups of prisoners told us that, despite the efforts of the chaplaincy, it was sometimes difficult to attend services and that staff on the wings were unhelpful in enabling attendance, including unlocking prisoners on time.
- 2.49** The chaplaincy had struggled to establish links with community faith groups but a local faith group known as Sowing Seeds visited the house blocks. Prisoners wishing to link with faith groups on release were supported.

Recommendation

- 2.50** The chaplaincy and residential staff should investigate the reasons for the negative views of prisoners about access to chaplaincy provision and respect for religious beliefs. Action to remedy the situation should be identified and taken.

Complaints

Expected outcomes:

Effective complaints procedures are in place for prisoners, which are easy to access, easy to use and provide timely responses. Prisoners feel safe from repercussions when using these procedures and are aware of an appeal procedure.

2.51 *Complaints were well managed and prisoners confidence in the complaints system had improved. The emptying of complaint boxes by wing staff was open to abuse. There was a good-quality assurance process and analysis for trends.*

2.52 The number of complaints submitted was low compared with that at similar prisons. In our survey, more respondents than at the time of the previous inspection said that complaints were dealt with fairly and quickly. Complaint forms and envelopes were readily available on all residential house blocks, and boxes were accessible and locked. However, the emptying of complaint boxes by wing staff potentially compromised the confidentiality of the system.

2.53 The responses to complaints that we examined had been timely and had addressed the complaint. There was a good-quality assurance process and analysis for trends, which had resulted in improvements.

2.54 The prison had recently started a new process of seeking prisoners' views on how their complaint had been managed. No data were yet available for this new approach.

Recommendation

- 2.55** The complaint boxes should be opened by staff responsible for administering the complaints process. (Repeated recommendation 3.57)

Legal rights

Expected outcomes:

Prisoners are fully aware of, and understand their sentence or remand, both on arrival and release. Prisoners are supported by the prison staff to freely exercise their legal rights.

2.56 *Staff providing legal services were not formally trained. Most unconvicted prisoners were interviewed shortly after arrival, and other prisoners could access legal services by application. A bail service was provided through the national contract with Stonham Housing. There were suitable court video-link and interview facilities.*

- 2.57** The two dedicated legal services staff were frequently redeployed and had not been formally trained. They aimed to meet all unconvicted prisoners shortly after arrival but did not always achieve this. All other prisoners could contact legal services by application.
- 2.58** Legal services assisted with bail applications, bail accommodation, some immigration matters, dealing with solicitors' correspondence and the serving of legal documents. Legal visits arrangements and video-link facilities were good. A bail service was provided through the national contract with Stonham Housing.
- 2.59** In our survey, all indicators relating to the provision of legal services were better than at comparator prisons and than at the time of the previous inspection.

Recommendation

- 2.60** **All staff involved in providing legal services should be fully trained in the role.**
(Repeated recommendation 3.64)

Health services

Expected outcomes:

Prisoners are cared for by a health service that assesses and meets their health needs while in prison and which promotes continuity of health and social care on release. The standard of health service provided is equivalent to that which prisoners could expect to receive elsewhere in the community.

- 2.61** *The overall quality of health care had improved and was good. Prisoners in our survey rated access to health services as poor. Governance, access and the breadth of physical and mental health services were very good, with some innovative practice.*

Governance arrangements

- 2.62** The service was commissioned by NHS England – North East and provided by Care UK. The partnership board met regularly and was well attended; attendees at the meeting said that they were appropriately held to account there. There was a new health needs analysis, which was comprehensive and included surveys of prisoners and their visitors. The prison had started a social care agenda and health services staff were assessing the level of service required.
- 2.63** Governance systems were robust. There was efficient monitoring of governance data and actions that followed learning points from the North East prisons. There were, on average, five serious and untoward incidents per month, and these were subjected to 'root cause analysis'; most concerned minor errors in medicines management.
- 2.64** The overall quality of health care had improved and was good. In our survey, 38% of prisoners rated the overall quality of health care as good, which was similar to the comparator and the percentage at the time of the previous inspection. A patient forum met regularly and users were consulted on the services. There were also regular patient experience surveys.

- 2.65** At the time of the inspection, there were several staff vacancies and continuing recruitment drives. Relief staff were used to provide cover for gaps but it was a challenge to maintain levels of service. There was a good skills mix, with 10 nurse prescribers. Access to training, clinical supervision and reflective practice opportunities were good.
- 2.66** Treatment plans on SystmOne (the electronic clinical record) reflected national guidance and were evaluated by monthly clinical audit. Plans to deal with an outbreak of communicable diseases were good, and during the inspection a patient on the inpatient unit who was suspected of having tuberculosis was receiving appropriate care.
- 2.67** Health services were delivered from the health centre and wing-based dispensaries, consultation and treatment rooms. These were generally of a reasonable standard, although two wing-based rooms were not fit for purpose; work had begun to rectify the problems. The waiting rooms in the health centre were sparse, with uncomfortable seating. The vulnerable prisoner waiting room contained graffiti and no health promotion material. Several wing-based rooms had floors that were grubby.
- 2.68** We were told that emergency ambulances were prompt to respond and were given swift access to the prison. Automated external defibrillators (AEDs), airway support and first-aid supplies were located throughout the prison. AEDs were checked regularly, although not all checks were signed for. Only 3% of uniformed staff had been trained to use AEDs, but trained health services personnel were available at all times.
- 2.69** An introductory leaflet about health services was given to prisoners during the reception process and could also be found on the wings. There was a multi-departmental prison health promotion group and a detailed plan of activities. There was good access to well-being, screening and disease prevention programmes, which were age appropriate. Twenty-three per cent of prisoners were aged 25 years or under, and they were encouraged to undergo chlamydia screening and were offered appropriate vaccines such as measles, mumps and rubella, and meningitis C. Around 9% were over the age of 50 and there was a senior nurse lead member of staff for the care of older prisoners. They were tracked by annual well-man clinics and offered influenza vaccinations. Barrier protection was available from wing-based health rooms but access to condoms was not routinely advertised.
- 2.70** Medical complaints were well managed and responses were timely, polite and focused. The number of complaints was 30% lower than in 2012/13; this was attributed to a new strategy of early face-to-face resolution. We read several commendations about health services from service users.

Housekeeping points

- 2.71** The health centre waiting rooms should be better used for health promotion and the quality of the seating should be improved.
- 2.72** Checks of automated external defibrillators should be recorded.
- 2.73** The availability of barrier protection should be advertised on the wings.

Delivery of care (physical health)

- 2.74** All prisoners received an initial health screen in reception and a follow-up assessment. Templates for these were comprehensive, although were not sufficiently focused on learning disability. The health care centre was busy, with about 1,100 patient contacts per month.

GPs in the community were contacted at the beginning of custody, with the prisoner's consent, to ensure continuity of care. Patients' consent was sought at key junctures; sometimes patients declined the care offered.

- 2.75** Prisoners could access health services by using a pictorial application or by seeing a wing-based nurse, who undertook triage. On-site nurses were available out of hours and GPs were on-call. There was an effective appointment system. Although fewer prisoners in our survey than at comparator establishments said that it was easy to see a doctor (23% versus 26%), waiting times were short (two to three days) and non-attendance rates were low (less than 0.5%, on average).
- 2.76** External health appointments were rarely cancelled for security reasons. The number of appointments had fallen, owing to the introduction of telemedicine. Patients said that they appreciated access to external opinions via telemedicine.
- 2.77** There was a wide array of primary care and lifelong conditions clinics, which were nurse led, and GP surgeries. Visiting clinicians included an optician, physiotherapist and podiatrist. There was good attention to clinical data protection.
- 2.78** Two regional palliative care beds were about to be opened to complement the existing 16 inpatient beds. Although the beds were not on the certified normal accommodation, the health centre manager had introduced an algorithm designed to reduce the number of inappropriate requests for beds. There were up to 50 admissions per month to the inpatient beds. The appearance of the inpatient unit had improved and there was less congestion than at the time of the previous inspection, but the planned improvements to the shower and bathroom had not yet started.
- 2.79** There was a mix of health services and discipline staff on the inpatient unit, offering 24-hour nursing care. The mix of acutely physically ill and mentally unwell patients made management difficult but the ethos on the unit was caring and the culture more patient-focused than at the time of the previous inspection. A reasonable mix of daytime activities was provided though the education department but library staff rarely visited.

Housekeeping points

- 2.80** Work to improve the inpatient shower and bathroom should be expedited.
- 2.81** Health services staff should explore the potential for library staff to provide visiting services to inpatients who cannot leave the unit.

Pharmacy

- 2.82** In our survey, 62% of patients said that they had medicines in-possession. These were subject to risk assessment but prisoners did not have lockable storage for this medication (see recommendation 2.10). Medication was administered four times a day by nursing staff but we observed that patient confidentiality was not always maintained during administration. Nurses said that patients on sedating medication sometimes had this administered at around 3.30pm, rather than in the evening. On rare occasions, night doses in unlabelled pots were taken to prisoners in their cells. Patients were able to access to medication out of hours.
- 2.83** Prescribing appeared to be appropriate for the population; the prescribing of potentially tradable medicines liable to abuse was monitored and was very low. Medicines management was generally good. Temperature records for a few of the refrigerators included actual

readings rather than the maximum/minimum range and not all refrigerators were locked. We found food and drink stored in a treatment room refrigerator on two of the house blocks. In-possession medication awaiting collection was not stored securely in the treatment rooms, and the inpatient medication trolley was not fixed to the wall.

- 2.84** Administration of supervised medication was recorded on prescription charts, although it was not always clear if the patient had received their medications. There was no up-to-date British National Formulary in the treatment rooms but staff had access to it via the internet.
- 2.85** There was no 'special sick' policy (for immediate health treatment without an appointment) but patient group directions were available. Over-the-counter medicine had to be prescribed as few such remedies were available from the prison shop.
- 2.86** Medicines and therapeutics committee meetings were held every one to two months and attended by the pharmacist. There were comprehensive pharmacy-related policies and procedures. The pharmacist was available for consultation, and this was advertised in signs displayed near some of the treatment rooms, although staff said that prisoners rarely applied to see him. The pharmacist was not involved in any clinics and did not undertake medication use reviews.

Recommendations

- 2.87 Medications should be administered at the prescribed times.**
- 2.88 Supervised medication should be administered directly from the labelled package.**
- 2.89 Full and complete records of administration of medicines should be made including records of when a patient has failed to attend.**
- 2.90 There should be a 'special sick' policy, and over-the-counter medication should be readily accessible.**
- 2.91 The pharmacist should be supported to develop pharmacy-led clinics and medicine use reviews for the prison population.**

Housekeeping points

- 2.92** Confidentiality at the pharmacy hatch should be assured during medication collection times.
- 2.93** All medication trolleys should be secured to the wall when not in use.
- 2.94** Maximum/minimum temperatures should be recorded daily for the drug refrigerators in treatment rooms; refrigerators should not be used for purposes other than storing medication, and should be locked.
- 2.95** Medication awaiting collection should be stored securely in the treatment rooms.

Dentistry

- 2.96** Prisoners requiring urgent dental attention were seen within three to four days but the high non-attendance rate meant that around 30% of the dentist's time was lost. The starting time

of clinics was sometimes delayed and they were occasionally cancelled at short notice, which was disruptive. There were no local systems for measuring and monitoring the quality of the dental service.

2.97 The dental suite and equipment were of a good standard. Systems for clinical waste disposal had recently improved and appropriate safety certifications for equipment were in place.

2.98 Treatments offered to patients were comprehensive and prisoners appreciated the service.

Recommendation

2.99 **There should be in-house performance management of dentistry, based on agreed definitions of the measured activities.**

Delivery of care (mental health)

2.100 Mental health care services had improved, with the introduction of integrated primary and secondary care. A large proportion of uniformed officers had been trained in mental health awareness.

2.101 Registered mental health nurses and visiting psychiatrists provided the service, and nurses were available out of hours and at the weekend. Two nurses were trained in dual diagnosis working (for those with co-existing mental health and substance misuse problems). The team had an additional consultation space, called 'The Oaks'. There was no access to SystemOne, which led to inefficiencies in clinical care delivery, and progress in resolving this problem was unacceptably slow.

2.102 In our survey, 36% of prisoners said that they had mental health problems. Patients could access the service via multiple routes, and referrals were accepted for prisoners yet to arrive at the prison, enabling mental health assessment as early as possible during the prisoner's induction, and for support to be arranged if necessary. Following reception, a wide range of therapeutic opportunities was available, including daily group activities and counselling services offered by MIND (the mental health charity). Improving access to psychological therapies (IAPT) services were shortly to be introduced. In our survey, 48% of those with mental health problems said that they were being helped, which was higher than the 40% comparator.

2.103 The most recent six transfers to mental health units had taken an average of 17 days, with most occurring within the transfer guideline of 14 days.

Recommendation

2.104 **SystemOne should be available to support the work of clinicians wherever access is routinely required.**

Good practice

2.105 *The acceptance of referrals for prisoners yet to enter the prison was innovative. It enabled mental health assessment as early as possible during the prisoner's induction, and for support to be arranged if necessary.*

Catering

Expected outcomes:

Prisoners are offered varied meals to meet their individual requirements and food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations.

2.106 *Prisoners' perception of the food provided was very poor, and we found it to be variable. The kitchen was clean and orderly but food waste was left overnight on the servery equipment. Prisoners were consulted about the food. The evening meal was provided too early and breakfast packs were issued on the day before consumption. Most prisoners had to eat in their cells, with inadequately screened toilets.*

2.107 In our survey, only 8% of prisoners said that the food provided was good, worse than the 24% comparator and than at the time of the previous inspection. Prisoners we spoke to were dissatisfied with the portion control system and we found the lunch often unappetising. Menus were balanced, offered variety and catered for special diets. However, the ordering of meals was poorly managed and prisoners complained of receiving the wrong meal. The evening meal was provided too early, and breakfast packs were too small and delivered on the night before consumption.

2.108 The refurbished kitchen provided good conditions for food preparation and prisoners working in the kitchen and on serveries had undergone basic hygiene and food handling training. Approximately 60% of kitchen workers were undertaking National Vocational Qualification training. Serveries were well supervised and servery workers were dressed appropriately, but serveries were not adequately cleaned after the evening meal.

2.109 Most prisoners could not dine in association and had to eat in their cell, often close to a poorly screened toilet.

2.110 There was an effective consultation meeting every two months. Food comments sheets were available on serveries and complaints had increased since the introduction of a portion control system.

Recommendations

2.111 Breakfast packs should be issued on the morning they are to be eaten.

2.112 Serveries should be cleaned thoroughly after each use and waste food removed.

2.113 Prisoners should not be required to eat their meals in cells with inadequately screened toilets. (Repeated recommendation 8.20)

2.114 The evening meal should not be served before 5pm. (Repeated recommendation 8.19)

Housekeeping point

2.115 Food orders should be closely monitored to ensure that prisoners' orders are received and correctly provided.

Purchases

Expected outcomes:

Prisoners can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely.

2.116 *Prison shop arrangements were satisfactory for most prisoners.*

2.117 The prison shop arrangements were effective and the list changed weekly in response to feedback, to reflect price changes and also to offer promotional items.

2.118 Many prisoners complained that prices were not in line with their wages and were much higher than in the community. In our survey, more prisoners than at comparator establishments said that the shop sold a wide enough range of goods to meet their needs (54% versus 46%). An equality impact assessment had been undertaken in 2010 to ensure that the shop list reflected the demographics of the prison population.

2.119 Prisoners could make purchases from a small number of catalogues, for which a 60 pence administration charge was levied, and could also order newspapers and magazines weekly.

Housekeeping point

2.120 There should be no administration charge for catalogue orders.

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.⁶

- 3.1** *Time out of cell, especially evening association, was limited. Supervision of association and exercise was inadequate.*
- 3.2** Most prisoners were involved in activities during the day but still experienced too little time out of cell owing to very restricted association opportunities. For the few prisoners not involved in activity, time out of cell was particularly limited, at an average of only two hours out of their cell on a weekday. Although we found that 30% of prisoners were locked up during the working day, most of these were in part-time employment or education or were remanded prisoners who chose not to work.
- 3.3** Association provision was poor, with association periods on only two weekday evenings and on alternate Friday afternoons, and two daytime association periods at the weekend. This had significant implications for prisoners' opportunities to make telephone calls and keep clean. Supervision of association had not improved; staff stayed on the lower floor, without patrolling the upper landings. Prisoners on the vulnerable prisoner unit did not have access to their cells during association.
- 3.4** Exercise was provided daily for one hour but not all employed prisoners could participate on weekdays. Reductions in staffing levels had led to the practice of having one officer supervising exercise from outside the fence, which did little to encourage dynamic relationships and potentially compromised prisoner safety.
- 3.5** Exercise areas were clean and had seating but were austere, and prisoners were not provided with weatherproof clothing to allow exercise during inclement weather. Some supervised games were offered during the day.
- 3.6** Vulnerable prisoners located on the overflow landing on house block 4 (the induction unit) had a particularly poor time out of cell as they were not unlocked with mainstream prisoners. They were supposed to be able to access association and exercise with other vulnerable prisoners on house block 3 but they were not always collected for association and their regime was generally very poor.

Recommendations

- 3.7 All prisoners, including all vulnerable prisoners, should have daily association periods which allow access to their cells and are actively supervised by staff.** (Repeated recommendations 6.55 and 6.56)

⁶ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

3.8 Supervision of exercise should allow immediate safe access by staff to deal with any threats to prisoners.

Housekeeping points

3.9 Employed prisoners should be allowed daily access to exercise in the fresh air.

3.10 Weatherproof clothing should be provided for prisoners who wish to exercise during inclement weather.

Learning and skills and work activities

Expected outcomes:

All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.

3.11 *The overall strategic management of learning and skills and employment was good. The prison had improved the self-assessment process and quality assurance systems and these were now good. The collection, analysis and use of data to inform planning had improved considerably. Strategies to improve attendance and punctuality had proved successful but needed further improvement. The variety and range of activity places were good. Teaching, coaching, learning and assessment were effective. Achievement of accredited qualifications was high on most courses. Learners developed good skills linked to employability. Those in work developed a good work ethic. The library provided a welcoming environment, with good access to computers.*

3.12 *Ofsted⁷ made the following assessments about the learning and skills and work provision:*

<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>good</i>
<i>Quality of learning and skills and work provision:</i>	<i>good</i>
<i>Leadership and management of learning and skills and work:</i>	<i>good</i>

Management of learning and skills and work

3.13 The overall strategic direction for the development of learning, skills and employment was good. The prison had successfully introduced the working prison model, whereby prisoners' working hours replicated the traditional working day, in four of its workshops. The self-assessment process had improved and was linked to a good development plan, which was realistic, regularly reviewed and updated, and used as an effective tool to drive progress. Learners' views were used to inform planning and improvement. Quality improvement measures had been introduced and included better observation of teaching, learning and assessment. Data collection and analysis were used effectively to inform planning. The operational internal links were effective, resulting in productive working between providers,

⁷ Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

and external links with partners were also good. There was mutual respect between tutors, instructional officers and prisoners.

- 3.14** Strategies to improve attendance and punctuality had been successful; attendance had risen to around 85% but was still not adequate to utilise all available spaces fully. Most learners arrived in the education or training areas on time, but were delayed in gaining access to classrooms by prison staff while attendance lists were checked.

Recommendation

- 3.15** **The prison should continue to improve attendance, and ensure that prisoners access their activity on time.**

Provision of activities

- 3.16** Around 726 activity places were provided, which was sufficient to enable most prisoners to engage in activities during the week. There were around 95 full-time vocational training places and the range of provision was good and included food manufacture and professional cookery, barbering, bricklaying, painting and decorating, fitted interiors, and cleaning. In addition, health and safety and food safety qualifications supported vocational training courses. Most accredited qualifications were available at levels 1 and 2, with a few at level 3. Vocational training for vulnerable prisoners had improved but did not provide the variety available to main location prisoners. A range of work places was offered in textiles, assembly, joinery, industrial cleaning, printing, laundry, land-based activities and the prison kitchen. An additional 41 prisoners were employed as orderlies and 125 were engaged with wing work.
- 3.17** There were 146 full-time-equivalent education places. The range of courses was good, and included functional skills in English and mathematics from entry level to level 2, and information technology course up to level 3. The education department also offered a range of courses to develop prisoners' personal and social skills, with a specific focus on preparation for employment. Prisoners had good access to distance learning courses.
- 3.18** Allocation to activities was fair, as was the pay structure. Waiting lists were well managed. Allocation to activities was frequently delayed because of the requirement for the gym induction to be completed before starting any activity other than education (see also sections on early days in custody and physical education and healthy living). The learning and skills induction was good and provided an appropriate initial assessment of English and mathematics. The Centre For British Teachers (CfBT) provided good careers advice and guidance and developed a clear action plan for prisoners to follow, linking their engagement in prison activities with their employment objectives. However, there were no formal links with sentence planning.

Recommendation

- 3.19** **More formal links should be developed to share information and assessments collected by the National Careers Service to inform sentence planning.**

Quality of provision

- 3.20** The overall quality of teaching, coaching, learning and assessment was good. Tutors were skilled and experienced at working with prisoners. Lessons were well planned and tutors

worked effectively to meet the different needs of learners. In education classes, tutors used a variety of activities and teaching strategies, which engaged learners well. Learning support practitioners were not used effectively enough in the most challenging classes.

- 3.21** Learning resources and accommodation in education classes were mostly good and effective use was made of information learning technology to support learning. The virtual campus (internet access for prisoners to community education, training and employment opportunities) was used well.
- 3.22** Support for learners who had been identified as having a learning disability was good. English for speakers of other languages courses were available but the initial assessment of prisoners taking these were not sufficiently formalised.
- 3.23** The quality of training, learning and assessment in vocational training was good, and tutors and instructional officers were industry credible. Tutors provided constructive feedback to prisoners on what they needed to do to improve, and English and mathematics were appropriately prioritised in lessons, with opportunities for prisoners to extend these skills in the workplace.
- 3.24** Most individual learning plans and review documents showed appropriate recording of learning to meet the minimum requirements of accreditation, but often held insufficiently detailed records of prisoners' improving personal and employability skills.
- 3.25** In vocational training, standards of accommodation were mainly good. However, the accommodation for barbering was not of an industry standard. The hospitality bistro, the training kitchen and waste management workshops were of a high professional standard and were well managed.
- 3.26** Prison workshop accommodation was good, with industry-standard equipment. The structuring and planning of work activities were effective. Limited information learning technology was available in the workshops.

Recommendations

- 3.27** **A more formalised initial assessment of learners' English for speakers of other languages needs should be introduced.**
- 3.28** **The use of learning support practitioners should be improved in the more challenging lessons.**

Housekeeping point

- 3.29** Improvements in prisoners' personal and employability skills should be fully recorded.

Education and vocational achievements

- 3.30** The overall achievements of accredited qualifications were good. Learners made good progress towards their main qualifications, developed good skills linked to employability and were enthusiastic about their learning.
- 3.31** Learners on vocational courses made good progress and demonstrated high levels of skill and knowledge. The standard of prisoners' work was good overall, and very good in painting

and decorating, barbering and hospitality. Those on hospitality courses demonstrated excellent understanding of customer service, food safety and business efficiency in the day-to-day running of the bistro.

- 3.32** Learners could identify how their skills development was improving their employment prospects.
- 3.33** In prison work, prisoners developed a good work ethic, particularly in the workshops, which replicated the traditional working week. Prisoners successfully met production targets, and quality assurance of their work ensured that they worked to a high standard. Prisoners in most of the workshops could gain accredited qualifications for the work skills they developed but too few did so.

Recommendation

- 3.34** **The number of prisoners following accredited qualifications in prison work should be increased.**

Library

- 3.35** The library service was provided by Stockton Borough Council and was well managed. It had good displays to interest and engage prisoners. The area provided sufficient space in which to read, study or undertake academic research. Access to computers was good and they were well used by prisoners following distance learning courses. The range of stock was appropriate for the population, with a wide range to support the vocational training taking place.
- 3.36** Literacy was promoted well to prisoners and there were links with the education department. The library was actively engaged in events planned throughout the year, such as Black History Month and healthy living. Activities to encourage parents to read with children, such as 'Time for Kids', were well developed.
- 3.37** The library was open throughout the week and on Saturday morning; access had improved, except for prisoners in full-time work, who were restricted to Saturday morning visits, which were occasionally cancelled because of prison staff shortages. Library usage was generally high but the data collected were not used to establish usage by different groups.

Recommendation

- 3.38** **The use of library data should be improved, to ensure that the library is fully meeting the needs of the prison population.**

Housekeeping point

- 3.39** Prisoners in full-time work should be able to access the library at least once a week.

Physical education and healthy living

Expected outcomes:

All prisoners understand the importance of healthy living, and are encouraged and enabled to participate in physical education in safe and decent surroundings.

3.40 *The PE provision was satisfactory, providing a variety of activities. Facilities were generally good, but the small weights room had insufficient ventilation. The use of the all-weather outside facilities had improved. The PE induction was good but could not keep pace with demand. PE staff were well qualified. The accredited courses that were available were good and achievements were high. There were links with the health care department and healthy living was well promoted. Access to the gym was good for all prisoners.*

3.41 The PE department provided reasonably good facilities, which included areas for free weights resistance and cardiovascular equipment. The use of the outside all-weather football pitch had improved and was utilised effectively. The small weights room had inadequate ventilation and became unusable in hot weather.

3.42 The gym induction took place daily and provided an accredited qualification in manual handling, which was a requirement for prisoners wanting to be allocated to work. The number of induction places frequently could not keep pace with the number of arrivals and, although additional sessions were added, the process often delayed progression into activities (see also section on early days in custody).

3.43 PE staff were supported by six prison orderlies who had achieved a gym instructor qualification. PE staff were well qualified and had achieved teaching qualifications. A range of accredited vocational courses were available, such as the gym instructors award at levels 1, 2 and 3, and football coaching at level 1. Other accredited courses such as 'family matters' and 'lifestyle management' were available. Overall achievement of accredited PE and healthy living qualifications was good. The PE programmes available met the needs of the prison population. Links with the health care department were good, and remedial PE and courses linked to mental health needs supported prisoners' well-being. However, PE sessions for older prisoners had been cancelled and they no longer had any dedicated provision. Healthy living was promoted and an accredited course was available at level 1.

3.44 Access to the gym was good for mainstream and vulnerable prisoners alike and it was well used. Use of the gym was monitored but data were not available to identify under-represented groups. The showers in the PE department were generally in good order but there were too few for the size of the population, although most prisoners showered on their units.

Recommendations

3.45 The ventilation in the small weights room should be improved.

3.46 Data should be collected and analysed on gym usage to identify groups of prisoners who do not use the gym and explore the reasons for this.

3.47 PE provision, tailored for older prisoners should be re-instated

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival at the prison.

Resettlement underpins the work of the whole prison, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need.

Good planning ensures a seamless transition into the community.

4.1 *A reducing reoffending committee met regularly but did not have an action plan to monitor progress or set new priorities. A recent needs analysis was a useful starting point but did not identify needs across protected characteristics or the different groups of prisoners. Although links between the offender management unit (OMU) and public protection were good, information exchange between the OMU and resettlement services were less well developed. OMU staff were clear about their role but some case administrators felt overwhelmed with the range of generic tasks they had to undertake. The role of house block 7 was unclear.*

4.2 A bimonthly reducing reoffending committee was held but attendance had been poor in recent months. The reducing reoffending strategy had been reviewed in January 2013 but was not supported by an action plan covering the resettlement pathways and offender management. This made it difficult to see how progress was monitored.

4.3 A needs analysis using a comprehensive prisoner survey had been undertaken in 2012. This provided some assurance that the range of services was largely appropriate to the general population, including the provision of some high-intensity specialist offending behaviour programmes such as 'healthy relationships' and the 'self-change programme'. However, no analysis of the range of protected characteristics was undertaken and there was no specific analysis of the different populations held at the establishment – for example, indeterminate-sentenced prisoners (ISPs). Little outcome monitoring was undertaken following release to gauge the effectiveness of resettlement services provided.

4.4 Integrated offender management continued to be well established and provided excellent partnership working for those most likely to reoffend on release. Restorative justice work was developing, with two conferences held to date and many letters of apology written.

4.5 The links between public protection and offender management were good. Links between offender management and some of the resettlement services were less well developed, with inadequate formal information exchange. We found evidence of the two functions working in isolation, and the role of the offender management unit (OMU) did not hold a high enough profile across the prison. This resulted in some decisions being taken about individual prisoners without consultation with the offender supervisor. We also found that applications by prisoners to see their offender supervisor were often made about issues that should have been dealt with by residential staff, including queries about the prison shop and clothing. Too little information about progress on an offending behaviour programme was routinely shared with the OMU.

4.6 Management oversight was limited to quality assurance of OASys assessments. There was little oversight of the quality of case management provided by offender supervisors. Despite efforts to support them, some case administrators felt overwhelmed by having to take on a more generic role with a wider spread of responsibilities.

- 4.7** House block 7 had previously been the resettlement wing but the situation at the time of the inspection was confused, with some people still seeing this house block as a resettlement wing and others not. Not all prisoners located on the unit required resettlement support. Staff previously designated to undertake resettlement work were deployed to other duties, leaving some resettlement work across the prison neglected. A few prisoners were employed as resettlement support workers and mentors but they were only accessible on house blocks 4 and 7. The strategy for the future delivery of resettlement services across the prison included the development of engagement and pre-release centres but these had not yet been implemented (see section on reintegration planning).

Recommendations

- 4.8** **The reducing reoffending strategy should be supported by a comprehensive analysis of specific groups of prisoners, including those with protected characteristics, and an action plan with specific actions and clear timescales which is reviewed regularly.**
- 4.9** **Data relating to resettlement provision should be analysed and monitored at the reducing reoffending meeting, to monitor current outcomes and inform future provision.** (Repeated recommendation 9.7)
- 4.10** **The offender management unit should be central to all work to prevent re-offending in the prison and all staff should be aware of its work and how they should share information and contribute in other ways**

Offender management and planning

Expected outcomes:

All prisoners have a sentence plan based on an individual assessment of risk and need, which is regularly reviewed and implemented throughout and after their time in custody. Prisoners, together with all relevant staff, are involved in drawing up and reviewing plans.

4.11 *The initial assessment of need was poor and prisoners on remand or serving under 12 months did not receive a custody plan. Most offender assessment system (OASys) assessments were completed on time. Contact between offender supervisors and prisoners was largely reactive and process driven. The quality of OASys assessments carried out by offender supervisors was adequate but risk management plans were weak. Categorisation processes were sound but some transfers were delayed because of the lack of places elsewhere. Public protection arrangements were good, but inter-departmental risk management meetings included limited release planning and too little direct multi-agency input. Indeterminate-sentenced prisoners had little formal support.*

- 4.12** The initial assessment of resettlement needs was poor and processes were confusing (see section on reintegration planning). Unsentenced prisoners and those serving less than 12 months did not receive any form of custody planning, and this was reflected in our survey, where responses in some important resettlement areas were considerably more negative than the respective comparators (see main recommendation S53).
- 4.13** The remaining prisoners required an offender assessment system (OASys) assessment and most of these were completed on time. At the time of the inspection, community-based offender managers were responsible for 369 assessments and prison-based offender

supervisors for 417, and 25 were late, with a few of those under the responsibility of the prison being several months late.

- 4.14** In our survey, more prisoners than at other local prisons said that they had an offender manager and an offender supervisor. The quality of OASys assessments prepared by offender supervisors was reasonable, the better ones identifying priority risk factors and setting relevant objectives in plans. However, in two of the cases we examined, the links between the risk factors and the prisoner's likelihood of reoffending had not been identified. Risk management planning in both in-scope (prisoners serving 12 months or more and classified as posing a high risk to the public) and out-of-scope cases was weak and required improvement to ensure that all steps were included and that it covered time both in and out of custody.
- 4.15** The OMU was suitably staffed with a mix of prison officer offender supervisors and three probation staff specialising in public protection. Offender supervisors and case administrators worked closely together. The size of their caseloads was fairly high, with each offender supervisor managing about 70 cases, which they felt impacted negatively on their ability to have regular and meaningful contact with prisoners. We found that contact was inconsistent, reacting to processes rather than being regularly scheduled to drive forward the sentence plan. Offender supervisors did not use P-Nomis (electronic case notes) to record contact with prisoners or update progress against the sentence plan and this limited the amount of information routinely shared with other staff.
- 4.16** OMU staff were clear about their role and responsibilities, and staff delivering resettlement services were appropriately trained. However, too few offender supervisors had undertaken training to manage ISPs.
- 4.17** Although home detention curfew processes were started early enough and defensible decisions were made, there was no centralised monitoring of the number approved or the timeliness of release. In half of those we reviewed, the process had been concluded after the prisoner's eligibility date.

Recommendations

- 4.18 Custody planning should be introduced for prisoners serving under 12 months.** (Repeated recommendation 9.21)
- 4.19 The backlog of offender assessment system (OASys) assessments should be cleared and the work kept up to date.**
- 4.20 Offender supervisors should have regular and meaningful contact with prisoners based on their risk and needs.**
- 4.21 All prisoners who are eligible for home detention curfew should be discharged on their eligibility date.** (Repeated recommendation 9.22)

Housekeeping points

- 4.22** Offender supervisor contact with prisoners should be recorded on P-Nomis.
- 4.23** Offender supervisors should have the training, case supervision and support necessary to undertake the full range of their responsibilities (including the management of ISPs and drive forward sentence plans).

Public protection

- 4.24** Probation staff were responsible for managing public protection work. Arrangements were sound; the details of prisoners arriving at the establishment were checked to identify concerns and risks. Restrictions on mail and telephone contact were applied appropriately and the prisoner was informed about these. The use of monitoring was reviewed each month and removed when supported by evidence. If a prisoner applied for contact, a member of the public protection unit interviewed him and undertook a full assessment in consultation with family and other agencies. The outcome of the assessment was communicated to the prisoner to ensure a good level of understanding.
- 4.25** An inter-departmental risk management meeting was held for those nearing release but attendance was not multi-agency. Individual prisoners were discussed, with an aim of developing release plans. The minutes we reviewed showed good information gathering by the public protection officers but limited release planning and little direct multi-agency input into the plan.
- 4.26** Involvement in the multi-agency risk assessment conference (MARAC) and multi-agency public protection arrangements (MAPPA) was good, with attendance at the latter meetings in the community where possible and submission of a written report. The Voice project provided valuable support to victims of domestic violence about release dates and steps to keep them safe.

Categorisation

- 4.27** There were 103 category B, 835 category C and 32 category D prisoners at the start of the inspection. The backlog of initial categorisation work had been cleared. Responsibility for reviews had been moved to offender supervisors and the work was largely up to date. Reviews were appropriately completed and decisions were defensible. The prisoner was not directly involved in the review process and was informed about the outcome only in writing, with little chance to understand the decision or identify behavioural improvements required.
- 4.28** Good efforts were made to transfer prisoners to other prisons to progress in their sentence. However, a shortage of places meant that some prisoners, particularly vulnerable prisoners, waited too long.
- 4.29** Some prisoners were received at the establishment on overcrowding drafts from other prisons. Many of these men were serving short sentences and as a result it was difficult to move them on.

Housekeeping point

- 4.30** The prisoner should be involved in the categorisation review and be helped to understand the decision.

Indeterminate sentence prisoners

- 4.31** At the time of the inspection, the prison was holding 51 prisoners serving indeterminate sentences for public protection (IPP) and 17 life-sentenced prisoners. Of the 51 IPP prisoners, 36 were over tariff, two being four years over tariff.

- 4.32** Not all offender supervisors had been trained to manage ISPs, so the workload fell to those who had been trained. Remanded prisoners potentially facing an indeterminate sentence were not routinely supported by the OMU. However, offender supervisors met ISPs once they had been sentenced, to explore the sentence and the next steps, though ongoing contact was not always regular enough (see recommendation 4.22).
- 4.33** Support for ISPs was poor; there was no consultation or support forum and there were no specific family days.

Recommendation

- 4.34 Formal consultation arrangements should be developed and implemented for indeterminate-sentenced prisoners.** (Repeated recommendation 9.34)

Housekeeping point

- 4.35** Remand prisoners facing an indeterminate sentence should be identified, given support and have the implication of the potential sentence explained.

Reintegration planning

Expected outcomes:

Prisoners' resettlement needs are addressed prior to release. An effective multi-agency response is used to meet the specific needs of each individual prisoner in order to maximise the likelihood of successful reintegration into the community.

4.36 *Initial resettlement needs were not well assessed, referral processes had collapsed and there was no formal pre-release planning to coordinate the work. However, individual agencies worked hard to identify those needing help. Help with accommodation, and finances and debts was good. The National Careers Service provided a good service, with advisers having a good understanding of the labour market, and links with external training providers and agencies to help support resettlement. Pre-release health care assessments were good, and palliative and end-of-life care was excellent. There was proactive and effective discharge planning for prisoners with substance use issues. The children and families resettlement pathway was very supportive. A wide range of offending behaviour programmes was hindered by the lack of access to the sex offender treatment programme and no formal motivational work with those in denial of their offending.*

- 4.37** The initial resettlement induction assessment was completed in reception but those we saw were of a very poor quality, and the process was confusing (see main recommendation S53). The issues raised on the forms should have resulted in referrals to agencies by peer mentors on house block 7 but the process had collapsed and lists of prisoners needing help dated back two months. Some agencies – for example, Shelter – conducted their own initial assessment during induction.
- 4.38** Resettlement services were not well promoted across the prison, and in our survey fewer prisoners than at comparator establishments said that they knew where to go for help with some of the key resettlement areas. There was no coordinated pre-release planning, and fewer respondents to our survey than at other local prisons said that a member of staff had helped them to prepare for release (see main recommendation S53). An engagement and

discharge centre was being developed to support initial and pre-release planning but this was not yet in place.

Housekeeping point

4.39 Resettlement services should be more widely promoted across the prison.

Accommodation

4.40 Initial and ongoing assessments of need were undertaken by trained and well-supported peer workers. Shelter workers provided accommodation advice and support, and managed a large number of referrals each month. The percentage of prisoners being released homeless was just under 10%, which was good in comparison with some other local prisons. Shelter did not routinely monitor outcomes for prisoners and we could not clearly see how many homeless men had been helped to gain accommodation before release.

4.41 The Shelter workers had good contacts in the community, with a range of supported accommodation providers and links to local authorities. They also sought support from other Shelter workers for prisoners outside of the North-East region.

Recommendation

4.42 **The number of homeless prisoners helped to secure accommodation before release should be monitored.**

Education, training and employment

4.43 The overall provision by the National Careers Service (NCS) was good. Prisoners had the opportunity for individual interviews with Centre for British Teachers (CfBT) advisers, who were subcontracted by the NCS to provide careers advice. Advisers had a good understanding of the labour market, and there were links with external training providers and agencies to help support resettlement. The development of CVs, job search skills and preparation for interviews was available through The Manchester College's 'fast track to work' programme and other employability courses aimed at preparing prisoners for release. Pertemps provided effective 'through-the-gate' support for prisoners, building trust and an effective working relationship with prisoners before release. Interviews were arranged for prisoners after release with the same employment adviser they had seen in the prison. Data indicated that many prisoners attended this interview and that many had gone on to secure sustained employment. Links with employers and community agencies to improve employment prospects for prisoners had improved. Release on temporary licence was used infrequently but there were plans to extend this.

Health care

4.44 Pre-release health care assessments of prisoners were carried out on the wings and concluded in reception shortly before departure. Patients were assisted to find GPs if required, and GP and other appointments were made when continuity of care was important. Pre-release mental health preparations were also good.

- 4.45** Palliative and end-of-life care was provided within the Macmillan Cancer Support 'gold standard' framework. The new palliative care suite promised to offer enhanced end-of-life care. There were palliative care champions on the staff team, and prisoners had been trained to support those undergoing palliative care.

Good practice

- 4.46** *The palliative care available was multi-departmental, based on best practice from Macmillan Cancer Support and involved prisoner carers.*

Drugs and alcohol

- 4.47** There was proactive and effective discharge planning for prisoners with substance use issues. Liaison with offender managers, probation staff and community services was good. Two family liaison workers had been recruited to the psychosocial team. Family visits days and the inclusion of relatives in reviews on the therapeutic community effectively promoted family engagement in recovery.

Finance, benefit and debt

- 4.48** Debt advice was provided by Shelter staff, and some finance courses were provided by the education department, such as 'money matters' and a debt course, which covered a range of issues, including maintaining tenancies and housing benefit. A debt pack was issued to prisoners to address non-priority debts, and individual support was given to those with priority debts such as mortgage arrears.
- 4.49** Jobcentre Plus staff were available in the prison to set up fresh claims on release and give detailed advice to prisoners about their benefits claim and changes in legislation.
- 4.50** Prisoners had previously been able to open bank accounts but the lack of availability of the resettlement officers limited the amount of time they had to do this.

Recommendation

- 4.51** **All relevant prisoners should be helped to open a bank account before release.**

Children, families and contact with the outside world

- 4.52** Children and family work was well developed. A qualified family support worker was available through the North East Prison After Care Society (NEPACS) and more workers were being recruited. The NEPACS worker explored the reasons why some prisoners did not receive visits and offered them support where possible. A wide range of support was available, including child contact sessions, pre-adoption final contacts and help in getting visitors to the prison.
- 4.53** Parenting courses were delivered, or were planned, including 'family matters', 'family nurturing' and 'parent factor'. However, too few family visits were provided and too few prisoners were eligible to apply.

- 4.54** NEPACS provided a valuable range of information for visitors. Visits booking had improved, with more telephone lines and the introduction of an email system, although visits could not be booked at the visitors centre before leaving.
- 4.55** The visitors centre was bright, well equipped and provided a comfortable environment. NEPACS supported visitors on their arrival and checked their identification before sending them over to the prison. A new NEPACS initiative supported first-time visitors by identifying them at court; we saw a NEPACS worker spending time with a new visitor, talking her through the process and allaying her fears. The worker also accompanied her through to the main visits hall, which was greatly appreciated by the visitor.
- 4.56** Searching of visitors was quick and respectful although some visitors suspected of carrying drugs were strip searched and protocols were not sufficiently robust (see recommendation 1.52). The visits hall was large enough but contained fixed, hard furniture. Prisoners entered the visits hall almost an hour later than the start time in the information sent out to visitors, so many of them complained about this. Evening visits were available but likely to end later in the year.
- 4.57** Closed visits booths were bare and unwelcoming. Too many prisoners were placed on closed visits for issues not related to visits (see section on security and recommendation 1.52).

Recommendation

- 4.58 Visits should start at the publicised time.**

Housekeeping points

- 4.59** The criteria for inclusion in family days should be expanded and more events provided.
- 4.60** Visitors should be able to book visits directly in the visitors centre. (Repeated recommendation 9.76)

Attitudes, thinking and behaviour

- 4.61** There was a wide range of accredited programmes, which met the needs of most prisoners. This included some high-intensity programmes, including one for perpetrators of domestic violence.
- 4.62** There was no sex offender treatment programme (SOTP) available at the establishment, and the transfer of some sex offenders took too long because of the demand on places at other prisons. In our survey, fewer vulnerable than mainstream prisoners said that it was easy to get into an offending behaviour programme. A strategy for the management of prisoners convicted of sex offences had been developed but primarily focused on the assessment process for the SOTP. It did not set out in enough detail how sex offenders in denial would be constructively managed at the establishment or how their denial would be challenged. This was an important gap, as almost a quarter of sex offenders were in denial of their offending. Only 20% of those assessed were deemed suitable to start a SOTP. Although the initial assessment was good, there was no formal review of the individual and his denial, and offender supervisors did not routinely engage them in motivation work.

- 4.63** Waiting times for programmes were not excessive and the prioritisation of places was appropriate. The national change in the eligibility criteria for the thinking skills programme meant that 75% of those previously eligible were no longer so. Although this made the waiting list appear manageable, it meant that most prisoners with thinking skills deficits would no longer receive this accredited programme and there was no alternative provision.

Recommendations

- 4.64** Prisoners suitable for the sex offender treatment programme should be transferred without delay or consideration should be given to providing it at Holme House.
- 4.65** Interventions and motivational work should be provided for prisoners in denial of sexual offending. (Repeated recommendation 9.84)
- 4.66** Guidance on the management of prisoners no longer eligible for the thinking skills programme should be provided or alternative provision made available.

Section 5. Summary of recommendations and housekeeping points

The following is a listing of repeated and new recommendations, housekeeping points and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report, and in the previous report where recommendations have been repeated.

Main recommendations

To the governor

- 5.1** First night assessments should concentrate on safety risk factors and should be conducted in private. Additional staff support and peer support should be provided. First night cells should be clean, free of graffiti and properly equipped. (S50)
- 5.2** Prisoners should be able to shower in privacy every day. Sufficient clothing and bedding should be provided, alongside adequate laundry services. (S51)
- 5.3** The needs of prisoners with protected characteristics should be promptly identified and met through individual assessment, regular direct consultation with minority groups, effective care planning and monitoring. (S52)
- 5.4** The resettlement needs of all prisoners should be comprehensively assessed on arrival and before release and all prisoners should have easy access to resettlement services and peer mentors. A coordinated plan should be developed to support them. (S53)

Recommendation

to NOMS

- 5.5** Guidance on the management of prisoners no longer eligible for the thinking skills programme should be provided or alternative provision made available. (4.66)

Recommendations

To the governor

Courts, escort and transfers

- 5.6** Prisoners should not be held in court cells for long periods before being taken or returned to the prison. (1.6)

Early days in custody

- 5.7** Prisoners should be received and moved to their first night accommodation as quickly as possible. (1.17, repeated recommendation 1.24)
- 5.8** All newly arrived prisoners should be able to take a shower on the day of arrival, regardless of the time of their arrival or location. (1.18, repeated recommendation 1.26)

- 5.9** The induction process should equip prisoners who are new into custody, including vulnerable prisoners, with sufficient knowledge fully to access services and regime activities. (1.19)

Bullying and violence reduction

- 5.10** The negative perceptions of safety expressed by vulnerable prisoners should be explored and acted on. (1.27)
- 5.11** The particular needs and possible risks to young prisoners should be assessed and met. (1.28)
- 5.12** Support planning should be introduced for victims of violent and/or antisocial behaviour. (1.29)

Self-harm and suicide

- 5.13** Reviews should be sufficiently multidisciplinary to ensure that an appropriate focus is maintained on all relevant areas of support. (1.36)
- 5.14** The prison should ensure that actions identified as a result of Prisons and Probation Ombudsman death in custody reports are fully implemented, and their effectiveness ensured and regularly reviewed. (1.37)

Safeguarding

- 5.15** The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.41)

Security

- 5.16** A mechanism to manage target testing more effectively should be developed to ensure that tests are undertaken within the required timeframe. (1.50, repeated recommendation 3.96)
- 5.17** Closed visits should be applied only due to visits-related issues. (1.51)
- 5.18** Protocols with the police should ensure that prompt and effective police support is provided to any incident where there is substantial evidence that a visitor is bringing drugs into the prison. The visitor should not be strip-searched but in these circumstances should be detained for a short time until the police arrive. (1.52, repeated recommendation 7.12)

Incentives and earned privileges

- 5.19** Prisoners should not be downgraded on the IEP scheme without a review taking place. (1.57)

Discipline

- 5.20** Collective or unofficial punishments should not be threatened or used. (1.63, repeated recommendation 7.18)

- 5.21** A full investigation should take place following the use of batons. (1.68)
- 5.22** The daily regime segregation, particularly for longer-stay prisoners, should be improved. (1.73)
- 5.23** Planning to help prisoners to return to normal location should be developed. (1.74, repeated recommendation 7.56)

Substance misuse

- 5.24** Opiate-dependent prisoners should have access to the full range of prescribing regimes in line with national guidance. (1.84)
- 5.25** Drug- or alcohol-dependent prisoners who require stabilisation should receive appropriate monitoring, day and night, for the first five days or longer, as clinically indicated. (1.85)
- 5.26** The drug recovery wing should provide an environment which offers additional support to prisoners wanting to become and remain drug free. (1.86)

Residential units

- 5.27** Graffiti should be removed from cells and all cells should be adequately furnished, with lockable cupboards provided. (2.10)
- 5.28** Cell call bells should be answered promptly. (2.11)
- 5.29** Prisoner applications should be tracked and timeliness of responses monitored. (2.12)
- 5.30** Prisoners should have daily access to telephones, and these should all have privacy hoods. (2.13)

Staff-prisoner relationships

- 5.31** Case note entries should reflect meaningful engagement with prisoners and quality assurance measures should be effective. (2.20)

Equality and diversity

- 5.32** The equality policy should clearly state the services that will be provided and the responsibilities of staff in achieving prisoner equality. It should include an action plan, with measurable objectives, which is monitored by the diversity action team and updated regularly. (2.27)
- 5.33** The management of discrimination incident report forms should be improved to ensure availability to prisoners and the quality of responses. (2.28)
- 5.34** Foreign national prisoners detained beyond their release date should be transferred promptly to immigration removal centres or bailed. (2.41)

- 5.35** Evacuation plans which cover all necessary arrangements and identify who is responsible for them should be prepared for all prisoners requiring them and should be readily available at all times to staff on the house block where they currently reside. (2.42)
- 5.36** Consultation should be held with prisoners identifying themselves as having a disability, to investigate why they feel less safe and more victimised. (2.43, repeated recommendation 4.52)

Faith and religious activity

- 5.37** The chaplaincy and residential staff should investigate the reasons for the negative views of prisoners about access to chaplaincy provision and respect for religious beliefs. Action to remedy the situation should be identified and taken. (2.50)

Complaints

- 5.38** The complaint boxes should be opened by staff responsible for administering the complaints process. (2.55, repeated recommendation 3.57)

Legal rights

- 5.39** All staff involved in providing legal services should be fully trained in the role. (2.60, repeated recommendation 3.64)

Health services

- 5.40** Medications should be administered at the prescribed times. (2.87)
- 5.41** Supervised medication should be administered directly from the labelled package. (2.88)
- 5.42** Full and complete records of administration of medicines should be made including records of when a patient has failed to attend. (2.89)
- 5.43** There should be a 'special sick' policy, and over-the-counter medication should be readily accessible. (2.90)
- 5.44** The pharmacist should be supported to develop pharmacy-led clinics and medicine use reviews for the prison population. (2.91)
- 5.45** There should be in-house performance management of dentistry, based on agreed definitions of the measured activities. (2.99)
- 5.46** SystemOne should be available to support the work of clinicians wherever access is routinely required. (2.104)

Catering

- 5.47** Breakfast packs should be issued on the morning they are to be eaten. (2.111)
- 5.48** Serveries should be cleaned thoroughly after each use and waste food removed. (2.112)

- 5.49** Prisoners should not be required to eat their meals in cells with inadequately screened toilets. (2.113, repeated recommendation 8.20)
- 5.50** The evening meal should not be served before 5pm. (2.114, repeated recommendation 8.19)

Time out of cell

- 5.51** All prisoners, including all vulnerable prisoners, should have daily association periods which allow access to their cells and are actively supervised by staff. (3.7, repeated recommendations 6.55 and 6.56)
- 5.52** Supervision of exercise should allow immediate safe access by staff to deal with any threats to prisoners. (3.8)

Learning and skills and work activities

- 5.53** The prison should continue to improve attendance, and ensure that prisoners access their activity on time. (3.15)
- 5.54** More formal links should be developed to share information and assessments collected by the National Careers Service to inform sentence planning. (3.19)
- 5.55** A more formalised initial assessment of learners' English for speakers of other languages needs should be introduced. (3.27)
- 5.56** The use of learning support practitioners should be improved in the more challenging lessons. (3.28)
- 5.57** The number of prisoners following accredited qualifications in prison work should be increased. (3.34)
- 5.58** The use of library data should be improved, to ensure that the library is fully meeting the needs of the prison population. (3.38)

Physical education and healthy living

- 5.59** The ventilation in the small weights room should be improved. (3.45)
- 5.60** Data should be collected and analysed on gym usage to identify groups of prisoners who do not use the gym and explore the reasons for this. (3.46)
- 5.61** PE provision, tailored for older prisoners should be re-instated (3.47)

Strategic management of resettlement

- 5.62** The reducing reoffending strategy should be supported by a comprehensive analysis of specific groups of prisoners, including those with protected characteristics, and an action plan with specific actions and clear timescales which is reviewed regularly. (4.8)

- 5.63** Data relating to resettlement provision should be analysed and monitored at the reducing reoffending meeting, to monitor current outcomes and inform future provision. (4.9, repeated recommendation 9.7)
- 5.64** The offender management unit should be central to all work to prevent re-offending in the prison and all staff should be aware of its work and how they should share information and contribute in other ways. (4.10)

Offender management and planning

- 5.65** Custody planning should be introduced for prisoners serving under 12 months. (4.18, repeated recommendation 9.21)
- 5.66** The backlog of offender assessment system (OASys) assessments should be cleared and the work kept up to date. (4.19)
- 5.67** Offender supervisors should have regular and meaningful contact with prisoners based on their risk and needs. (4.20)
- 5.68** All prisoners who are eligible for home detention curfew should be discharged on their eligibility date. (4.21, repeated recommendation 9.22)
- 5.69** Formal consultation arrangements should be developed and implemented for indeterminate-sentenced prisoners. (4.34, repeated recommendation 9.34)

Reintegration planning

- 5.70** The number of homeless prisoners helped to secure accommodation before release should be monitored. (4.42)
- 5.71** All relevant prisoners should be helped to open a bank account before release. (4.51)
- 5.72** Visits should start at the publicised time. (4.58)
- 5.73** Prisoners suitable for the sex offender treatment programme should be transferred without delay or consideration should be given to providing it at Holme House. (4.64)
- 5.74** Interventions and motivational work should be provided for prisoners in denial of sexual offending. (4.65, repeated recommendation 9.84)

Housekeeping points

Early days in custody

- 5.75** Televisions should be restored to the holding rooms. (1.20)

Security

- 5.76** The mandatory drug testing holding room should be clean and free of graffiti. (1.53)

Discipline

5.77 Segregation cells and exercise yards should be clean and graffiti free. (1.75)

Substance misuse

5.78 The TC should continue to operate in accordance with the distinct features of a democratic therapeutic community. Prisoners in the TC should not usually associate with other wings and staff working in the TC should be fully engaged with its work, be suitably qualified and appropriately supported. (1.87)

5.79 The psychosocial team and clinical team should be more integrated, including co-facilitation of groups and joint five-day and 13-week reviews. (1.88)

5.80 Substance misuse services should develop a service user forum to inform future developments. (1.89)

Residential units

5.81 The offensive display policy should be applied consistently. (2.14)

5.82 Prisoners' mail should be posted out on Saturdays. (2.15, repeated recommendation 2.22)

Staff-prisoner relationships

5.83 Prisoner consultation meetings should be held regularly and records of meetings should show the progress made. (2.21)

Equality and diversity

5.84 Prisoner equality champions should be present on all wings and their identity publicised. (2.29)

5.85 Foreign national prisoners should be able to access independent immigration advice easily. (2.44)

Health services

5.86 The health centre waiting rooms should be better used for health promotion and the quality of the seating should be improved. (2.71)

5.87 Checks of automated external defibrillators should be recorded. (2.72)

5.88 The availability of barrier protection should be advertised on the wings. (2.73)

5.89 Work to improve the inpatient shower and bathroom should be expedited. (2.80)

5.90 Health services staff should explore the potential for library staff to provide visiting services to inpatients who cannot leave the unit. (2.81)

5.91 Confidentiality at the pharmacy hatch should be assured during medication collection times. (2.92)

- 5.92** All medication trolleys should be secured to the wall when not in use. (2.93)
- 5.93** Maximum/minimum temperatures should be recorded daily for the drug refrigerators in treatment rooms; refrigerators should not be used for purposes other than storing medication, and should be locked. (2.94)
- 5.94** Medication awaiting collection should be stored securely in the treatment rooms. (2.95)

Catering

- 5.95** Food orders should be closely monitored to ensure that prisoners' orders are received and correctly provided. (2.115)

Purchases

- 5.96** There should be no administration charge for catalogue orders. (2.120)

Time out of cell

- 5.97** Employed prisoners should be allowed daily access to exercise in the fresh air. (3.9)
- 5.98** Weatherproof clothing should be provided for prisoners who wish to exercise during inclement weather. (3.10)

Learning and skills and work activities

- 5.99** Improvements in prisoners' personal and employability skills should be fully recorded. (3.29)
- 5.100** Prisoners in full-time work should be able to access the library at least once a week. (3.39)

Offender management and planning

- 5.101** Offender supervisor contact with prisoners should be recorded on P-Nomis. (4.22)
- 5.102** Offender supervisors should have the training, case supervision and support necessary to undertake the full range of their responsibilities (including the management of ISPs and drive forward sentence plans. (4.23)
- 5.103** The prisoner should be involved in the categorisation review and be helped to understand the decision. (4.30)
- 5.104** Remand prisoners facing an indeterminate sentence should be identified, given support and have the implication of the potential sentence explained. (4.35)

Reintegration planning

- 5.105** Resettlement services should be more widely promoted across the prison. (4.39)
- 5.106** The criteria for inclusion in family days should be expanded and more events provided. (4.59)
- 5.107** Visitors should be able to book visits directly in the visitors centre. (4.60, repeated recommendation 9.76)

Examples of good practice

Self-harm and suicide

5.108 A community support plan was used for prisoners leaving custody subject to assessment, care in custody and teamwork (ACCT) case management reviews. (1.38)

Health services

5.109 The acceptance of referrals for prisoners yet to enter the prison was innovative. It enabled mental health assessment as early as possible during the prisoner's induction, and for support to be arranged if necessary. (2.105)

Reintegration planning

5.110 The palliative care available was multi-departmental, based on best practice from Macmillan Cancer Support and involved prisoner carers. (4.46)

Section 6. Appendices

Appendix I: Inspection team

Nick Hardwick	Chief Inspector
Alison Perry	Team leader
Andrew Rooke	Inspector
Sandra Fieldhouse	Inspector
Paul Rowlands	Inspector
Gordon Riach	Inspector
Karen Dillon	Inspector
Gary Boughen	Inspector
Alissa Reid	Researcher
Gemma Quayle	Researcher
Annie Crowley	Researcher

Specialist inspectors

Majella Pearce	Substance misuse inspector
Paul Tarbuck	Health services inspector
Sharon Monks	Pharmacy inspector
Katie Tucker	CQC inspector
Stephen Miller	Ofsted inspector
Maria Navarro	Ofsted inspector
Gerard McGrath	Ofsted inspector
Yvonne McGuckian	Offender management inspector
Mike Lane	Offender management inspector

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2010, reception offered a reasonable environment, although squat searching was routine and prisoners spent too long there. The first night cells were poor. The early experience of vulnerable prisoners at the establishment was less positive than for other prisoners. For most prisoners the induction process was good. Violence reduction measures were fragmented, although most prisoners reported feeling safe. The quality of self-harm and suicide prevention measures was mostly good. Levels of use of force were low but governance arrangements inadequate. Staffing issues affected the full operation of the integrated drug treatment system. The prison had responded robustly to a serious drug problem. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

Violence should not be tolerated and awareness should be raised among staff and prisoners in order to improve reporting, recording, investigation and management of associated procedures. (HP53)

Partially achieved

Recommendations

All reception interviews should take place in private. (1.23)

Not achieved

Prisoners should be received and moved to their first night accommodation as quickly as possible. (1.24)

Not achieved (recommendation repeated, 1.18)

Prisoners should not be routinely asked to squat during strip-searches in reception. (1.25)

Achieved

All newly arrived prisoners should be able to take a shower on their residential block and make a telephone call, regardless of the time of their arrival or location. (1.26)

Not achieved (recommendation repeated, 1.19)

The £2.50 pin telephone credit should remain active until used, and pin telephone accounts should be activated with minimal delays. (1.27)

Achieved

A Listener should be based in reception. (1.28)

Achieved

First night arrangements for vulnerable prisoners should be improved and be equitable with the arrangements for other prisoners. (1.35)

Not achieved

Induction arrangements for vulnerable prisoners and those located in the health care department and segregation unit should be improved. (1.40)

Not achieved

The negative perceptions of prisoners about staff attitudes and response to violence should be explored and remedial action taken. (3.16)

Achieved

The violence reduction strategy should be informed by the annual safety survey, exit surveys and other appropriate data sources. (3.17)

No longer relevant

Information sharing between the security and safer custody teams should be improved. (3.18)

Achieved

The anti-bullying policy should be clarified and staff awareness of bullying raised in order to ensure that all incidents of alleged bullying are appropriately recorded, investigated and managed and that victims are offered appropriate and individualised support. (3.19)

No longer relevant

Staff and prisoner violence reduction representatives should be appointed, provided with a job description, be promoted across the establishment and play an active role in identifying, addressing and reducing levels of violence across the prison. (3.20)

Achieved

The prison should have a protocol that clearly describes the systems to support vulnerable prisoners. (3.26)

Not achieved

The negative perceptions held by vulnerable prisoners about their treatment should be explored and remedial action taken. (3.27)

Not achieved

The bi-monthly safer custody forum should analyse information about self-harm and specify action to be taken. (3.41)

Achieved

All self-harm incidents requiring outside hospital treatment should be investigated. (3.42)

Achieved

Care maps should routinely encourage prisoners on assessment, care in custody and teamwork (ACCT) documents to participate in daily purposeful activities. (3.43)

Achieved

Prisoners on open ACCT documents who are subject to constant observations should not be accommodated in camera cells. (3.44)

Achieved

A mechanism to manage target testing more effectively should be developed to ensure that tests are undertaken within the required timeframe. (3.96)

Not achieved (recommendation repeated, 1.51)

Protocols with the police should ensure that prompt and effective police support is provided to any incident where there is substantial evidence that a visitor is bringing drugs into the prison. The visitor should not be strip searched but in these circumstances should be detained for a short time until the police arrive. (7.12)

Not achieved (recommendation repeated, 1.53)

The video equipment in the control room should be updated. (7.16)

Partially achieved

The quality of security assessments of prisoners' suitability for activity places should be clear and balanced. (7.17)

Achieved

There should be no collective punishments. (7.18)

Not achieved (recommendation repeated, 1.64)

Prisoners who are accommodated on the upper landing should not be denied access to their landing during association periods. (7.19)

Partially achieved

The differential between the standard and enhanced levels of the IEP scheme should be sufficient to motivate prisoners to achieve enhanced status. (7.68)

Achieved

There should be regular IEP entries in P-Nomis files according to the stated policy. (7.69)

Not achieved

Prisoners should not automatically have their IEP level downgraded following an adjudication without a separate review. (7.70)

Achieved

Prisoners should not be routinely handcuffed when being taken to the segregation unit. (7.34)

Achieved

De-escalation should be used where appropriate. (7.35)

Achieved

The control and restraint committee should regularly review all use of force documentation and videos, monitor trends and highlight areas for improvement. (7.36)

Achieved

Injury report forms should be completed and included in the management check of use of force paperwork. (7.37)

Achieved

The use of special cells should be as a last resort and for the minimum amount of time possible. (7.38)

Achieved

Alternative uses should be found for the two strip-search cells. (7.51)

Achieved

Prisoners being located on the segregation unit should only be strip-searched when a risk assessment indicates that this is necessary. When this is deemed to be required, a log of all strip-searches should be maintained, including the reasons for them. (7.52)

Achieved

Subject to risk assessment, prisoners in segregation should be allowed to attend work, education, religious activities and programmes. (7.53)

Partially achieved

The IEP scheme should be run in parallel with that on normal location. (7.54)

Not achieved

Staff working on the segregation unit should be trained in de-escalation, race equality, suicide prevention, mental health awareness, personality disorder and motivational interviewing. (7.55)

Partially achieved

Care plans, and reintegration strategies where appropriate, should be developed for long-term residents of the segregation unit. (7.56)

Not achieved (recommendation repeated, 1.75)

All sections of the integrated drug treatment system (IDTS) should be adequately staffed to ensure further integration of services and achievement of effective joint case reviews. (3.87)

Achieved

The clinical team manager and the counselling, assessment, referral, advice and throughcare (CARAT) manager should work in the same office to facilitate joint working, information sharing and overall integration of drug and alcohol services. (3.88)

Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2010, the environment was reasonably clean, particularly in communal areas. Clothing and laundry arrangements were poor. Staff–prisoner relationships were mixed. The personal officer scheme did not work effectively, with poor record keeping. The evening meal was served too early. Diversity provision was good for race and foreign nationals but less well developed in other areas. Health care services had been modernised and were improving. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

There should be a written care plan for each prisoner identified as having a disability which addresses his needs, including a personal emergency evacuation plan where necessary, and any arrangements for using a wheelchair, and this should be accessible by all staff responsible for his care. (HP54)

Not achieved

Recommendations

External areas should be kept free of litter. (2.19)

Achieved

All cells should be redecorated regularly to provide clean and decent living accommodation. (2.20)

Not achieved

The automated cell call response data should be accessible and used by residential managers to ensure prompt response to alarms. (2.21)

Not achieved

Prisoners' mail should be posted out on Saturdays. (2.22)

Not achieved (recommendation repeated as a housekeeping point, 2.16)

Only mail subject to public protection measures or otherwise subject to scrutiny for security means should pass through the public protection unit. (2.23)

Achieved

The amount and type of own clothing allowed should be expanded. (2.35)

Achieved

Laundry arrangements should ensure prisoners have sufficient, properly fitting kit in a good state of repair. (2.36)

Not achieved

Prisoners should be fairly and speedily compensated for clothing and possessions lost or damaged through no fault of their own. (2.37)

Achieved

Senior managers should model the behaviour they expect of staff and actively encourage residential staff to interact with prisoners during association and exercise. (2.56)

Partially achieved

The use of peer supporters should be increased. (2.57)

Achieved

Wider consultation with prisoners should be undertaken in key areas. (2.58)

Achieved

Residential staff should actively encourage prisoners to engage in activities and support them in applying for employment. (2.59)

Not achieved

The personal officer scheme should avoid unnecessary changes of personal officer and personal officers should be trained to carry out this role. (2.67)

Achieved

Staff should be able to access the necessary information technology to fulfil their role as personal officers. (2.68)

Not achieved

Improved management checks should assess the level and quality of input into P-Nomis wing files and remedial action should be taken as necessary. (2.69)

Not achieved

Out-of-date impact assessments should be updated. (4.11)

No longer relevant

An intervention to challenge attitudes and behaviour should be applied to prisoners found to have behaved in a racist way. (4.23)

Not achieved

Regular consultation meetings should be held with black and minority ethnic prisoners. (4.24)

Not achieved

The nationality of all prisoners should be determined and accurate records maintained. (4.36)

Achieved

An up-to-date list of prisoners and staff willing to provide interpreting services should be made available to all staff dealing with foreign national prisoners. (4.37)

Achieved

Records of the number of prisoners with a disability should be kept up to date. (4.51)

Achieved

Consultation should be held with prisoners identifying themselves as having a disability, to investigate why they feel less safe and more victimised. (4.52)

Not achieved (recommendation repeated, 2.44)

Prisoners past the statutory retirement age and those with a disability who are unable to work should be allowed out of their cells during the day. (4.53)

Not achieved

Prisoners past the statutory retirement age should not be required to pay for their television. (4.54)

Not achieved

A policy for meeting the needs of transsexual prisoners should be developed. (4.58)

Achieved

A chaplain from the Buddhist faith should be available to prisoners from that religion. (3.75)

Achieved

Prisoners on normal location should not be required to book their attendance at religious services or prayers. (3.76)

Achieved

The provision of individual sessions between chaplains and prisoners should be reviewed to make them more easily available. (3.77)

Not achieved

Prisoners attending Muslim prayers should be unlocked to allow time for a shower before they go to pray. (3.78)

Achieved

The chaplaincy should provide courses which address offending behaviour and ethics. (3.79)

Not achieved

The formal quality assurance system for complaints should be reviewed to improve objectivity. (3.56)

Achieved

The complaint boxes should be opened by staff responsible for administering the complaints process. (3.57)

Not achieved (recommendation repeated, 2.56)

All staff involved in providing legal services should be fully trained in the role. (3.64)

Not achieved (recommendation repeated, 2.61)

Prisoners should have access to confidential one-to-one consultations with doctors and other health services professionals unless individual risk assessment indicates otherwise. (5.32)

Achieved

Health care policies and procedures should be reviewed by the dates stipulated in the policies and procedures. (5.33)

Achieved

All prisoners should receive information about health promotion and what to do in the event of communicable diseases. (5.34)

Achieved

All medicine trolleys should be attached to the fabric of the building when not in use. (5.45)

Partially achieved

A description of the medication supplied in the monitored dosage system should be written and be of sufficient detail to enable individual items to be differentiated. The description should be supplied to the patient. (5.46)

Achieved

Care should be taken to make full and complete records of administered medicines. This should include records of all occasions where the patient has refused medication or failed to attend, and issues relating to drug compliance should be followed up where appropriate. (5.47)

Partially achieved

A special sick policy should be developed and reviewed regularly by the medicines and therapeutics committee, to ensure that all appropriate medicines can be supplied. (5.48)

Partially achieved

A pharmacist and/or pharmacy technicians should be involved in the provision of a number of primary care services. (5.49)

Partially achieved

The date of the last primary care trust (PCT) surgery inspection should be confirmed and, if not within the last three years, a full surgery inspection should be carried out by/on behalf of County Durham NHS PCT. (5.58)

Achieved

A protocol should be developed to assist the triaging of dental applications. (5.59)

Achieved

Work should be done to assess the dental 'did not attend' rates and the reasons why appointments are missed. (5.60)

Achieved

A protocol should be developed for dental out-of-hours cover and there should be formal arrangements to cover the dentist's annual leave. (5.61)

Partially achieved

The procedures for the keeping of clinical records and the taking of radiographs should be reviewed, with reference to the guidelines published by the Faculty of General Dental Practice (UK). (5.62)

Achieved

The design and aesthetics of the inpatient unit should be subject to a modernisation exercise. (5.69)

Achieved

Uniformed staff should receive mental health awareness training. (5.77)

Achieved

There should be daily cleaning routines for all areas of the kitchen, to ensure that it is maintained daily at an appropriate standard. Serveries should be cleaned thoroughly after each use and waste food disposed of. (8.14)

Partially achieved

Prisoners and staff working in food areas should undergo appropriate training. (8.15)

Achieved

The catering manager should review the requirements of food management in consultation with the race equality officer and the Muslim chaplain and ensure appropriate training to avoid cross-contamination of halal meals delivered to all staff and prisoners involved in the preparation and serving of food. (8.16)

Achieved

The prison should investigate prisoners' poor perception of the catering service and consult with them regularly about it. (8.17)

Partially achieved

A full equality impact assessment should be conducted taking into consideration the changing demographics of the prison's population. (8.18)

Achieved

The evening meal should not be served before 5pm. (8.19)

Not achieved (recommendation repeated, 2.115)

Toilets should be fully screened off where prisoners have to dine in-cell. (8.20)

Not achieved (recommendation repeated, 2.114)

A full equality impact assessment should be conducted taking into consideration the changing demographics of the prison's population. (8.33)

Achieved

Purposeful activity

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

At the last inspection, in 2010, There were improved and improving levels of education, work and training activity for prisoners but attendance and punctuality were poor. The quality of the training and education available was good. Association and exercise were reliable but working prisoners could not access exercise during the week. The library offered a reasonable service. PE provision and access to it were good. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

Staff should actively supervise all areas where prisoners are located during association. (6.55)

Not achieved (recommendation repeated, 3.7)

Prisoners should be allowed access to their cells during association. (6.56)

Partially achieved (recommendation repeated, 3.7)

Prisoners should have the opportunity and clothing to enable them to use outside exercise areas every day and, where possible, this should include sports activities supervised by staff. (6.57)

Partially achieved

Quality improvement processes should be implemented to inform the self-assessment procedure (6.6)

Achieved

The quality of the new induction process should be monitored and improvements implemented to ensure that it functions effectively and efficiently. (6.10)

Achieved

Plans to allocate activities from a central unit should be implemented and waiting lists analysed regularly. (6.11)

Achieved

The opportunities for prisoners to acquire accredited skills at work should be increased. (6.15)

Achieved

Attendance and punctuality should be improved in all activities. (6.16)

Partially achieved

The range of vocational training should be increased for vulnerable prisoners. (6.21)

Achieved

Literacy and numeracy should better integrated into workshops. (6.22)

Achieved

The range of personal development employability courses should be increased. (6.28)

Achieved

The collection of achievement data by the prison should be improved, to ensure that course performance can be monitored regularly. (6.29)

Achieved

Tutors should develop individual learning plans, to set clear targets to measure learning, and involve prisoners more in the process. (6.30)

Partially achieved

The new outside facilities should be fully utilised as soon as possible. (6.42)

Achieved

Resettlement

Prisoners are prepared for their release back into the community and effectively helped to reduce the likelihood of reoffending.

At the last inspection, in 2010, Resettlement governance arrangements were good. Initiatives available on house block 7 were not integrated into sentence planning procedures. Offender management arrangements were reasonable but there were only limited opportunities for those on remand and serving short-term sentences to have their needs assessed and met. Accommodation services were in disarray but most other pathway provision was good or developing positively. Community-based integrated offender management staff were building meaningful partnerships. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

Formal discharge arrangements for all prisoners should be introduced to ensure discharge needs are met. (HP55)

Not achieved

Recommendations

Data relating to resettlement provision should be analysed and monitored at the reducing reoffending meeting, to monitor current outcomes and inform future provision. (9.7)

Not achieved (recommendation repeated, 4.9)

The prisoner administrators on house block 7 should be able to undertake a qualification related to their work. (9.8)

Achieved

Managers should keep records of all overdue offender assessment system (OASys) assessments and manage any backlog proactively. (9.19)

Partially achieved

OMU management should ensure effective quality assurance of offender management supervision. (9.20)

Partially achieved

Custody planning should be introduced for prisoners serving under 12 months. (9.21)

Not achieved (recommendation repeated, 4.20)

All prisoners who are eligible for home detention curfew (HDC) should be discharged on their eligibility date. (9.22)

Not achieved (recommendation repeated, 4.23)

The number of HDC boards should be increased, so that all boards due in a particular week are undertaken on time. (9.23)

Achieved

The backlog of categorisation reviews should be cleared. (9.26)

Achieved

Mail for prisoners on house block 3 not subject to mail monitoring should be delivered directly to those prisoners without delay. (9.31)

Achieved

Formal consultation arrangements should be developed and implemented for indeterminate-sentenced prisoners. (9.34)

Not achieved (recommendation repeated, 4.37)

A specialist accommodation service which meets the needs of the prison population should be established and the prisoner peer support team and good tenancy courses reinstated. (9.38)

Achieved

The drug strategy should be updated to include the planned alcohol services, and contain detailed action plans and performance measures. (9.59)

Achieved

The CARAT staff team should be brought up to full strength as soon as possible to ensure adequate psychosocial service provision. (9.60)

Achieved

Links with local industry should be further developed. (9.41)

Achieved

The effectiveness of the improved booking system should be reviewed within six months of commencement and further improvements made if necessary. (9.75)

Partially achieved

Visitors should be able to book visits directly in the visitors centre. (9.76)

Not achieved (recommendation repeated as a housekeeping point, 4.63)

A range of parenting and family courses to assist prisoners with parenting skills should continue to be developed and maintained. (9.77)

Achieved

Prisoners should be able to meet their families in private when sanctioned by the chaplain. (9.78)

Achieved

Interventions and motivational work should be provided for prisoners in denial of sexual offending. (9.84)

Not achieved (recommendation repeated, 4.68)

Appendix III: Prison population profile

Please note: the following figures were supplied by the establishment and any errors are the establishment's own.

Status	18–20-year-olds	21 and over	%
Sentenced	1	952	82.2
Recall			
Convicted unsentenced		64	5.5
Remand	21	103	10.7
Civil prisoners		1	0.1
Detainees		17	1.5
Total	22	1137	100

Sentence	18–20-year-olds	21 and over	%
Unsentenced	21	185	17.9
Less than six months	1	72	6.2
six months to less than 12 months		230	19.8
12 months to less than 2 years		195	16.8
2 years to less than 4 years		95	8.2
4 years to less than 10 years		221	19.1
10 years and over (not life)		71	6.1
ISPP (indeterminate sentence for public protection)		51	4.4
Life		17	1.5
Total	22	1137	100

Age	Number of prisoners	%
Please state minimum age here:	18	
Under 21 years	22	1.9
21 years to 29 years	431	37.2
30 years to 39 years	409	35.3
40 years to 49 years	195	16.9
50 years to 59 years	66	5.7
60 years to 69 years	25	2.1
70 plus years	11	0.9
Please state maximum age here:	78	
Total	1159	100

Nationality	18–20-year-olds	21 and over	%
British	22	1090	95.6
Foreign nationals		47	4.4
Total	22	1137	100

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced	21	153	15
Uncategorised sentenced	1	14	1.3
Category A			
Category B		103	8.9
Category C		835	72
Category D		32	2.8
Other			
Total	22	1137	100

Ethnicity	18–20-year-olds	21 and over	%
White			
British	15	1040	91
Irish		1	0.1
Gypsy/Irish Traveller		0	
Other white		9	0.8
Mixed			
White and black Caribbean		6	0.5
White and black African		2	0.2
White and Asian		1	0.1
Other mixed		4	0.3
Asian or Asian British	4	5	0.8
Indian		1	0.1
Pakistani	1	8	0.8
Bangladeshi		0	
Chinese		2	0.2
Other Asian		9	0.8
Black or black British			
Caribbean	2	2	0.3
African		10	0.9
Other black		7	0.6
Other ethnic group			
Arab		0	
Other ethnic group		11	0.9
Not stated		19	1.6
Total	22	1137	100

Religion	18–20-year-olds	21 and over	%
Baptist		0	
Church of England	5	295	25.9
Roman Catholic	5	158	14.1
Other Christian denominations		100	8.6
Muslim	6	30	3.1
Sikh		0	
Hindu		0	
Buddhist		15	1.3
Jewish		1	0.1
Other		22	1.9
No religion	6	516	45
Total	22	1137	100

Other demographics	18–20-year-olds	21 and over	%
Veteran (ex-armed services)			
Total			

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month			225	23.6
1 month to 3 months	1		345	36.2
3 months to six months			124	13
six months to 1 year			109	11.4
1 year to 2 years			101	10.6
2 years to 4 years			32	3.5
4 years or more			16	1.7
Total	1		952	100

Sentenced prisoners only

	18–20-year-olds	21 and over	%
Foreign nationals detained post sentence expiry		26	
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).			
Total			

Unsentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	17		62	38.3
1 month to 3 months	4		83	42.2
3 months to six months			40	19.5
six months to 1 year				
1 year to 2 years				
2 years to 4 years				
4 years or more				
Total	21		185	100

Main offence	18–20-year-olds	21 and over	%
Violence against the person			
Sexual offences			
Burglary			
Robbery			
Theft and handling			
Fraud and forgery			
Drugs offences			
Other offences			
Civil offences			
Offence not recorded /holding warrant			
Total			

Appendix IV: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

A voluntary, confidential and anonymous survey of a representative proportion of the prisoner population was carried out for this inspection. The results of this survey formed part of the evidence base for the inspection.

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment. Respondents were then randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Our questionnaire is available in a number of different languages and via a telephone translation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted and no attempts were made to replace them.

Survey response

At the time of the survey on 19 August 2013 the prisoner population at HMP Holme House was 1146. Using the method described above, questionnaires were distributed to a sample of 229 prisoners.

We received a total of 202 completed questionnaires, a response rate of 88%. This included one questionnaire completed via interview. Ten respondents refused to complete a questionnaire, ten questionnaires were not returned and seven were returned blank.

Wing/unit	Number of completed survey returns
1	32
2	30
3	32
4	27
5	18
6	21
7	38

Health care	2
Segregation unit	2

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Holme House.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant⁸ differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data have been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from HMP Holme House compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in 36 local prisons since April 2008.
- The current survey responses from HMP Holme House in 2013 compared with the responses of prisoners surveyed at HMP Holme House in 2010.
- A comparison within the 2013 survey between the vulnerable prisoner unit (house block 3) and the rest of the establishment (house blocks 1, 2, 4, 5, 6 and 7).
- A comparison within the 2013 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2013 survey between those who are aged 50 and over and those under 50.

⁸ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

Survey summary

Section I: About You

Q1.2	How old are you?		
	<i>Under 21</i>		7 (3%)
	<i>21 - 29</i>		78 (39%)
	<i>30 - 39</i>		63 (31%)
	<i>40 - 49</i>		31 (15%)
	<i>50 - 59</i>		16 (8%)
	<i>60 - 69</i>		5 (2%)
	<i>70 and over</i>		2 (1%)
Q1.3	Are you sentenced?		
	<i>Yes</i>		146 (72%)
	<i>Yes - on recall</i>		20 (10%)
	<i>No - awaiting trial</i>		16 (8%)
	<i>No - awaiting sentence</i>		19 (9%)
	<i>No - awaiting deportation</i>		1 (0%)
Q1.4	How long is your sentence?		
	<i>Not sentenced</i>		36 (18%)
	<i>Less than 6 months</i>		25 (13%)
	<i>6 months to less than 1 year</i>		16 (8%)
	<i>1 year to less than 2 years</i>		27 (14%)
	<i>2 years to less than 4 years</i>		42 (22%)
	<i>4 years to less than 10 years</i>		22 (11%)
	<i>10 years or more</i>		14 (7%)
	<i>IPP (indeterminate sentence for public protection)</i>		12 (6%)
	<i>Life</i>		1 (1%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship)		
	<i>Yes</i>		10 (5%)
	<i>No</i>		192 (95%)
Q1.6	Do you understand spoken English?		
	<i>Yes</i>		200 (100%)
	<i>No</i>		0 (0%)
Q1.7	Do you understand written English?		
	<i>Yes</i>		199 (99%)
	<i>No</i>		2 (1%)
Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	185 (92%)	<i>Asian or Asian British - Chinese</i> 0 (0%)
	<i>White - Irish</i>	2 (1%)	<i>Asian or Asian British - other</i> 0 (0%)
	<i>White - other</i>	6 (3%)	<i>Mixed race - white and black Caribbean</i> 2 (1%)
	<i>Black or black British - Caribbean</i>	1 (0%)	<i>Mixed race - white and black African</i> 0 (0%)
	<i>Black or black British - African</i>	1 (0%)	<i>Mixed race - white and Asian</i> 1 (0%)
	<i>Black or black British - other</i>	0 (0%)	<i>Mixed race - other</i> 0 (0%)
	<i>Asian or Asian British - Indian</i>	0 (0%)	<i>Arab</i> 0 (0%)

<i>Asian or Asian British - Pakistani</i>	2 (1%)	<i>Other ethnic group</i>	2 (1%)
<i>Asian or Asian British - Bangladeshi</i>	0 (0%)		

Q1.9 Do you consider yourself to be Gypsy/ Romany/ Traveller?

Yes	5 (3%)
No	191 (97%)

Q1.10 What is your religion?

<i>None</i>	82 (41%)	<i>Hindu</i>	0 (0%)
<i>Church of England</i>	64 (32%)	<i>Jewish</i>	0 (0%)
<i>Catholic</i>	36 (18%)	<i>Muslim</i>	7 (4%)
<i>Protestant</i>	5 (3%)	<i>Sikh</i>	0 (0%)
<i>Other Christian denomination</i>	0 (0%)	<i>Other</i>	4 (2%)
<i>Buddhist</i>	0 (0%)		

Q1.11 How would you describe your sexual orientation?

<i>Heterosexual/ Straight</i>	193 (97%)
<i>Homosexual/Gay</i>	4 (2%)
<i>Bisexual</i>	3 (2%)

Q1.12 Do you consider yourself to have a disability? (i.e. do you need help with any long term physical, mental or learning needs.)

Yes	44 (22%)
No	157 (78%)

Q1.13 Are you a veteran (ex- armed services)?

Yes	13 (7%)
No	187 (94%)

Q1.14 Is this your first time in prison?

Yes	54 (27%)
No	148 (73%)

Q1.15 Do you have children under the age of 18?

Yes	110 (54%)
No	92 (46%)

Section 2: Courts, transfers and escorts**Q2.1 On your most recent journey here, how long did you spend in the van?**

<i>Less than 2 hours</i>	164 (81%)
<i>2 hours or longer</i>	26 (13%)
<i>Don't remember</i>	12 (6%)

Q2.2 On your most recent journey here, were you offered anything to eat or drink?

<i>My journey was less than two hours</i>	164 (82%)
Yes	18 (9%)
No	14 (7%)
<i>Don't remember</i>	4 (2%)

Q2.3 On your most recent journey here, were you offered a toilet break?

<i>My journey was less than two hours</i>	164 (82%)
Yes	2 (1%)
No	31 (16%)
<i>Don't remember</i>	3 (2%)

Q2.4	On your most recent journey here, was the van clean?		
	Yes		130 (65%)
	No		62 (31%)
	Don't remember		9 (4%)
Q2.5	On your most recent journey here, did you feel safe?		
	Yes		169 (85%)
	No		24 (12%)
	Don't remember		7 (4%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?		
	Very well		60 (30%)
	Well		90 (45%)
	Neither		38 (19%)
	Badly		6 (3%)
	Very badly		2 (1%)
	Don't remember		4 (2%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)		
	Yes, someone told me		132 (66%)
	Yes, I received written information		7 (4%)
	No, I was not told anything		55 (28%)
	Don't remember		8 (4%)
Q2.8	When you first arrived here did your property arrive at the same time as you?		
	Yes		171 (86%)
	No		20 (10%)
	Don't remember		7 (4%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?			
	Less than 2 hours		76 (38%)	
	2 hours or longer		117 (59%)	
	Don't remember		7 (4%)	
Q3.2	When you were searched, was this carried out in a respectful way?			
	Yes		165 (83%)	
	No		28 (14%)	
	Don't remember		5 (3%)	
Q3.3	Overall, how were you treated in reception?			
	Very well		43 (22%)	
	Well		88 (45%)	
	Neither		36 (18%)	
	Badly		15 (8%)	
	Very badly		11 (6%)	
	Don't remember		4 (2%)	
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)			
	Loss of property	17 (9%)	Physical health	36 (18%)
	Housing problems	28 (14%)	Mental health	39 (20%)
	Contacting employers	4 (2%)	Needing protection from other prisoners	13 (7%)

<i>Contacting family</i>	53 (27%)	<i>Getting phone numbers</i>	43 (22%)
<i>Childcare</i>	5 (3%)	<i>Other</i>	11 (6%)
<i>Money worries</i>	24 (12%)	Did not have any problems	68 (35%)
<i>Feeling depressed or suicidal</i>	38 (19%)		

Q3.5 Did you receive any help/support from staff in dealing with these problems when you first arrived here?

Yes	45 (23%)
No	83 (42%)
Did not have any problems	68 (35%)

Q3.6 When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)

<i>Tobacco</i>	164 (82%)
<i>A shower</i>	44 (22%)
<i>A free telephone call</i>	118 (59%)
<i>Something to eat</i>	137 (69%)
<i>PIN phone credit</i>	101 (51%)
<i>Toiletries/ basic items</i>	88 (44%)
<i>Did not receive anything</i>	10 (5%)

Q3.7 When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)

<i>Chaplain</i>	96 (49%)
<i>Someone from health services</i>	149 (76%)
<i>A Listener/Samaritans</i>	60 (31%)
<i>Prison shop/ canteen</i>	35 (18%)
<i>Did not have access to any of these</i>	25 (13%)

Q3.8 When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)

<i>What was going to happen to you</i>	103 (53%)
<i>What support was available for people feeling depressed or suicidal</i>	86 (45%)
<i>How to make routine requests (applications)</i>	82 (42%)
<i>Your entitlement to visits</i>	85 (44%)
<i>Health services</i>	96 (50%)
<i>Chaplaincy</i>	82 (42%)
<i>Not offered any information</i>	52 (27%)

Q3.9 Did you feel safe on your first night here?

Yes	155 (78%)
No	36 (18%)
Don't remember	8 (4%)

Q3.10 How soon after you arrived here did you go on an induction course?

<i>Have not been on an induction course</i>	27 (14%)
<i>Within the first week</i>	120 (60%)
<i>More than a week</i>	47 (24%)
<i>Don't remember</i>	6 (3%)

Q3.11 Did the induction course cover everything you needed to know about the prison?

<i>Have not been on an induction course</i>	27 (14%)
Yes	104 (53%)
No	54 (28%)
Don't remember	10 (5%)

Q3.12 How soon after you arrived here did you receive an education ('skills for life') assessment?

<i>Did not receive an assessment</i>	35 (18%)
<i>Within the first week</i>	85 (43%)
<i>More than a week</i>	65 (33%)
<i>Don't remember</i>	11 (6%)

Section 4: Legal rights and respectful custody**Q4.1 How easy is it to.....**

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
<i>Communicate with your solicitor or legal representative?</i>	31 (17%)	60 (33%)	24 (13%)	35 (19%)	18 (10%)	16 (9%)
<i>Attend legal visits?</i>	43 (24%)	80 (44%)	22 (12%)	12 (7%)	3 (2%)	20 (11%)
<i>Get bail information?</i>	20 (12%)	33 (20%)	24 (14%)	25 (15%)	22 (13%)	43 (26%)

Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?

<i>Not had any letters</i>	29 (15%)
<i>Yes</i>	69 (36%)
<i>No</i>	94 (49%)

Q4.3 Can you get legal books in the library?

<i>Yes</i>	89 (47%)
<i>No</i>	11 (6%)
<i>Don't know</i>	90 (47%)

Q4.4 Please answer the following questions about the wing/unit you are currently living on:

	Yes	No	Don't know
<i>Do you normally have enough clean, suitable clothes for the week?</i>	76 (40%)	112 (59%)	2 (1%)
<i>Are you normally able to have a shower every day?</i>	73 (38%)	119 (62%)	1 (1%)
<i>Do you normally receive clean sheets every week?</i>	135 (71%)	51 (27%)	3 (2%)
<i>Do you normally get cell cleaning materials every week?</i>	53 (28%)	133 (70%)	3 (2%)
<i>Is your cell call bell normally answered within five minutes?</i>	45 (24%)	128 (68%)	16 (8%)
<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	138 (73%)	48 (26%)	2 (1%)
<i>If you need to, can you normally get your stored property?</i>	59 (31%)	90 (48%)	39 (21%)

Q4.5 What is the food like here?

<i>Very good</i>	0 (0%)
<i>Good</i>	16 (8%)
<i>Neither</i>	31 (16%)
<i>Bad</i>	62 (31%)
<i>Very bad</i>	88 (45%)

Q4.6 Does the shop/canteen sell a wide enough range of goods to meet your needs?

<i>Have not bought anything yet/ don't know</i>	6 (3%)
<i>Yes</i>	105 (54%)
<i>No</i>	84 (43%)

Q4.7 Can you speak to a Listener at any time, if you want to?

<i>Yes</i>	119 (62%)
<i>No</i>	10 (5%)
<i>Don't know</i>	64 (33%)

Q4.8	Are your religious beliefs respected?	
	Yes	92 (47%)
	No	17 (9%)
	Don't know/ N/A	86 (44%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?	
	Yes	100 (51%)
	No	9 (5%)
	Don't know/ N/A	87 (44%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	58 (30%)
	Very easy	42 (21%)
	Easy	34 (17%)
	Neither	6 (3%)
	Difficult	2 (1%)
	Very difficult	4 (2%)
	Don't know	50 (26%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?	
	Yes	162 (85%)
	No	22 (12%)
	Don't know	7 (4%)
Q5.2	Please answer the following questions about applications (<i>If you have not made an application please tick the 'not made one' option.</i>)	
		Not made one Yes No
	Are applications dealt with fairly?	17 (9%) 104 (57%) 61 (34%)
	Are applications dealt with quickly (within seven days)?	17 (10%) 66 (39%) 87 (51%)
Q5.3	Is it easy to make a complaint?	
	Yes	105 (56%)
	No	37 (20%)
	Don't know	46 (24%)
Q5.4	Please answer the following questions about complaints (<i>If you have not made a complaint please tick the 'not made one' option.</i>)	
		Not made one Yes No
	Are complaints dealt with fairly?	84 (45%) 40 (22%) 61 (33%)
	Are complaints dealt with quickly (within seven days)?	84 (47%) 37 (21%) 59 (33%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?	
	Yes	30 (16%)
	No	158 (84%)
Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?	
	<i>Don't know who they are</i>	77 (40%)
	Very easy	21 (11%)
	Easy	37 (19%)
	Neither	24 (12%)
	Difficult	24 (12%)
	Very difficult	11 (6%)

Section 6: Incentive and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)	
	<i>Don't know what the IEP scheme is</i>	22 (11%)
	Yes	101 (53%)
	No	44 (23%)
	<i>Don't know</i>	25 (13%)
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels)	
	<i>Don't know what the IEP scheme is</i>	22 (12%)
	Yes	76 (40%)
	No	67 (35%)
	<i>Don't know</i>	26 (14%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	Yes	13 (7%)
	No	183 (93%)
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?	
	<i>I have not been to segregation in the last 6 months</i>	157 (82%)
	Very well	7 (4%)
	Well	8 (4%)
	Neither	7 (4%)
	Badly	3 (2%)
	Very badly	9 (5%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	Yes	159 (82%)
	No	35 (18%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	146 (76%)
	No	47 (24%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	51 (27%)
	No	141 (73%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	12 (6%)
	Never	55 (28%)
	Rarely	35 (18%)
	Some of the time	50 (26%)
	Most of the time	26 (13%)
	All of the time	17 (9%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	124 (64%)
	<i>In the first week</i>	32 (17%)
	<i>More than a week</i>	24 (12%)

Don't remember 13 (7%)

Q7.6 How helpful is your personal (named) officer?

Do not have a personal officer/ I have not met him/ her 124 (66%)
Very helpful 31 (16%)
Helpful 19 (10%)
Neither 10 (5%)
Not very helpful 4 (2%)
Not at all helpful 1 (1%)

Section 8: Safety**Q8.1 Have you ever felt unsafe here?**

Yes 76 (39%)
No 119 (61%)

Q8.2 Do you feel unsafe now?

Yes 27 (14%)
No 162 (86%)

Q8.3 In which areas have you felt unsafe? (Please tick all that apply to you.)

<i>Never felt unsafe</i>	119 (64%)	<i>At meal times</i>	13 (7%)
<i>Everywhere</i>	16 (9%)	<i>At health services</i>	11 (6%)
<i>Segregation unit</i>	3 (2%)	<i>Visits area</i>	17 (9%)
<i>Association areas</i>	25 (14%)	<i>In wing showers</i>	21 (11%)
<i>Reception area</i>	12 (6%)	<i>In gym showers</i>	2 (1%)
<i>At the gym</i>	13 (7%)	<i>In corridors/stairwells</i>	15 (8%)
<i>In an exercise yard</i>	24 (13%)	<i>On your landing/wing</i>	18 (10%)
<i>At work</i>	16 (9%)	<i>In your cell</i>	12 (6%)
<i>During movement</i>	24 (13%)	<i>At religious services</i>	2 (1%)
<i>At education</i>	6 (3%)		

Q8.4 Have you been victimised by other prisoners here?

Yes 47 (24%)
No 147 (76%)

Q8.5 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)

Insulting remarks (about you or your family or friends) 24 (12%)
Physical abuse (being hit, kicked or assaulted) 14 (7%)
Sexual abuse 2 (1%)
Feeling threatened or intimidated 25 (13%)
Having your canteen/property taken 9 (5%)
Medication 7 (4%)
Debt 6 (3%)
Drugs 7 (4%)
Your race or ethnic origin 2 (1%)
Your religion/religious beliefs 1 (1%)
Your nationality 2 (1%)
You are from a different part of the country than others 7 (4%)
You are from a traveller community 1 (1%)
Your sexual orientation 0 (0%)
Your age 6 (3%)
You have a disability 2 (1%)
You were new here 8 (4%)
Your offence/ crime 15 (8%)
Gang related issues 5 (3%)

Q8.6	Have you been victimised by staff here?	
	Yes	45 (23%)
	No	150 (77%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	16 (8%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	4 (2%)
	<i>Sexual abuse</i>	3 (2%)
	<i>Feeling threatened or intimidated</i>	16 (8%)
	<i>Medication</i>	7 (4%)
	<i>Debt</i>	4 (2%)
	<i>Drugs</i>	4 (2%)
	<i>Your race or ethnic origin</i>	1 (1%)
	<i>Your religion/religious beliefs</i>	1 (1%)
	<i>Your nationality</i>	1 (1%)
	<i>You are from a different part of the country than others</i>	2 (1%)
	<i>You are from a traveller community</i>	1 (1%)
	<i>Your sexual orientation</i>	0 (0%)
	<i>Your age</i>	5 (3%)
	<i>You have a disability</i>	4 (2%)
	<i>You were new here</i>	7 (4%)
	<i>Your offence/ crime</i>	6 (3%)
	<i>Gang related issues</i>	3 (2%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	<i>Not been victimised</i>	104 (62%)
	Yes	17 (10%)
	No	46 (28%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?:						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	28 (15%)	11 (6%)	33 (17%)	22 (11%)	66 (34%)	33 (17%)
	The nurse	21 (11%)	32 (17%)	65 (35%)	21 (11%)	38 (20%)	11 (6%)
	The dentist	40 (21%)	6 (3%)	7 (4%)	8 (4%)	62 (33%)	65 (35%)
Q9.2	What do you think of the quality of the health service from the following people?:						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	44 (23%)	18 (9%)	49 (26%)	21 (11%)	32 (17%)	28 (15%)
	The nurse	28 (15%)	38 (20%)	62 (33%)	28 (15%)	16 (9%)	15 (8%)
	The dentist	79 (43%)	11 (6%)	24 (13%)	23 (13%)	20 (11%)	26 (14%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>					21 (11%)	
	<i>Very good</i>					17 (9%)	
	<i>Good</i>					46 (25%)	
	<i>Neither</i>					39 (21%)	
	<i>Bad</i>					35 (19%)	
	<i>Very bad</i>					29 (16%)	
Q9.4	Are you currently taking medication?						
	Yes					114 (58%)	
	No					81 (42%)	

Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?	
	<i>Not taking medication</i>	81 (41%)
	<i>Yes, all my meds</i>	53 (27%)
	<i>Yes, some of my meds</i>	18 (9%)
	<i>No</i>	44 (22%)
Q9.6	Do you have any emotional or mental health problems?	
	<i>Yes</i>	70 (36%)
	<i>No</i>	126 (64%)
Q9.7	Are you being helped/ supported by anyone in this prison? (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff.)	
	<i>Do not have any emotional or mental health problems</i>	126 (65%)
	<i>Yes</i>	32 (17%)
	<i>No</i>	35 (18%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	<i>Yes</i>	75 (38%)
	<i>No</i>	120 (62%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	<i>Yes</i>	49 (25%)
	<i>No</i>	147 (75%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	<i>Very easy</i>	52 (27%)
	<i>Easy</i>	37 (19%)
	<i>Neither</i>	8 (4%)
	<i>Difficult</i>	11 (6%)
	<i>Very difficult</i>	4 (2%)
	<i>Don't know</i>	82 (42%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	<i>Very easy</i>	16 (8%)
	<i>Easy</i>	30 (15%)
	<i>Neither</i>	14 (7%)
	<i>Difficult</i>	21 (11%)
	<i>Very difficult</i>	18 (9%)
	<i>Don't know</i>	96 (49%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	<i>Yes</i>	16 (8%)
	<i>No</i>	178 (92%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	<i>Yes</i>	22 (12%)
	<i>No</i>	167 (88%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not / do not have a drug problem</i>	101 (56%)
	<i>Yes</i>	46 (26%)
	<i>No</i>	33 (18%)

Q10.8	Have you received any support or help (for example substance misuse teams for your alcohol problem, whilst in this prison?)	
	<i>Did not / do not have an alcohol problem</i>	147 (77%)
	Yes	25 (13%)
	No	20 (10%)
Q10.9	Was the support or help you received, whilst in this prison, helpful?	
	<i>Did not have a problem/ did not receive help</i>	99 (56%)
	Yes	53 (30%)
	No	26 (15%)

Section II: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	22 (12%)	20 (11%)	62 (33%)	23 (12%)	39 (21%)	24 (13%)
	Vocational or skills training	37 (20%)	21 (11%)	62 (34%)	24 (13%)	20 (11%)	21 (11%)
	Education (including basic skills)	29 (16%)	29 (16%)	80 (43%)	18 (10%)	13 (7%)	17 (9%)
	Offending behaviour programmes	73 (39%)	11 (6%)	33 (18%)	21 (11%)	27 (15%)	21 (11%)
Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)						
	<i>Not involved in any of these</i>					61 (33%)	
	Prison job					80 (43%)	
	Vocational or skills training					18 (10%)	
	Education (including basic skills)					42 (22%)	
	Offending behaviour programmes					18 (10%)	
Q11.3	If you have been involved in any of the following, while in this prison, do you think they will help you on release?						
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>		
	Prison job	46 (27%)	43 (25%)	54 (32%)	28 (16%)		
	Vocational or skills training	50 (34%)	33 (22%)	43 (29%)	21 (14%)		
	Education (including basic skills)	41 (26%)	47 (30%)	43 (27%)	26 (17%)		
	Offending behaviour programmes	60 (40%)	27 (18%)	39 (26%)	25 (17%)		
Q11.4	How often do you usually go to the library?						
	<i>Don't want to go</i>					28 (14%)	
	<i>Never</i>					42 (22%)	
	<i>Less than once a week</i>					58 (30%)	
	<i>About once a week</i>					56 (29%)	
	<i>More than once a week</i>					10 (5%)	
Q11.5	Does the library have a wide enough range of materials to meet your needs?						
	<i>Don't use it</i>					60 (31%)	
	Yes					95 (49%)	
	No					39 (20%)	
Q11.6	How many times do you usually go to the gym each week?						
	<i>Don't want to go</i>					42 (22%)	
	<i>0</i>					51 (27%)	
	<i>1 to 2</i>					34 (18%)	
	<i>3 to 5</i>					40 (21%)	

	<i>More than 5</i>	24 (13%)
Q11.7	How many times do you usually go outside for exercise each week?	
	<i>Don't want to go</i>	23 (12%)
	<i>0</i>	22 (11%)
	<i>1 to 2</i>	59 (31%)
	<i>3 to 5</i>	41 (21%)
	<i>More than 5</i>	47 (24%)
Q11.8	How many times do you usually have association each week?	
	<i>Don't want to go</i>	6 (3%)
	<i>0</i>	4 (2%)
	<i>1 to 2</i>	38 (20%)
	<i>3 to 5</i>	139 (72%)
	<i>More than 5</i>	6 (3%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)	
	<i>Less than 2 hours</i>	42 (22%)
	<i>2 to less than 4 hours</i>	33 (17%)
	<i>4 to less than 6 hours</i>	35 (18%)
	<i>6 to less than 8 hours</i>	34 (18%)
	<i>8 to less than 10 hours</i>	22 (12%)
	<i>10 hours or more</i>	13 (7%)
	<i>Don't know</i>	12 (6%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	<i>Yes</i>	70 (36%)
	<i>No</i>	124 (64%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	<i>Yes</i>	85 (44%)
	<i>No</i>	108 (56%)
Q12.3	Have you had any problems getting access to the telephones?	
	<i>Yes</i>	74 (38%)
	<i>No</i>	119 (62%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	39 (20%)
	<i>Very easy</i>	32 (16%)
	<i>Easy</i>	48 (25%)
	<i>Neither</i>	16 (8%)
	<i>Difficult</i>	20 (10%)
	<i>Very difficult</i>	34 (18%)
	<i>Don't know</i>	5 (3%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	36 (18%)
	<i>Yes</i>	127 (65%)
	<i>No</i>	32 (16%)

Q13.2	What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)	
	<i>Not sentenced/ NA</i>	68 (35%)
	<i>No contact</i>	53 (27%)
	<i>Letter</i>	41 (21%)
	<i>Phone</i>	13 (7%)
	<i>Visit</i>	55 (28%)
Q13.3	Do you have a named offender supervisor in this prison?	
	<i>Yes</i>	87 (47%)
	<i>No</i>	99 (53%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	36 (18%)
	<i>Yes</i>	74 (38%)
	<i>No</i>	85 (44%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	121 (62%)
	<i>Very involved</i>	10 (5%)
	<i>Involved</i>	26 (13%)
	<i>Neither</i>	10 (5%)
	<i>Not very involved</i>	19 (10%)
	<i>Not at all involved</i>	10 (5%)
Q13.6	Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)	
	<i>Do not have a sentence plan/ not sentenced</i>	121 (64%)
	<i>Nobody</i>	31 (16%)
	<i>Offender supervisor</i>	24 (13%)
	<i>Offender manager</i>	22 (12%)
	<i>Named/ personal officer</i>	8 (4%)
	<i>Staff from other departments</i>	12 (6%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	121 (63%)
	<i>Yes</i>	43 (22%)
	<i>No</i>	10 (5%)
	<i>Don't know</i>	19 (10%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	121 (62%)
	<i>Yes</i>	13 (7%)
	<i>No</i>	38 (20%)
	<i>Don't know</i>	22 (11%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	<i>Do not have a sentence plan/ not sentenced</i>	121 (62%)
	<i>Yes</i>	21 (11%)
	<i>No</i>	22 (11%)
	<i>Don't know</i>	30 (15%)
Q13.10	Do you have a needs based custody plan?	
	<i>Yes</i>	6 (3%)
	<i>No</i>	91 (48%)
	<i>Don't know</i>	92 (49%)

Q13.11 Do you feel that any member of staff has helped you to prepare for your release?

Yes	21 (11%)
No	163 (89%)

**Q13.12 Do you know of anyone in this prison who can help you with the following on release?:
(please tick all that apply to you.)**

	<i>Do not need help</i>	Yes	No
Employment	36 (20%)	45 (25%)	96 (54%)
Accommodation	42 (24%)	49 (28%)	84 (48%)
Benefits	36 (20%)	55 (31%)	88 (49%)
Finances	38 (23%)	29 (17%)	100 (60%)
Education	41 (25%)	32 (19%)	92 (56%)
Drugs and alcohol	42 (24%)	60 (35%)	70 (41%)

Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?

<i>Not sentenced</i>	36 (19%)
Yes	66 (35%)
No	85 (45%)

Main comparator and comparator to last time



Prisoner survey responses HMP Holme House 2013

Prisoner survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		202	5866	202	203
SECTION 1: General information					
1.2	Are you under 21 years of age?	4%	6%	4%	1%
1.3	Are you sentenced?	82%	67%	82%	85%
1.3	Are you on recall?	10%	9%	10%	11%
1.4	Is your sentence less than 12 months?	21%	21%	21%	17%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	6%	3%	6%	1%
1.5	Are you a foreign national?	5%	13%	5%	4%
1.6	Do you understand spoken English?	100%	98%	100%	
1.7	Do you understand written English?	99%	96%	99%	
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	5%	25%	5%	6%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	5%	3%	5%
1.1	Are you Muslim?	4%	12%	4%	5%
1.11	Are you homosexual/gay or bisexual?	4%	3%	4%	1%
1.12	Do you consider yourself to have a disability?	22%	21%	22%	15%
1.13	Are you a veteran (ex-armed services)?	7%	6%	6%	
1.14	Is this your first time in prison?	27%	30%	27%	19%
1.15	Do you have any children under the age of 18?	55%	54%	55%	57%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	13%	19%	13%	16%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	50%	40%	50%	
2.3	Were you offered a toilet break?	5%	11%	5%	
2.4	Was the van clean?	65%	64%	65%	
2.5	Did you feel safe?	85%	77%	85%	
2.6	Were you treated well/very well by the escort staff?	75%	67%	75%	75%
2.7	Before you arrived here were you told that you were coming here?	66%	67%	66%	
2.7	Before you arrived here did you receive any written information about coming here?	4%	5%	4%	
2.8	When you first arrived here did your property arrive at the same time as you?	86%	81%	86%	86%
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	38%	50%	38%	

Main comparator and comparator to last time

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3.2	When you were searched in reception, was this carried out in a respectful way?	83%	77%	83%	74%
3.3	Were you treated well/very well in reception?	67%	62%	67%	60%
	When you first arrived:				
3.4	Did you have any problems?	65%	74%	65%	72%
3.4	Did you have any problems with loss of property?	9%	14%	9%	10%
3.4	Did you have any housing problems?	14%	23%	14%	25%
3.4	Did you have any problems contacting employers?	2%	6%	2%	6%
3.4	Did you have any problems contacting family?	27%	31%	27%	29%
3.4	Did you have any problems ensuring dependants were being looked after?	3%	5%	3%	6%
3.4	Did you have any money worries?	12%	23%	12%	18%
3.4	Did you have any problems with feeling depressed or suicidal?	20%	22%	20%	19%
3.4	Did you have any physical health problems?	18%	17%	18%	
3.4	Did you have any mental health problems?	20%	20%	20%	
3.4	Did you have any problems with needing protection from other prisoners?	7%	8%	7%	7%
3.4	Did you have problems accessing phone numbers?	22%	29%	22%	27%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	35%	38%	35%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	82%	87%	82%	97%
3.6	A shower?	22%	33%	22%	34%
3.6	A free telephone call?	59%	58%	59%	73%
3.6	Something to eat?	69%	77%	69%	72%
3.6	PIN phone credit?	51%	59%	51%	
3.6	Toiletries/ basic items?	44%	62%	44%	
SECTION 3: Reception, first night and induction continued					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	49%	49%	49%	
3.7	Someone from health services?	76%	71%	76%	
3.7	A Listener/Samaritans?	31%	37%	31%	
3.7	Prison shop/ canteen?	18%	17%	18%	8%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	53%	49%	53%	51%
3.8	Support was available for people feeling depressed or suicidal?	45%	47%	45%	52%
3.8	How to make routine requests?	43%	42%	43%	43%
3.8	Your entitlement to visits?	44%	46%	44%	51%
3.8	Health services?	50%	52%	50%	50%
3.8	The chaplaincy?	43%	47%	43%	41%
3.9	Did you feel safe on your first night here?	78%	74%	78%	81%
3.10	Have you been on an induction course?	87%	80%	87%	81%

Main comparator and comparator to last time

Key to tables

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For those who have been on an induction course:					
3.11	Did the course cover everything you needed to know about the prison?	62%	59%	62%	60%
3.12	Did you receive an education (skills for life) assessment?	82%	72%	82%	
SECTION 4: Legal rights and respectful custody					
In terms of your legal rights, is it easy/very easy to:					
4.1	Communicate with your solicitor or legal representative?	50%	41%	50%	50%
4.1	Attend legal visits?	68%	57%	68%	64%
4.1	Get bail information?	32%	22%	32%	27%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	36%	39%	36%	46%
4.3	Can you get legal books in the library?	47%	38%	47%	
For the wing/unit you are currently on:					
4.4	Are you normally offered enough clean, suitable clothes for the week?	40%	55%	40%	42%
4.4	Are you normally able to have a shower every day?	38%	80%	38%	93%
4.4	Do you normally receive clean sheets every week?	71%	80%	71%	78%
4.4	Do you normally get cell cleaning materials every week?	28%	62%	28%	34%
4.4	Is your cell call bell normally answered within five minutes?	24%	37%	24%	23%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	73%	63%	73%	65%
4.4	Can you normally get your stored property, if you need to?	31%	26%	31%	29%
4.5	Is the food in this prison good/very good?	8%	24%	8%	17%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	54%	46%	54%	52%
4.7	Are you able to speak to a Listener at any time, if you want to?	62%	58%	62%	60%
4.8	Are your religious beliefs are respected?	47%	54%	47%	48%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	51%	55%	51%	51%
4.10	Is it easy/very easy to attend religious services?	39%	48%	39%	
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	85%	79%	85%	
For those who have made an application:					
5.2	Do you feel applications are dealt with fairly?	63%	58%	63%	59%
5.2	Do you feel applications are dealt with quickly (within seven days)?	43%	47%	43%	53%
5.3	Is it easy to make a complaint?	56%	53%	56%	
For those who have made a complaint:					
5.4	Do you feel complaints are dealt with fairly?	40%	33%	40%	29%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	39%	36%	39%	32%
5.5	Have you ever been prevented from making a complaint when you wanted to?	16%	17%	16%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	30%	21%	30%	19%

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SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	53%	47%	53%	54%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	40%	45%	40%	43%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	7%	7%	7%	11%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	44%	38%	44%	
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	82%	74%	82%	63%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	76%	74%	76%	64%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	27%	32%	27%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	22%	19%	22%	16%
7.5	Do you have a personal officer?	36%	46%	36%	36%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	77%	65%	77%	59%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	39%	39%	39%	37%
8.2	Do you feel unsafe now?	14%	16%	14%	10%
8.4	Have you been victimised by other prisoners here?	24%	23%	24%	23%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	12%	10%	12%	12%
8.5	Hit, kicked or assaulted you?	7%	7%	7%	8%
8.5	Sexually abused you?	1%	1%	1%	1%
8.5	Threatened or intimidated you?	13%	13%	13%	
8.5	Taken your canteen/property?	5%	5%	5%	5%
8.5	Victimised you because of medication?	4%	5%	4%	
8.5	Victimised you because of debt?	3%	3%	3%	
8.5	Victimised you because of drugs?	4%	4%	4%	7%
8.5	Victimised you because of your race or ethnic origin?	1%	3%	1%	2%
8.5	Victimised you because of your religion/religious beliefs?	1%	2%	1%	1%
8.5	Victimised you because of your nationality?	1%	3%	1%	
8.5	Victimised you because you were from a different part of the country?	4%	4%	4%	6%
8.5	Victimised you because you are from a Traveller community?	1%	1%	1%	
8.5	Victimised you because of your sexual orientation?	0%	1%	0%	1%
8.5	Victimised you because of your age?	3%	2%	3%	2%
8.5	Victimised you because you have a disability?	1%	3%	1%	2%
8.5	Victimised you because you were new here?	4%	5%	4%	6%
8.5	Victimised you because of your offence/crime?	8%	5%	8%	4%
8.5	Victimised you because of gang related issues?	3%	4%	3%	4%

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	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	23%	26%	23%	27%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	8%	11%	8%	17%
8.7	Hit, kicked or assaulted you?	2%	5%	2%	7%
8.7	Sexually abused you?	2%	1%	2%	0%
8.7	Threatened or intimidated you?	8%	11%	8%	
8.7	Victimised you because of medication?	4%	5%	4%	
8.7	Victimised you because of debt?	2%	2%	2%	
8.7	Victimised you because of drugs?	2%	4%	2%	6%
8.7	Victimised you because of your race or ethnic origin?	1%	4%	1%	3%
8.7	Victimised you because of your religion/religious beliefs?	1%	3%	1%	1%
8.7	Victimised you because of your nationality?	1%	3%	1%	
8.7	Victimised you because you were from a different part of the country?	1%	3%	1%	4%
8.7	Victimised you because you are from a Traveller community?	1%	2%	1%	
8.7	Victimised you because of your sexual orientation?	0%	1%	0%	1%
8.7	Victimised you because of your age?	3%	2%	3%	3%
8.7	Victimised you because you have a disability?	2%	2%	2%	3%
8.7	Victimised you because you were new here?	4%	5%	4%	9%
8.7	Victimised you because of your offence/crime?	3%	5%	3%	4%
8.7	Victimised you because of gang related issues?	2%	2%	2%	1%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	27%	33%	27%	34%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	23%	26%	23%	30%
9.1	Is it easy/very easy to see the nurse?	52%	51%	52%	55%
9.1	Is it easy/very easy to see the dentist?	7%	10%	7%	18%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	45%	45%	45%	35%
9.2	The nurse?	63%	57%	63%	51%
9.2	The dentist?	34%	32%	34%	34%
9.3	The overall quality of health services?	38%	39%	38%	38%
9.4	Are you currently taking medication?	59%	50%	59%	53%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	62%	61%	62%	
9.6	Do you have any emotional well being or mental health problems?	36%	35%	36%	34%

Main comparator and comparator to last time

Key to tables

		HMP Holme House 2013	Local prisons comparator	HMP Holme House 2013	HMP Holme House 2010
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	48%	40%	48%	
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	39%	35%	39%	53%
10.2	Did you have a problem with alcohol when you came into this prison?	25%	27%	25%	35%
10.3	Is it easy/very easy to get illegal drugs in this prison?	46%	28%	46%	44%
10.4	Is it easy/very easy to get alcohol in this prison?	24%	13%	24%	
10.5	Have you developed a problem with drugs since you have been in this prison?	8%	7%	8%	17%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	12%	8%	12%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	58%	64%	58%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	56%	60%	56%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	67%	79%	67%	75%
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	43%	32%	43%	
11.1	Vocational or skills training?	45%	29%	45%	
11.1	Education (including basic skills)?	59%	42%	59%	
11.1	Offending behaviour programmes?	24%	18%	24%	
	Are you currently involved in any of the following activities:				
11.2	A prison job?	43%	44%	43%	45%
11.2	Vocational or skills training?	10%	9%	10%	5%
11.2	Education (including basic skills)?	23%	27%	23%	21%
11.2	Offending behaviour programmes?	10%	7%	10%	8%
11.3	Have you had a job while in this prison?	73%	69%	73%	80%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	34%	42%	34%	42%
11.3	Have you been involved in vocational or skills training while in this prison?	66%	55%	66%	59%
	For those who have had vocational or skills training while in this prison:				
11.3	Do you feel the vocational or skills training will help you on release?	34%	50%	34%	46%
11.3	Have you been involved in education while in this prison?	74%	66%	74%	72%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	41%	56%	41%	57%
11.3	Have you been involved in offending behaviour programmes while in this prison?	60%	52%	60%	63%
	For those who have been involved in offending behaviour programmes while in this prison:				
11.3	Do you feel the offending behaviour programme(s) will help you on release?	30%	46%	30%	46%
11.4	Do you go to the library at least once a week?	34%	34%	34%	23%
11.5	Does the library have a wide enough range of materials to meet your needs?	49%	35%	49%	
11.6	Do you go to the gym three or more times a week?	34%	31%	34%	42%
11.7	Do you go outside for exercise three or more times a week?	46%	38%	46%	50%

Main comparator and comparator to last time

Key to tables

		HMP Holme House 2013	Local prisons comparator	HMP Holme House 2013	HMP Holme House 2010
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
11.8	Do you go on association more than five times each week?	3%	46%	3%	72%
11.9	Do you spend ten or more hours out of your cell on a weekday?	7%	10%	7%	12%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	36%	35%	36%	31%
12.2	Have you had any problems with sending or receiving mail?	44%	46%	44%	46%
12.3	Have you had any problems getting access to the telephones?	38%	33%	38%	30%
12.4	Is it easy/ very easy for your friends and family to get here?	41%	36%	41%	
SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	80%	59%	80%	
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	41%	43%	41%	
13.2	Contact by letter?	32%	28%	32%	
13.2	Contact by phone?	10%	14%	10%	
13.2	Contact by visit?	43%	34%	43%	
13.3	Do you have a named offender supervisor in this prison?	47%	31%	47%	
For those who are sentenced:					
13.4	Do you have a sentence plan?	47%	38%	47%	54%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	48%	57%	48%	52%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	45%	44%	45%	
13.6	Offender supervisor?	35%	32%	35%	
13.6	Offender manager?	32%	26%	32%	
13.6	Named/ personal officer?	12%	13%	12%	
13.6	Staff from other departments?	17%	20%	17%	
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	60%	60%	60%	71%
13.8	Are there plans for you to achieve any of your targets in another prison?	18%	27%	18%	
13.9	Are there plans for you to achieve any of your targets in the community?	29%	32%	29%	
13.10	Do you have a needs based custody plan?	3%	7%	3%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	11%	15%	11%	15%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	32%	31%	32%	
13.12	Accommodation?	37%	41%	37%	
13.12	Benefits?	39%	44%	39%	
13.12	Finances?	22%	26%	22%	
13.12	Education?	26%	32%	26%	
13.12	Drugs and alcohol?	46%	47%	46%	
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	44%	46%	44%	43%



Diversity Analysis

Key question responses (disability, age over 50) HMP Holme House 2013

Prisoner survey responses (missing data has been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		44	157	23	179
1.3	Are you sentenced?	73%	85%	92%	81%
1.5	Are you a foreign national?	0%	6%	0%	6%
1.6	Do you understand spoken English?	100%	100%	100%	100%
1.7	Do you understand written English?	96%	100%	100%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	2%	5%	0%	5%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	3%	0%	3%
1.1	Are you Muslim?	0%	5%	0%	4%
1.12	Do you consider yourself to have a disability?			31%	21%
1.13	Are you a veteran (ex-armed services)?	9%	6%	5%	7%
1.14	Is this your first time in prison?	21%	29%	57%	23%
2.6	Were you treated well/very well by the escort staff?	66%	78%	92%	73%
2.7	Before you arrived here were you told that you were coming here?	66%	66%	74%	65%
3.2	When you were searched in reception, was this carried out in a respectful way?	82%	84%	95%	82%
3.3	Were you treated well/very well in reception?	63%	68%	82%	64%
3.4	Did you have any problems when you first arrived?	82%	61%	57%	66%
3.7	Did you have access to someone from health care when you first arrived here?	82%	75%	87%	75%
3.9	Did you feel safe on your first night here?	57%	84%	74%	78%
3.10	Have you been on an induction course?	75%	90%	82%	87%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	54%	49%	65%	47%
4.4	Are you normally offered enough clean, suitable clothes for the week?	44%	39%	52%	38%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally able to have a shower every day?	33%	39%	31%	39%
4.4	Is your cell call bell normally answered within five minutes?	19%	25%	27%	23%
4.5	Is the food in this prison good/very good?	9%	8%	13%	8%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	70%	49%	61%	53%
4.7	Are you able to speak to a Listener at any time, if you want to?	68%	60%	70%	61%
4.8	Do you feel your religious beliefs are respected?	53%	45%	82%	43%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	63%	48%	61%	50%
5.1	Is it easy to make an application?	86%	85%	95%	83%
5.3	Is it easy to make a complaint?	50%	57%	64%	55%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	60%	50%	50%	53%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	44%	39%	27%	41%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	7%	7%	0%	8%
7.1	Do most staff, in this prison, treat you with respect?	81%	82%	87%	81%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	75%	77%	79%	75%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	30%	20%	22%	22%
7.4	Do you have a personal officer?	33%	37%	44%	35%
8.1	Have you ever felt unsafe here?	70%	31%	39%	39%
8.2	Do you feel unsafe now?	31%	10%	18%	14%
8.3	Have you been victimised by other prisoners?	45%	19%	23%	24%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	29%	9%	18%	12%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	1%	0%	1%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	1%	0%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	0%	1%	0%	1%
8.5	Have you been victimised because of your age? (By prisoners)	10%	1%	5%	3%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.5	Have you been victimised because you have a disability? (By prisoners)	5%	0%	0%	1%
8.6	Have you been victimised by a member of staff?	38%	19%	9%	25%
8.7	Have you ever felt threatened or intimidated by staff here?	19%	5%	0%	9%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	1%	0%	1%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	1%	0%	1%
8.7	Have you been victimised because of your nationality? (By staff)	0%	1%	0%	1%
8.7	Have you been victimised because of your age? (By staff)	7%	1%	0%	3%
8.7	Have you been victimised because you have a disability? (By staff)	10%	0%	0%	2%
9.1	Is it easy/very easy to see the doctor?	28%	21%	23%	23%
9.1	Is it easy/ very easy to see the nurse?	54%	51%	66%	50%
9.4	Are you currently taking medication?	93%	49%	92%	54%
9.6	Do you feel you have any emotional well being/mental health issues?	75%	25%	39%	35%
10.3	Is it easy/very easy to get illegal drugs in this prison?	56%	43%	31%	48%
11.2	Are you currently working in the prison?	38%	44%	64%	40%
11.2	Are you currently undertaking vocational or skills training?	14%	8%	9%	10%
11.2	Are you currently in education (including basic skills)?	36%	19%	18%	23%
11.2	Are you currently taking part in an offending behaviour programme?	7%	10%	0%	11%
11.4	Do you go to the library at least once a week?	37%	33%	44%	33%
11.6	Do you go to the gym three or more times a week?	10%	41%	9%	37%
11.7	Do you go outside for exercise three or more times a week?	40%	48%	35%	47%
11.8	On average, do you go on association more than five times each week?	7%	2%	5%	3%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	12%	5%	5%	7%
12.2	Have you had any problems sending or receiving mail?	30%	48%	18%	48%
12.3	Have you had any problems getting access to the telephones?	21%	43%	18%	41%



Vulnerable prisoner wing comparison
Prisoner survey responses HMP Holme House
Vulnerable prisoner wing comparator

Prisoner survey responses (missing data have been excluded for each question).

Key to tables

	Any percentage highlighted in green is significantly better	Vulnerable prisoner wing (House block 3)	All other wings (House blocks 1, 2, 4, 5, 6 and 7)
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		32	162
SECTION 1: General information			
1.2	Are you under 21 years of age?	3%	3%
1.3	Are you sentenced?	87%	81%
1.3	Are you on recall?	16%	9%
1.4	Is your sentence less than 12 months?	10%	23%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	13%	5%
1.5	Are you a foreign national?	3%	5%
1.6	Do you understand spoken English?	100%	100%
1.7	Do you understand written English?	97%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	3%	5%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	3%
1.1	Are you Muslim?	6%	3%
1.11	Are you homosexual/gay or bisexual?	13%	2%
1.12	Do you consider yourself to have a disability?	31%	18%
1.13	Are you a veteran (ex-armed services)?	3%	6%
1.14	Is this your first time in prison?	47%	23%
1.15	Do you have any children under the age of 18?	38%	59%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	3%	15%
2.5	Did you feel safe?	87%	85%
2.6	Were you treated well/very well by the escort staff?	85%	73%
2.7	Before you arrived here were you told that you were coming here?	72%	64%
2.8	When you first arrived here did your property arrive at the same time as you?	90%	86%
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	47%	35%
3.2	When you were searched in reception, was this carried out in a respectful way?	81%	83%
3.3	Were you treated well/very well in reception?	72%	65%
When you first arrived:			
3.4	Did you have any problems?	75%	62%
3.4	Did you have any problems with loss of property?	0%	10%
3.4	Did you have any housing problems?	9%	15%
3.4	Did you have any problems contacting employers?	3%	1%
3.4	Did you have any problems contacting family?	41%	25%

Vulnerable prisoner wing comparison

Key to tables

	Any percentage highlighted in green is significantly better	Vulnerable prisoner wing (House block 3)	All other wings (House blocks 1, 2, 4, 5, 6 and 7)
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
3.4	Did you have any problems ensuring dependants were being looked after?	0%	3%
3.4	Did you have any money worries?	6%	12%
3.4	Did you have any problems with feeling depressed or suicidal?	22%	18%
3.4	Did you have any physical health problems?	16%	17%
3.4	Did you have any mental health problems?	25%	17%
3.4	Did you have any problems with needing protection from other prisoners?	28%	3%
3.4	Did you have problems accessing phone numbers?	25%	21%
When you first arrived here, were you offered any of the following:			
3.6	Tobacco?	69%	84%
3.6	A shower?	13%	23%
3.6	A free telephone call?	22%	69%
3.6	Something to eat?	69%	69%
3.6	PIN phone credit?	22%	57%
3.6	Toiletries/ basic items?	38%	44%
SECTION 3: Reception, first night and induction continued			
When you first arrived here did you have access to the following people:			
3.7	The chaplain or a religious leader?	50%	49%
3.7	Someone from health services?	69%	78%
3.7	A Listener/Samaritans?	22%	32%
3.7	Prison shop/ canteen?	9%	19%
When you first arrived here were you offered information about any of the following:			
3.8	What was going to happen to you?	50%	53%
3.8	Support available for people feeling depressed or suicidal?	37%	46%
3.8	How to make routine requests?	37%	44%
3.8	Your entitlement to visits?	34%	46%
3.8	Health services?	50%	50%
3.8	The chaplaincy?	40%	43%
3.9	Did you feel safe on your first night here?	66%	81%
3.10	Have you been on an induction course?	75%	90%
3.12	Did you receive an education (skills for life) assessment?	78%	83%
SECTION 4: Legal rights and respectful custody			
In terms of your legal rights, is it easy/very easy to:			
4.1	Communicate with your solicitor or legal representative?	59%	47%
4.1	Attend legal visits?	87%	64%
4.1	Get bail information?	32%	30%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	31%	38%
4.3	Can you get legal books in the library?	50%	46%
For the wing/unit you are currently on:			
4.4	Are you normally offered enough clean, suitable clothes for the week?	53%	36%
4.4	Are you normally able to have a shower every day?	25%	40%

Vulnerable prisoner wing comparison

Key to tables

	Any percentage highlighted in green is significantly better	Vulnerable prisoner wing (House block 3)	All other wings (House blocks 1, 2, 4, 5, 6 and 7)
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Do you normally receive clean sheets every week?	72%	71%
4.4	Do you normally get cell cleaning materials every week?	19%	29%
4.4	Is your cell call bell normally answered within five minutes?	16%	26%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	72%	74%
4.4	Can you normally get your stored property, if you need to?	38%	29%
4.5	Is the food in this prison good/very good?	16%	7%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	59%	52%
4.7	Are you able to speak to a Listener at any time, if you want to?	75%	58%
4.8	Are your religious beliefs are respected?	56%	44%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	59%	49%
4.10	Is it easy/very easy to attend religious services?	53%	36%
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	87%	84%
5.3	Is it easy to make a complaint?	74%	52%
5.5	Have you ever been prevented from making a complaint when you wanted to?	3%	19%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	44%	26%
SECTION 6: Incentives and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	62%	51%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	53%	39%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	6%	7%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	87%	81%
7.2	Is there a member of staff, in this prison, who you can turn to for help if you have a problem?	84%	74%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	31%	25%
7.4	Do staff normally speak to you most of the time/all of the time during association?	28%	20%
7.5	Do you have a personal officer?	66%	31%
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	59%	33%
8.2	Do you feel unsafe now?	14%	13%
8.4	Have you been victimised by other prisoners here?	48%	19%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	23%	10%
8.5	Hit, kicked or assaulted you?	13%	6%
8.5	Sexually abused you?	0%	1%
8.5	Threatened or intimidated you?	26%	10%
8.5	Taken your canteen/property?	6%	5%
8.5	Victimised you because of medication?	6%	3%

Vulnerable prisoner wing comparison

Key to tables

	Any percentage highlighted in green is significantly better	Vulnerable prisoner wing (House block 3)	All other wings (House blocks 1,2,4,5,6 and 7)
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.5	Victimised you because of debt?	3%	3%
8.5	Victimised you because of drugs?	0%	5%
8.5	Victimised you because of your race or ethnic origin?	3%	1%
8.5	Victimised you because of your religion/religious beliefs?	3%	0%
8.5	Victimised you because of your nationality?	3%	1%
8.5	Victimised you because you were from a different part of the country?	0%	5%
8.5	Victimised you because you are from a Traveller community?	0%	1%
8.5	Victimised you because of your sexual orientation?	0%	0%
8.5	Victimised you because of your age?	6%	3%
8.5	Victimised you because you have a disability?	0%	1%
8.5	Victimised you because you were new here?	3%	4%
8.5	Victimised you because of your offence/crime?	35%	2%
8.5	Victimised you because of gang related issues?	3%	3%
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	16%	24%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	9%	8%
8.7	Hit, kicked or assaulted you?	3%	2%
8.7	Sexually abused you?	3%	1%
8.7	Threatened or intimidated you?	6%	9%
8.7	Victimised you because of medication?	3%	4%
8.7	Victimised you because of debt?	3%	1%
8.7	Victimised you because of drugs?	0%	3%
8.7	Victimised you because of your race or ethnic origin?	0%	1%
8.7	Victimised you because of your religion/religious beliefs?	0%	1%
8.7	Victimised you because of your nationality?	0%	1%
8.7	Victimised you because you were from a different part of the country?	0%	1%
8.7	Victimised you because you are from a Traveller community?	0%	1%
8.7	Victimised you because of your sexual orientation?	0%	0%
8.7	Victimised you because of your age?	0%	3%
8.7	Victimised you because you have a disability?	3%	2%
8.7	Victimised you because you were new here?	3%	4%
8.7	Victimised you because of your offence/crime?	3%	3%
8.7	Victimised you because of gang related issues?	3%	1%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	26%	21%
9.1	Is it easy/very easy to see the nurse?	54%	52%

Vulnerable prisoner wing comparison

Key to tables

	Any percentage highlighted in green is significantly better	Vulnerable prisoner wing (House block 3)	All other wings (House blocks 1, 2, 4, 5, 6 and 7)
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
9.1	Is it easy/very easy to see the dentist?	18%	5%
9.4	Are you currently taking medication?	72%	55%
9.6	Do you have any emotional well being or mental health problems?	47%	33%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	22%	41%
10.2	Did you have a problem with alcohol when you came into this prison?	19%	25%
10.3	Is it easy/very easy to get illegal drugs in this prison?	38%	49%
10.4	Is it easy/very easy to get alcohol in this prison?	19%	24%
10.5	Have you developed a problem with drugs since you have been in this prison?	3%	10%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	13%	11%
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	45%	44%
11.1	Vocational or skills training?	37%	49%
11.1	Education (including basic skills)?	64%	58%
11.1	Offending behaviour programmes?	16%	26%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	58%	40%
11.2	Vocational or skills training?	10%	10%
11.2	Education (including basic skills)?	29%	22%
11.2	Offending behaviour programmes?	6%	11%
11.4	Do you go to the library at least once a week?	41%	34%
11.5	Does the library have a wide enough range of materials to meet your needs?	66%	46%
11.6	Do you go to the gym three or more times a week?	23%	37%
11.7	Do you go outside for exercise three or more times a week?	22%	50%
11.8	Do you go on association more than five times each week?	0%	3%
11.9	Do you spend ten or more hours out of your cell on a weekday?	19%	5%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	47%	33%
12.2	Have you had any problems with sending or receiving mail?	31%	47%
12.3	Have you had any problems getting access to the telephones?	26%	42%
12.4	Is it easy/ very easy for your friends and family to get here?	34%	43%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	71%	42%
13.10	Do you have a needs based custody plan?	3%	3%
13.11	Do you feel that any member of staff has helped you to prepare for release?	20%	9%