Report on an unannounced inspection of

HMP Brixton

by HM Chief Inspector of Prisons

14 and 21–25 March 2022

Contents

Introduction

This report into HMP Brixton revealed a prison that was in trouble. With a temporary governor recently in post and an inexperienced leadership team, this category C London resettlement prison will need considerable support and investment from HMPPS to get back on track.

The behaviour on the wings was not good enough with prisoners breaking the rules without challenge from staff members who either did not have high enough expectations or who turned a blind eye. Prisoners were free to vape around the jail, the dress code was not enforced, and some prisoners appeared to be permitted to spend much longer on the phone than others. This lack of proper oversight had led to some individuals isolating on the wing without anyone noticing. There was inadequate care for some of the most vulnerable who, even when placed on an ACCT (assessment, care in custody, and teamwork), were not given the support that they needed.

The system for applications had broken down meaning many were ignored or unanswered. This led to prisoners putting in complaints which were often dismissed. It took inspectors a long time to walk from one end of a wing to the other because they were stopped by so many prisoners eager to express their exasperation with life at the prison and their inability to get the support they needed to complete their sentence and prepare for release. ROTL had been suspended meaning that the prisoners – particularly those who had category D status, could not go out to work while they suffered interminable waits for transfer to an open prison.

There were not nearly enough activities for the 724 prisoners, and only a lucky few were allocated to the high-quality workshops such as drywalling or painting. Those that were able to get prison jobs were often working part time or were not using skills that would be useful after release. Standards of education were poor with the quality of teaching in English and maths not good enough for the small number of prisoners who attended.

On G wing, which held vulnerable prisoners, there was even less to do. The regime was restrictive and apart from the kitchen (which produced excellent food), there was little work or training. Prisoners on this wing told me they had made a mistake in opting to come to Brixton, and many compared it to a category B establishment. If this wing is to remain, leaders in the prison and at HMPPS will have to give some serious thought to how they improve provision to this largely compliant but frustrated group of prisoners some of whom, if they are not given suitable support or access to treatment programmes, could pose a risk to the public when they are released.

The standards of accommodation were often very poor. Many prisoners shared tiny, cramped, and dilapidated cells with inadequate furniture and graffiti on the walls. Despite being rerolled in 2012 as a category C prison, Brixton had the feel of a local prison, but one in which prisoners were spending much longer periods of time.

The experienced and effective temporary governor is in no doubt about the scale of the task of improving standards which had, unusually, fallen in three of our four healthy prison tests. If given enough time, she will certainly be able to address many of our concerns, but progress will be very constrained if the prison service does not provide material support in refurbishing cells and reducing the headcount so that there is enough meaningful activity to go round. HMPPS will need to consider whether there is any future for a vulnerable prisoners wing in such a small site. Ultimately, the only way that this prison can be more successful with so little space is if a substantial proportion of prisoners are going to work every day outside the wall.

Charlie Taylor
HM Chief Inspector of Prisons
April 2022

About HMP Brixton

Task of the prison/establishment
HMP Brixton is a category C resettlement prison.

Certified normal accommodation and operational capacity (see Glossary)
Prisoners held at the time of inspection: 720
Baseline certified normal capacity: 530
In-use certified normal capacity: 509
Operational capacity: 778

Population of the prison
- 660 new prisoners received each year (an average of 55 per month).
- 215 prisoners convicted of a sexual offence.
- 51 foreign national prisoners.
- 49% of prisoners are from a black and minority ethnic background.
- An average of 74 prisoners is released into the community each month.
- 267 prisoners are receiving support for substance misuse.

Prison status (public or private) and key providers
Public

Physical health provider: Practice Plus Group Health & Rehabilitation Services Limited
Mental health provider: Barnet, Enfield and Haringey NHS Trust
Substance misuse treatment provider: Forward Trust
Prison education framework provider: Novus
Escort contractor: Serco

Prison group/Department
London

Brief history
HMP Brixton opened in 1819 as the Surrey House of Correction, subsequently becoming a prison for women and then a military prison. In 1898, it became an adult male local prison, serving the whole of the London area and particularly focusing on South London. In July 2012, it became a category C and D resettlement prison for the local area. However, the role of the prison was changed in February 2017 to house solely category C prisoners.

Short description of residential units
A wing: category C prisoners, including 34 prisoners on the London Pathways Unit (for prisoners with personality disorders)
B wing: first night/induction accommodation for category C prisoners
C wing: enhanced prisoners
D wing: drug recovery and well-being wing
G wing: prisoners convicted of a sexual offence
Segregation unit

Name of governor and date in post
Sonia Brooks, interim governor, November 2021 – present

Prison Group Director
Ian Bickers

Independent Monitoring Board chair
Mike Howes

Date of last inspection
4–15 March 2019

Section 1 Summary of key findings

1.1 We last inspected HMP Brixton in 2019 and made 34 recommendations, five of which were about areas of key concern. The prison fully accepted 25 of the recommendations and partially (or subject to resources) accepted six. It rejected three of the recommendations.

1.2 Section 8 contains a full list of recommendations made at the last full inspection.

Progress on key concerns and recommendations

1.3 Our last inspection of HMP Brixton took place before the COVID-19 pandemic and the recommendations in that report focused on areas of concern affecting outcomes for prisoners at the time. Although we recognise that the challenges of keeping prisoners safe during COVID-19 will have changed the focus for many prison leaders, we believe that it is important to follow up on recommendations about areas of key concern to help leaders to continue to drive improvement.

1.4 At our last full inspection, we made two recommendations about key concerns in the area of respect. At this inspection, we found that both of those recommendations had not been achieved.

1.5 We made one recommendation about key concerns in the area of purposeful activity. At this inspection, we found that this recommendation had not been achieved.

1.6 We made two recommendations about key concerns in the area of rehabilitation and release planning. At this inspection, we found that both of those recommendations had not been achieved.

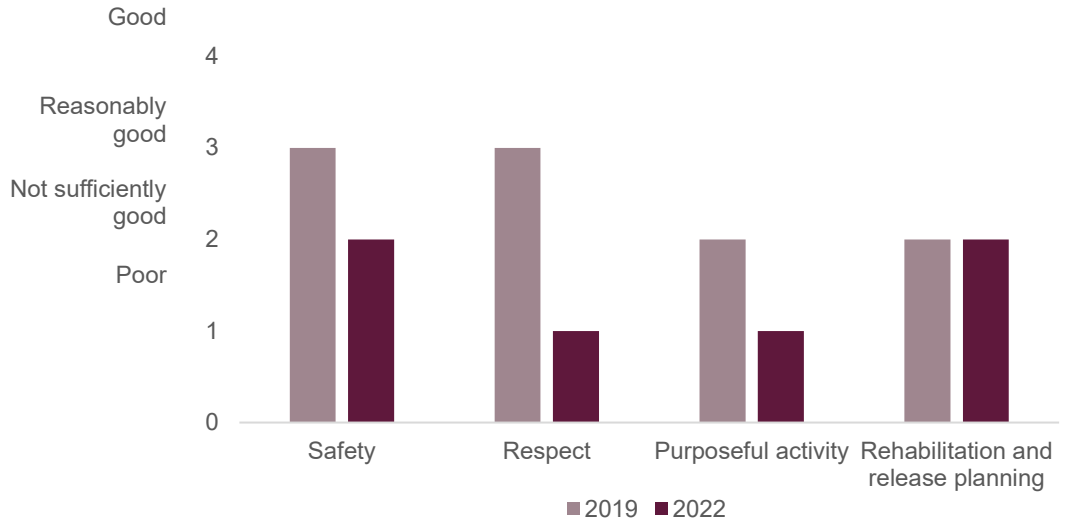
Outcomes for prisoners

1.7 We assess outcomes for prisoners against four healthy prison tests (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

1.8 At this inspection of HMP Brixton, we found that outcomes for prisoners had stayed the same in one healthy prison areas and declined in three.

1.9 These judgements seek to make an objective assessment of the outcomes experienced by those detained and have taken into account the prison's recovery from COVID-19 as well as the 'regime stage' at which the prison was operating, as outlined in the HM Prison and Probation (HMPPS) National Framework for prison regimes and services.

Figure 1: HMP Brixton healthy prison outcomes 2019 and 2022



Safety

At the last inspection of HMP Brixton, in 2019, we found that outcomes for prisoners were reasonably good against this healthy prison test.

At this inspection, we found that outcomes for prisoners were now not sufficiently good.

1.10 The establishment had started to receive more new prisoners than it was prepared for. This meant that prisoners often spent too long in reception holding rooms, waiting to be processed. First night cells on B wing were in poor condition, with many dirty, missing furniture and containing graffiti. While better for prisoners going to G wing, induction into prison life had deteriorated since the last inspection.

1.11 In our survey, 24% of prisoners said that they currently felt unsafe. Recorded levels of violence against staff had increased since the last inspection and were high, and likely to be a result of prisoners' frustrations with an inability to resolve day-to-day problems. The number of recorded assaults on prisoners had decreased. Strategic violence reduction work had considerable weaknesses. Meetings lacked focus and did not result in action to reduce violence. Violent incidents were not always investigated and the investigations that did take place were poor. Residential and safety managers were unaware of prisoners isolating for their own protection. There were limited incentives to encourage positive behaviour, and staff were ineffective. in challenging low-level poor behaviour.

1.12 There had been 220 recorded use of force incidents in the last 12 months. Most of those we reviewed had been de-escalated successfully. Scrutiny of use of force was weak. We found evidence of some poor use of techniques, inappropriate language from staff and concerning practice that was not identified during the monthly meetings. Leaders were unaware of how often body-worn video cameras were used.

1.13 Security intelligence was well managed, and there were good processes to mitigate risks. Leaders were taking appropriate action to combat staff corruption, which was a key risk for the establishment.

1.14 Self-harm levels had reduced and were comparable to those at similar prisons. Too few prisoners at risk of self-harm felt cared for and concerns identified in assessment, care in custody and teamwork (ACCT) case management reviews for those at risk of suicide or self-harm were not always captured on care maps. Attendance by residential managers at the weekly safety intervention meeting was poor and the meeting was ineffective in addressing the needs of the most vulnerable prisoners. The constant observation cell in use on A wing during the inspection was in poor condition and staff interactions were conducted through a locked gate.

Respect

At the last inspection of HMP Brixton, in 2019, we found that outcomes for prisoners were reasonably good against this healthy prison test.

At this inspection, we found that outcomes for prisoners were now poor.

1.15 In our survey, only 58% of respondents said that most staff treated them with respect. We found that some relationships between staff and prisoners were dysfunctional, with staff failing to challenge poor behaviour. Many prisoners reported unequal treatment by staff, and that the only way to get attention was to behave badly.

1.16 Too many prisoners shared very cramped cells designed for one. Living conditions were poor; many cells were missing furniture, curtains and screening for toilets, and contained large amounts of graffiti. Despite the prison holding adequate supplies of cleaning equipment and toilet paper, prisoners on some wings found staff reluctant to obtain these necessities for them. Laundry facilities were inadequate on all wings, with too few washers and dryers for the size of the population, and several of these either inoperative or in a state of disrepair. The quality of the food was excellent, and many prisoners said that it was the most positive part of life at the prison.

1.17 The application and complaint systems were inadequate, which meant that prisoners were unable to resolve legitimate requests. Very few applications received a reply at all. The complaint system was equally chaotic; in 2022 to date, 46% of all submitted complaints had been returned late, were still outstanding or had been returned unanswered. Many responses, both to applications and complaints, were poor and there were no quality assurance processes to help improve standards.

1.18 Oversight of equality provision had been overlooked in 2021. In recent months, a renewed focus by the governor had led to some improvements. Use of data to identify areas of disproportionality had started, but the action plan to address equality issues was weak. In our survey, prisoners from some protected groups, such as younger

prisoners and those from a black and minority ethnic background, reported worse treatment than the rest of the population. The discrimination incident report form (DIRF) system was underused, which could have been because of a lack of trust in the system and difficulty in submitting DIRFs. Quality assurance of DIRF investigations had improved. Faith provision was weak and prisoners wishing to attend group worship could only do so once every five to six weeks.

1.19 The quality of health services was reasonably good. However, access to services within the health care centre was hindered by regime restrictions and inefficient officer escort arrangements. Prisoners were highly dissatisfied with access to health services. A suitable range of services was offered and waiting times for most clinics were reasonable, although patients waited too long to see an optician, podiatrist and dentist. Responses to health care complaints were late and lacked detail. There were no prisoners in receipt of a social care package (see Glossary) at the time of the inspection, but there were good systems to identify and provide this when needed.

1.20 Mental health services provided a range of support to patients with mild to moderate and more complex needs. Groups were yet to restart and access to psychology services was limited because of staff shortages. Prisoners with addiction problems were well supported.

1.21 Medicines management arrangements were generally effective. However, the management of medicine queues by officers and the observation of compliance were inconsistent.

Purposeful activity

At the last inspection of HMP Brixton, in 2019, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

At this inspection, we found that outcomes for prisoners were now poor.

1.22 Most prisoners spent too little time unlocked; unemployed prisoners spent an average of only one and a half hours per day unlocked, with much less on Fridays. Those who were fortunate enough to have a job received up to 10 hours on a day that they worked. During our roll checks, we found 55% of prisoners locked up during the day. All prisoners could visit the library at least once a week. Access to the gym was good. Outdoor facilities were very limited, but gym staff ran regular sports session on a shared exercise yard.

1.23 There were too few activity spaces to meet the needs of the population. Many of the spaces were part time, with very few hours of face-to-face activity. Prisoners rightly felt frustrated at the lack of opportunity to gain accredited qualifications while at the prison. Allocation was ineffective and did not make full use of the limited provision, or make sure that prisoners attended the activities that most met their needs. As a result, a large number of prisoners were unemployed and unmotivated. The curriculum did not provide equal access to courses for vulnerable

prisoners. Information, advice and guidance was not delivered effectively.

1.24 Teaching in English and mathematics did not support prisoners to develop their knowledge and skills at a rapid enough pace. Few had achieved accredited qualifications. By contrast, the small number of prisoners in vocational training had a good understanding of the skills they were gaining and how these would be useful to them on release. Prisoners' practical work was of a high standard and they received useful support to get jobs on discharge from the prison.

1.25 Punctuality was poor as a result of delays to unlocking on the wings. Attendance of prisoners at training and work sessions was disrupted by other prison activities, including gym sessions. Prisoners were set clear expectations for behaviour in the workshops, classrooms and work areas, and most behaved well.

1.26 Teachers did not receive information about the outcomes of prisoners' assessments for learning difficulties and/or disabilities swiftly enough. As a result, they did not know whether prisoners had specific needs or how to support them.

Rehabilitation and release planning

At the last inspection of HMP Brixton, in 2019, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

At this inspection, we found that outcomes for prisoners remained not sufficiently good.

1.27 Prisoners had reasonably good access to visits. Provision for secure video calls (see Glossary) were better than we see in other prisons. The Prison Advice and Care Trust families team continued to provide support to prisoners with family issues and broader resettlement needs. Facilities to enable prisoners to maintain telephone contact with the outside world were not good enough. There was a limited number of telephones on the wings, and many of these were broken.

1.28 The most recent needs analysis had been completed in December 2020, based on the prison's resettlement role. Plans to improve the support provided to prisoners were well developed. There was a large backlog of initial assessments of risk and need. Many prisoners had justifiable frustrations with their inability to communicate with the offender management unit.

1.29 Prisoners we interviewed had a very low awareness of their sentence plans and most could not name their prison offender manager (POM). POM activity was task driven and reactive, and levels of recorded contact were disappointing. Work undertaken by POMs was of reasonable quality and we saw some proactive work to support progression. Prisoners experienced delays to their release on home detention curfew.

1.30 Over 40 prisoners had been released over the previous year without having their multi-agency public protection arrangements (MAPPA) management level confirmed.

1.31 Recategorisation reviews were not always completed on time and prisoners assessed as suitable for open conditions could experience long waits for transfer. No use was made of release on temporary licence to mitigate this.

1.32 No accredited interventions were available, despite the large population of prisoners convicted of sexual offences. Other interventions were offered by Forward Trust, and POMs carried out some one-to-one work and provided in-cell work packs. The London Pathways Unit provided effective support for prisoners with complex personality difficulties.

1.33 Resettlement planning was undermined by inconsistent probation service provision in the London area. Over the last year, an average of 74 prisoners were released each month; 35% had been released without accommodation being recorded and only 6.75% had had employment on release. Prisoners could open bank accounts before release, get copies of their birth certificates for identification purposes and see Jobcentre Plus staff for benefits advice. Links with an external partner to support gang exit were being rebuilt after the pandemic. 'Through-the-gate' mentoring was provided to a few prisoners and the 'departure lounge' offered practical support on the day of release.

Key concerns and recommendations

1.34 Key concerns and recommendations identify the issues of most importance to improving outcomes for prisoners and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of prisoners.

1.35 During this inspection we identified some areas of key concern and have made a small number of recommendations for the prison to address those concerns.

1.36 Key concern: Prisoners often spent too long in reception holding rooms, waiting to be processed. First night cells on B wing were ill-prepared for new arrivals. Many cells were dirty, missing furniture and contained graffiti. Induction into prison life had deteriorated since the last inspection.

Recommendation: Leaders should make sure that prisoners are safe and treated with respect during their reception, first night and induction.
(To the governor)

1.37 Key concern: Scrutiny of use of force was weak. We found evidence of poor use of techniques, inappropriate language from staff and concerning practice that was not identified during monthly meetings.

Recommendation: There should be appropriate routine scrutiny of use of force incidents, with effective management oversight.
(To the governor)

1.38 Key concern: Support for prisoners at risk of self-harm or suicide required improvement. Case reviews did not translate into meaningful care maps, which meant that prisoners' concerns and risks were not always fully addressed.

Recommendation: Prisoners at risk of self-harm should have an effective plan that directs their care.
(To the governor)

1.39 Key concern: Staff–prisoner relationships were dysfunctional and lacked professional boundaries in some cases. Staff did not challenge low-level poor behaviour and failed to promote prosocial behaviour in prisoners. Prisoners told us that the only way to get any issues resolved was to become aggressive, and that staff were less responsive to the needs of those prisoners who behaved.

Recommendation: Staff should model prosocial behaviour, set appropriate boundaries and ensure that good behaviour is rewarded.
(To the governor)

1.40 Key concern: Too many prisoners lived in cells which were poorly equipped, dirty and contained graffiti. Many cells were overcrowded and poorly ventilated. Access to basics, such as toilet rolls, cleaning materials, clean bedding, clothing and stored property, was too often very poor.

Recommendation (a): Prisoners should not be held in overcrowded conditions.
(To the governor)

Recommendation (b): Prisoners should live in decent conditions, with access to everyday basics.
(To the governor)

1.41 Key concern: The application and complaint systems were not working, with too many prisoners receiving answers late or not at all. When they did receive an answer, it often did not adequately address the issue that was being raised.

Recommendation: Prisoners should receive a timely response to applications and complaints that fully addresses the issue raised.
(To the governor)

1.42 Key concern: Regime restrictions and inefficient officer escort arrangements contributed to long waits to see the dentist, optician and podiatrist. Some external hospital appointments were cancelled by officers without consultation with health care staff. The management of medicine queues by officers was inconsistent and increased the risk of diversion. We also found some weaknesses with the health care application process, which meant that some appointments had not been booked, contributing to the delays.

Recommendation: Prisoners should have timely access to health interventions, assisted by adequate officer support, clear communication and a functional health care appointment system.
(To the governor)

1.43 Key concern: There were too few activity spaces available to meet the needs of the prison population, and too many vacancies within the spaces available. Many prisoners were under-occupied and demotivated, and when they attended activities, too many arrived late.

Recommendation: Leaders should take rapid action to make sure that a large proportion of prisoners have access to, and can punctually attend, education, skills and work activities.
(To the governor)

1.44 Key concern: Leaders did not use data effectively to evaluate the impact of education, skills and work activities. They did not routinely collect information on prisoners' employment pathways and could not pinpoint exactly how many prisoners were unemployed.

Recommendation: Leaders should make more effective use of data to scrutinise the curriculum that they offer, and to make alterations to it accordingly.
(To the governor)

1.45 Key concern: Prisoners did not receive effective careers information, advice and guidance, and career aspirations were not linked well to prisoners' education, skills and work activities.

Recommendation: Leaders should make sure that the prison's staff work productively to meet individual prisoners' resettlement needs, and that careers advice and guidance is effective.
(To the governor)

1.46 Key concern: The quality of English and mathematics education had not improved since the last inspection, and too few prisoners had gained accredited qualifications in these subjects.

Recommendation: Leaders should make sure that the quality of English and mathematics provision improves, so that prisoners develop their knowledge more rapidly and achieve qualifications in these subjects.
(To the governor)

1.47 Key concern: There was limited support for prisoners to progress while at the establishment. Many did not have regular contact with their prison offender manager, and key work was not supportive of progression. The lack of accredited interventions was a particular issue, given the population of prisoners convicted of sexual offences.

Recommendation: Prisoners should receive the support they need from prison offender managers to be able to make progress while at the establishment.
(To the governor)

1.48 Key concern: Too few prisoners had, or knew about, a sentence plan.

Recommendation: Concerted action should be taken to make sure that all prisoners who need one have a complete and up-to-date offender assessment system (OASys) document.
(To HMPPS)

1.49 Key concern: The prison's public protection database showed that over 40 prisoners had not had a MAPPA management level confirmed before their release. The reasons for this needed to be understood and addressed by managers.

Recommendation: MAPPA levels should be confirmed and recorded in good time for release.
(To the governor)

1.50 Key concern: Accommodation and employment support and outcomes for released prisoners needed attention. Prisoners felt unsupported in these areas, and HMPPS data showed that too many were released without accommodation identified and too few had education, training or employment to go to. There was no systematic follow-up of these outcomes to inform future provision.

Recommendation: Prisoners should have accommodation and education, training or employment on release.
(To the governor)

Notable positive practice

1.51 We define notable positive practice as innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

1.52 Inspectors found no examples of notable positive practice during this inspection.

Section 2 Leadership

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

2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.

2.2 The establishment had been through a difficult time in the run-up to the inspection, and in November 2021 an interim governor was appointed. The interim governor had been in post for four months, and there had been substantial shortcomings when she arrived. Many members of the senior team were new in post or temporarily promoted. Systems for safeguarding outcomes across the different functional areas had ceased to operate during the pandemic, and senior leaders now faced a substantial challenge to address this.

2.3 It was clear that the pandemic and the recent instability of leadership had had an impact on staff. Most respondents to our staff survey said that their morale was low or very low, and many reported negatively about leadership and managers. This needed to be addressed if outcomes for prisoners were to improve.

2.4 Brixton had been re-roled as a category C resettlement prison in February 2017. Over the last five years, national leaders within HM Prison and Probation Service (HMPPS) had failed to make sure that the establishment had the activity places and resettlement support needed to meet the needs of such a population. This was a source of understandable frustration for many prisoners, who reasonably expected to participate in activity that was likely to reduce their risk and prepare them for release.

2.5 Leaders and managers in HMPPS had failed to address the needs of the 200 prisoners convicted of sexual offences who were held at the prison. These prisoners were unable to undertake any offending behaviour work while at Brixton and there were few opportunities to get prison jobs.

2.6 Leaders had allowed systems for redress to fall into disarray; very few applications were answered and many complaints simply redirected prisoners back to the dysfunctional applications system. The inability to resolve issues through these systems led to prisoners resorting to threatening behaviour, violence or self-harm to get managers' attention.

2.7 A key priority for the leaders and managers was addressing the poor living standards. Although there was a plan in place, leaders needed to be more visible, providing support and challenge to frontline staff in

order to improve cleanliness, access to basics and behaviour management.

2.8 Leadership in the kitchen was exceptional and as a result the food was among the best we have seen in a closed prison.

2.9 Partnership working between the prison and health care leaders had been strengthened to manage COVID-19 outbreaks, and prisoners were provided with appropriate screening, protection and vaccination. However, COVID-19 restrictions contrasted sharply with those in the community and as a result lacked legitimacy among staff and prisoners alike.

2.10 The interim governor had identified many of the key issues that we found during the inspection and had a plan to address some of them. In order to be successful, the prison needed stable leadership and support from HMPPS.

Section 3 Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

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

3.1 The establishment had started to receive more new prisoners than it was prepared for. As a result of the surge of arrivals, most spent over two hours in reception holding rooms, waiting to be processed. On the second day of the inspection, 13 prisoners arrived at around 1pm, and the person escort records (PER) showed that those travelling from nearby HMP Wandsworth had experienced significant delays after being processed by the reception around 9am (see key concern and recommendation 1.36).

3.2 New prisoners we spoke to said that that they had been treated well by reception staff. In our survey, 74% said that they had been searched in reception in a respectful way. All new prisoners were seen by a nurse and could speak to them in private.

3.3 There was one Listener (a prisoner trained by the Samaritans to provide confidential emotional support to fellow prisoners) in reception, but he was also a cleaner and helped with providing food and drink to new prisoners. There was little scope for him to offer support and reassurance discreetly to prisoners who might have needed it.

3.4 Reception holding rooms had improved, with new furniture and fresh decoration making them more welcoming.

Holding rooms for newly arrived prisoners (top) and processed prisoners (bottom)

3.5 B wing was the designated induction unit, although prisoners convicted of sexual offences went directly to G wing.

3.6 Induction cells on B wing were in very poor condition, with many being dirty, missing furniture and containing graffiti (see key concern and recommendation 1.36). There were no welfare checks in place for new prisoners.

3.7 Induction processes had deteriorated considerably since the last inspection and were no longer comprehensive or purposeful. Prisoners now received a quick talk by an officer in an unkempt room on their first night and then a shorter follow-up chat the next day. There were no records of what had been covered and prisoners we spoke to recalled little of what they had been told. Those we spoke to on B wing had not been provided with any written induction information, although a prisoner taken to G wing had been given some helpful material (see key concern and recommendation 1.36).

3.8 All new prisoners were met by Prison Advice and Care Trust (PACT) family workers on their arrival and triaged for further support if needed.

3.9 The weekly induction fair had restarted only two weeks before the inspection, and staff and prisoners complained that representatives from key departments had failed to attend it.

Managing behaviour

Expected outcomes: Prisoners live in a safe, well ordered and motivational environment where their positive behaviour is promoted and rewarded. Unacceptable conduct is dealt with in an objective, fair, proportionate and consistent manner.

Encouraging positive behaviour

3.10 In our survey, 46% of respondents said that they had felt unsafe at some time during their stay and 24% currently felt unsafe. Thirty per cent said that they had experienced verbal abuse, and 32% threats or intimidation, by other prisoners. Of further concern, 32% said that they had experienced threats or intimidation by staff, which was higher than the comparator (20%).

3.11 The number of assaults on staff had increased since the previous inspection and was higher than at similar establishments we have inspected recently. We found that this was the result of prisoners' frustrations at not being able to get day-to-day problems resolved. The number of recorded assaults on prisoners had decreased substantially since the last inspection.

3.12 Leaders had three strategies for safety, which led to confusion about which one took priority. Senior leaders told us that the COVID-19 strategy was the predominant one. This was written at the beginning of the pandemic, but did not reflect the present situation with COVID-19 and current threat of violence, given that the regime was opening up and there were more opportunities for prisoner-on-prisoner violence.

3.13 The safety team gathered data on recorded incidents of violence, which were discussed at a monthly meeting. However, there was not enough analysis of the root causes, and little action was taken to address these. There was a lack of short- or long-term action to make the prison safer.

3.14 The safety team aimed to investigate all incidents of violence. However, in the three-month period we reviewed, less than half had been explored, and even when investigations did take place they were poor. In one example, the investigating officer had failed to take action when a further assault had been identified as part of the investigation.

3.15 Challenge, support and intervention plans (CSIPs; see Glossary) were used to manage perpetrators of bullying and violence, and support victims or more vulnerable prisoners. At the time of the inspection, seven prisoners were subject to a CSIP. In most of the cases we reviewed, plans were ineffective, failing to identify and address triggers for violence, and reviews were not timely. Some prisoners and staff responsible for the day-to-day care of those on a CSIP were unclear as to why the individual was on a plan, which undermined the whole process. In one case, a prisoner had an unexplained injury recorded in his case notes that was not picked up or investigated.

3.16 During the inspection, there were five prisoners self-secluding in their cells because they feared for their safety. It was of serious concern, that neither the safety team nor residential managers were aware of most of these prisoners. This meant that there were no safeguarding systems to monitor their wellbeing and make sure that they received a regime, and there was no work with prisoners to understand their reasons for isolation, to reduce concerns.

3.17 There were limited incentives in the formal incentives scheme or the wider prison regime, which offered few opportunities for meaningful work, sentence progression or release on temporary licence for those who engaged. In our survey, only 33% of respondents said that the incentives scheme encouraged them to behave well, which was much lower than at the time of the last inspection (54%). Leaders had relaunched the scheme in September 2021, but without consulting prisoners. Staff failed to challenge low-level poor behaviour effectively, and there was widespread rule breaking. For example, we observed, prisoners, and in some cases staff, vaping in classrooms, offices, residential units and in other areas, without challenge.

3.18 Prisoners who were placed on the basic regime had reviews and some relevant targets set. However, those who had attained enhanced status before arriving at Brixton had this removed routinely, which is poor practice. We were told that this was because of an automated system, and there was no process to counteract it.

Recommendation

3.19 The incentives scheme should encourage positive behaviour and challenge poor behaviour.

Adjudications

3.20 There had been 1,657 adjudications in the previous 12 months. The records that we examined demonstrated a lack of enquiry; too often, the officer who had placed the prisoner on report had not been asked to attend the hearing, resulting in many adjudications being dismissed. In the last year, only 55% of adjudications had been proven, which is lower than we normally see at other prisons. While monthly meetings that looked at data took place, there was no quality assurance of adjudications.

3.21 Leaders had recently piloted a new scheme for offences connected to substance misuse. If the adjudication was found proven, an adjournment would take place, before issuing a requirement for the prisoner to engage with Forward Trust (a provider that helps people with drug and alcohol dependence) for a month. It was too early to show any outcomes for prisoners, but it was a positive initiative.

Use of force

3.22 There had been 220 recorded use of force incidents in the last 12 months. There had been no use of batons or PAVA (see Glossary) in this period.

3.23 Regular meetings took place, which provided governance, but attendance was poor. The use of data was underdeveloped, which meant that leaders were unsighted on important issues; for example, they were unaware of how often body-worn video cameras were used or of any injuries that had been sustained.

3.24 Scrutiny of use of force lacked rigour. A member of the safety team reviewed a wide selection of incidents each month; although these were documented, they were incomplete and no learning was established, or action taken. The monthly use of force committee reviewed only one incident a month, which was insufficient, and although this identified some issues, it failed to take any corrective action (see key concern and recommendation 1.37).

3.25 Of the incidents we reviewed, there was good evidence of de-escalation by staff in most cases. However, there was often poor use of techniques, which increased the risk of injury to the prisoner and officers. There were also examples of; inappropriate language from staff; and an incident of concern that was referred to the governor for investigation. (see key concern and recommendation 1.37).

3.26 Special accommodation had been used on only three occasions in the last 12 months. One of the authorisation forms we examined showed that it had been used without adequate justification.

Segregation

3.27 The segregation unit, which had been closed for refurbishment at the time of the last inspection, had been reopened. Communal areas were

clean and bright, but some cells lacked furniture and essential items such as tables and curtains.

Segregation unit (top) and segregation cell (bottom)

3.28 In the last six months, segregation had been used on 98 occasions, with an average length of stay on the unit of nine and a half days. The daily regime was too limited, with only an hour out of cell each day, to spend time in the open air, have a shower and use the telephone. All of the segregated prisoners we spoke to were complimentary about staff

on the unit and we observed positive interactions during their limited time out of cell.

3.29 The governance of segregation was weak. While prisoners received an initial screen by health care staff, this was not updated at each segregation review, which meant that the well-being of prisoners being isolated was not formally assessed at regular intervals. The decision logs used to outline the reasons for segregating prisoners at risk of suicide or self-harm needed improvement; not all cases were sufficiently justified or met the threshold of exceptional circumstances, and decision makers did not always document the alternatives that had been considered. Statutory visits by duty managers and health care staff were either not taking place or not documented, and although governance meetings took place, they failed to identify or address these issues.

Recommendation

3.30 There should be appropriate safeguards in place to protect the well-being of prisoners held in segregation.

Security

Expected outcomes: Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence and positive staff-prisoner relationships. Prisoners are safe from exposure to substance use and effective drug supply reduction measures are in place.

3.31 The well-attended monthly security meeting demonstrated a good grasp of the prison's intelligence, and clear actions to address concerns were underpinned by an accurate local threat assessment document.

3.32 A total of 4,727 intelligence reports had been submitted in the last 12 months. These had been processed promptly, and at the time of the inspection there were few outstanding. Most intelligence received was about drugs, phones and weapons. This information often led to action and 53% of all intelligence-led searches resulted in contraband finds. In the last 12 months, there had been 143 drug, 102 mobile phone and 43 weapon finds.

3.33 In our survey, 22% of respondents said that they had had a drug problem on arrival at the prison and 27% that it was easy or quite easy to get drugs there, both figures being similar to those at the time of the last inspection.

3.34 Leaders were working hard to shut down routes of drug supply and were appropriately focused on staff corruption, which was a substantial threat at the establishment. In addition, the security team had strong links with Forward Trust to help reduce drug demand. Mandatory drug testing and intelligence-led (suspicion) drug testing had been taking

place, but, as was the case elsewhere, the detection of the ever-changing chemical formulations of psychoactive substances remained challenging.

3.35 Links with the police had improved. The prison had 11 live matters under police referral, the oldest dating back only to January 2022, and the security team knew about each of the cases in depth.

3.36 There were no prisoners convicted of Terrorist Act offences at the time of the inspection, but we were confident that there were good links to share information with key partners.

Safeguarding

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

Suicide and self-harm prevention

3.37 There had been 218 self-harm incidents in the last 12 months, which was lower than in the same period at the time of the last inspection and comparable with the number at similar prisons. Twenty-one of these incidents had required hospital treatment, although none had been life threatening. There had been no self-inflicted deaths in this period.

3.38 There was however, no clear strategy to monitor self-harm. The monthly meeting that amalgamated security, drug harm minimisation and safety considered few data on self-harm. Few actions regarding the prevention of self-harm came from these meetings, which meant that leaders were unsighted on the key drivers in this area and how to address them.

3.39 The weekly safety intervention meeting to monitor and support the most vulnerable prisoners at the establishment had been taking place, but attendance by residential managers and leaders was often poor. There was no individualised case management and, in several of the meeting notes we looked at, decisions had been made to remove prisoners from monitoring without a thorough evaluation, which was worrying.

3.40 There had been 179 assessment, care in custody and teamwork (ACCT) case management documents opened in the last 12 months, and 14 were open at the time of the inspection. Multidisciplinary ACCT reviews were conducted within the required timescales, and the case reviews we saw were of good quality, capturing many relevant issues. However, in many cases we looked at, care maps had not been updated with the information extracted during the reviews. This meant that actions to help prisoners were not taken forward. Many of the prisoners we spoke to who were currently on an ACCT said that the

reviews were mostly unhelpful as they failed to address their problems, which exacerbated their frustrations (see key concern and recommendation 1.38).

3.41 In our survey, only 38% of respondents who had been on an ACCT said that they had felt cared for. Leaders had not kept records of how many staff had been trained in ACCT procedures. We saw polite interactions by staff with prisoners on an ACCT, but when we asked them about the prisoners' needs or concerns, many staff did not know them.

3.42 The Listener scheme had become ineffective. Many prisoners told us that they found it difficult to access them, and that Listener sessions were often rushed by staff, to keep callouts brief. Requests during the night were surprisingly rare, and some prisoners felt that this was due to staff reluctance to move prisoners around during the night state and night staff we spoke to confirmed that there were logistical issues with this. Listeners told us that prison staff undervalued them, and that they appeared to be suspicious of requests to carry out these duties. The dedicated portable Samaritans telephone system had become redundant; many staff were confused about where the telephones were stored and when they should be issued to prisoners. We raised this problem with leaders, who agreed to address it.

3.43 Constant supervision for prisoners at the most heightened risk of self-harm and/or suicide had been used 10 times in the last 12 months. At the time of the inspection, there was one such prisoner on A wing, and two further gated cells were available on G wing and in the segregation unit if needed. The occupied cell on A wing was dirty; interactions by staff with the prisoner were limited and the gate was kept locked. Prisoners subject to constant supervision had a limited regime.

3.44 Many prisoners had self-harmed in segregation. In the last 12 months, 20 prisoners at risk of self-harm had been segregated and there had been 40 incidents in the unit. Almost a fifth of all self-harm in the last 12 months had taken place there, and leaders had failed to identify these data as a concern.

Recommendation

3.45 Prisoners on constant supervision should be fully engaged and supported by staff, to help them get through their period of crisis.

Protection of adults at risk (see Glossary)

3.46 There had been no referrals made to the local authority in the last 12 months. The head of safer custody had attended some meetings with the Lambeth Safeguarding Adult Board, but there was not an up-to-date safeguarding policy in place. The promotion of safeguarding was weak and many staff we spoke to were unaware of how to make a referral. Leaders committed to addressing the deficits in their safeguarding processes when we raised them.

Recommendation

3.47 Leaders should update the prison safeguarding policy and make sure that all staff know how to make a referral.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

4.1 Staff–prisoner relationships lacked professional boundaries in some cases and were dysfunctional. The response by staff to low-level poor behaviour was inadequate and many failed to promote positive behaviour or engagement with the regime. On numerous occasions, we witnessed prisoners vaping, playfighting and swearing without staff challenge. Staff lacked the confidence and skills to deal with these issues directly, which emboldened prisoners in their actions. Prisoners reported unequal treatment and favouritism by staff. Many told us that they were frustrated that those who behaved well were not prioritised for getting their issues resolved, and that the only way to get something done was to 'kick off' or become aggressive, which would result in a manager being called to help (see key concern and recommendation 1.39).

4.2 In our survey, only 58% of respondents said that staff treated them with respect, which was lower than the comparators (70%). When asked if there was a member of staff they could turn to if they had a problem, only 59% said that they could; this was worse than at the time of the last inspection and at other recently visited comparable establishments.

4.3 There was a key worker policy (see Glossary) and most survey respondents (94%) knew who their key worker was. As a result of the pandemic, leaders had reduced the frequency of key worker contact to fortnightly. Although prisoners saw a consistent member of staff for these sessions, if the latter was off duty for any length of time they were not replaced, leaving prisoners without key worker contact for a number of weeks in some cases.

4.4 The quality of key worker records of meetings with prisoners had deteriorated since the previous inspection.

Daily life

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

Living conditions

4.5 The prison was overcrowded, with too many prisoners sharing cells designed for one. This problem was particularly acute on both A and B wings, where the in-cell toilet protruded into what was already a very small space. C wing, which held enhanced prisoners, was slightly better as three cells had been converted into two, with the toilet being in the next-door room, but these cells were still cramped. In our survey, far fewer respondents than at comparable prisons we have visited recently said that they were in a cell on their own, (29% versus 75%) (see key concern and recommendation 1.40a).

Cramped and overcrowded cell

4.6 Cells on A and B wings were in poor condition; most lacked curtains and screening for the toilet, there was graffiti scrawled on many walls and some windows that had been supposedly repaired now did not open, making the temperature in the cells uncomfortably hot (see key concern and recommendation 1.40b).

Graffiti in a cell

4.7 There was a shortage of cell furniture across the prison, with no chairs or storage cupboards available. We regularly saw boxes and other makeshift items being used to store clothes or to balance televisions on (see key concern and recommendation 1.40b).

4.8 Leaders had recently begun to conduct decency checks as part of a wider plan to improve conditions, allowing them to direct new furniture to the neediest areas and arrange a replacement schedule across the prison. The governor had also gained permission from HM Prison and Probation Service to reduce the population of the prison, allowing leaders to leave cells empty while they established a repainting programme.

4.9 The floors on C wing had recently been replaced, which meant that the cells there could be kept cleaner. The serveries were also being replaced and the standard of the new ones was very good. However, while this work was being done, temporary serveries had been located on the landings, and these were exposed to dirt and rubbish being dropped from the floors above.

4.10 Although there were storerooms with sufficient cleaning supplies and toilet rolls to meet the prison's day-to-day needs, we overheard staff telling prisoners to get what they needed from their peers, which was unacceptable (see key concern and recommendation 1.40b).

Stock in storeroom

4.11 Wing laundry facilities were poor, with insufficient washers or dryers for the size of the population, and several of these were either inoperative or in a state of disrepair. On D wing, there were clothes hanging from the ceiling of the laundry in an attempt to get them dry. On G wing, one of the laundry room dryers vented its moisture directly into the room, as a pipe had been broken for some months. This made the room very hot and damp, causing some of the infrastructure to start to decay, including the light, which did not work and was rusted. In our survey, only 60% of respondents said that they had enough clean, suitable clothes for the week (see key concern and recommendation 1.40b).

D wing laundry

4.12 The exercise yards provided a welcome respite from the cramped and poor condition of most cells. These were spacious, with seats and activities for prisoners with. Most of them had a garden of some form, and the A wing yard had established trees, providing a decent environment.

Exercise yards for A wing (top) and G wing (bottom)

4.13 Leaders had been working to improve cell bell response times and scrutinised the records daily; there were early signs of improvement. However, on the day we checked, on A wing, 46 cell bells had been answered outside of the five-minute window, which was poor.

Residential services

4.14 The food was excellent, and many prisoners said that it was the most positive part of life at the prison. They could choose two hot meals per

day from five available options at each mealtime. In our survey, 83% of respondents said that the quality of the food was good, which was much better than at comparable establishments we have visited recently (35%).

4.15 The menu was balanced and well considered, and there was regular consultation through the monthly catering meetings. Dietary needs were catered for and there was a programme of meals to complement the various cultural and religious festivals throughout the year. The catering department had been put forward for an award as part of a national competition.

4.16 Prisoners' perceptions of the prison shop had worsened considerably since the last inspection. Staff told us that many orders of high-value items, such as vapes, went missing and prisoners found it hard to gain a refund. Consultation took place via the prisoner council meetings, but leaders were yet to address the issue of items going missing, even though it had been a recurring theme for some time.

4.17 Catalogue orders and parcels being sent in by families were delivered very late, if at all, with a number of these also going missing. The failure of the application system (see section on prisoner consultation, applications and redress) meant that prisoners struggled to get a meaningful response to their property queries.

Prisoner consultation, applications and redress

4.18 The application system, which prisoners used to ask for information or items that were not on the wing or to see staff from other departments, was failing. An identified prisoner on each wing collated all the applications and sent them to their required destination, but few were returned. On one wing, the available records showed that only 29% of all applications submitted in February 2022 had received a reply; managers contested the accuracy of these records, but in the absence of any other measure, it was the only tracking system available for scrutiny (see key concern and recommendation 1.41).

4.19 Records showed that areas such as property received high numbers of applications, but we could find no records of any response for over a month. When we looked at the applications in reception, where prisoners' property requests were processed, we found over 120 applications on the desk; about half of these had been processed by staff but not returned to the prisoner. This meant that the prisoners concerned were unaware that their property was ready for collection. Only 18% of respondents to our survey said that applications were dealt with within seven days, which was far worse than at the time of the last inspection (39%). Of the sample we viewed, the quality of responses was highly inconsistent and ranged from very good to very poor (see key concern and recommendation 1.41).

4.20 The complaint system was also poor. Of the 524 complaints submitted so far in 2022, 92 had been returned late, 39 were still outstanding and 108 had been returned to the prisoner unanswered, for various reasons

– one being that the complaint should have been submitted as an application (see key concern and recommendation 1.41).

4.21 There was no quality assurance process for complaint responses, and the quality of the sample we viewed was as inconsistent as that for applications (see key concern and recommendation 1.41).

4.22 Confidential access complaints that were deemed suitable for that system were answered well, with a good level of investigation. However, those that were not accepted as confidential and were dealt with as a normal complaint could take a month or more to be answered.

4.23 Consultation had continued throughout the pandemic via the prisoner council. The prisoners who worked on the information desks on each wing attended and were aware of the issues that affected their peers. Leaders had listened to the feedback from this forum and used it to inform their decency action plan, which had generated sensible and achievable actions to improve conditions.

4.24 Prisoners had good access to their legal representatives. Legal visits took place every weekday and there were also two court video-link booths and four smaller booths which prisoners could book to speak to their representative or other agencies, such as probation services.

Equality, diversity and faith

Expected outcomes: There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics (see Glossary) and any other minority characteristics are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.

Strategic management

4.25 Oversight of equality provision had been overlooked in 2021. There had been minimal supervision or resources allocated to this work, and little review of strategy and outcomes. There was no dedicated equality officer, and therefore no guidance offered to prisoner peer representatives. In recent months, however, a renewed focus by the governor had led to some improvements, but it was too soon to assess the impact of these.

4.26 A new and up-to-date policy highlighted key areas of equality work. However, the action plan was weak, despite guidance being readily available in the policy.

4.27 A well-attended equality meeting, chaired by the governor, had started in November 2021. Three meetings had been held by the time of the inspection and they were evolving well. Action planning was focused on

discussions within this forum, but, while data identifying areas of disproportionality were presented, there was not enough analysis or action to address unequal treatment effectively. Data were presented on incentives scheme levels, adjudications and use of force against prisoners' ethnicity, religion and disability. Over-representation of black and minority ethnic prisoners in adjudications had not been identified or investigated by leaders and managers.

4.28 There had been no consultation meetings with prisoners in protected characteristic groups in the last year. Surveys of prisoners from three protected groups had been completed in recent months, but little action had been taken as a result. Access to the very limited opportunities to work during the pandemic (see section on education, skills and work activities) had not been monitored systematically and it was not clear if prisoners in some protected groups had spent more time than others locked in their cells.

4.29 A newly appointed equality manager had started to have meetings with the five prisoner peer representatives. These individuals had been provided with job descriptions and were aware of their role. In our meeting with these prisoners, inequitable treatment by staff was a theme that featured consistently.

4.30 The discrimination incident report form (DIRF) system was underused, which could have been because of a lack of trust in the system and difficulty in submitting DIRFs. Only 27 DIRFs were submitted in 2021, of which 20 were against staff, which was a higher proportion than we usually see. So far in 2022, there had been 12 DIRFs, with more than half alleging discriminatory treatment by staff. Quality assurance had improved, with the governor and the Zahid Mubarek Trust reviewing DIRF investigations and outcomes. The timeliness and quality of responses had also improved with the new quality assurance process.

4.31 The prison was unable to provide us with any information or data on equality awareness training, either delivered to staff or completed by staff through methods such as online training.

Recommendation

4.32 Disproportionate outcomes for protected characteristic groups should always be monitored, reviewed and acted on when it is found.

Protected characteristics

4.33 At the time of the inspection, approximately half the population were from a black and minority ethnic background. In our survey, only 48% of these prisoners (compared with 71% of the white population) said that there were staff in the prison they could turn to if they had a problem; this question was answered positively by only 35% of Muslim respondents (compared with 67% of their non-Muslim counterparts). There was little consultation with prisoners in either of these groups.

4.34 The prison's records suggested that there were only seven prisoners from a Gypsy, Roma or Traveller community, whereas our survey indicated that 2% of the population (approximately 14 prisoners) came from this background. Some limited support had been offered to these prisoners, with a visit from the Irish chaplaincy in October 2021 and the next visit scheduled for April 2022.

4.35 There was not enough support for foreign national prisoners, who comprised about 6% of the population. An immigration officer had resumed face-to-face work with them, but access to free, independent immigration advice was poor, and no immigration surgeries had been held during the COVID-19 restrictions. Six prisoners were being held post-sentence on immigration grounds, one of whom had finished his sentence as far back as August 2021, with no clear understanding of the steps that would be taken to progress his case. Foreign national prisoners we spoke to expressed frustration and helplessness at the lack of communication and delays from the prison and Home Office. No forums had been held with this group.

4.36 There was some evidence of professional telephone interpreting services being used when communicating with prisoners who did not speak fluent English, but this was rare. Important information was not translated – for example, induction material for new prisoners or correspondence from the Home Office for foreign national prisoners, including deportation paperwork.

4.37 In our survey, 38% of respondents reported having some form of disability. The equality manager had good oversight of prisoners who needed additional support with daily living tasks. However, with no adapted cells, the prison was poorly placed to care for those using a wheelchair or with mobility constraints. Prisoner peer support orderlies were made available to support those with disabilities in leading a more independent life, if needed, but training was not offered. The prison had taken the initiative to conduct a survey with disabled prisoners, but subsequent action on the findings had been slow. There was no individualised support for prisoners with neurodivergent needs. In our survey, respondents with disabilities reported broadly similar treatment and conditions to others.

4.38 Eleven prisoners had a personal emergency evacuation plan (PEEP). On most wings we visited, some staff showed knowledge of those subject to PEEPs, but could not locate the relevant plans, which posed a concern for these prisoners in an emergency.

4.39 Twenty-three per cent of the population were over 50 years of age. In our survey, far more of these prisoners than their younger counterparts said that staff treated them with respect. The prison had completed its own survey and was aware of the needs of these prisoners, especially in relation to making living conditions more comfortable for an older age group.

4.40 A small percentage of the prison population (12%) were 25 years of age or under. In our survey of this group, only 16% of respondents

(compared with 64% of the over-25s) said that staff treated them with respect, and only 28% (versus 63% of the over-25s) said that there were staff they could turn to if they had a problem. Discussions had started in the strategic equality meetings about the issues faced by these prisoners, and the prison had issued a survey to get a better understanding of their needs, but action had yet to be taken.

4.41 In our survey, 6% of prisoners said that they were homosexual, bisexual or of another sexual orientation. There had been little provision for these prisoners in the last year, and no forums had been held with them. Discriminatory attitudes and treatment from other prisoners had been reported on several occasions through the DIRF process (see paragraph 4.30), but not enough action had been taken to address this.

4.42 There were no transgender prisoners at the time of the inspection. The equality manager maintained contact with nearby prisons to obtain advice and guidance in the event that a transgender prisoner be admitted to Brixton.

Recommendation

4.43 Prisoners in protected characteristic groups should be supported and consulted with, to make sure that they are not disadvantaged.

Faith and religion

4.44 Faith provision was weak. There had been no permanent full-time managing chaplain in post for approximately three years, which inevitably had had an impact on service provision. Although all faiths were catered for by either a full-time or visiting chaplain, only 55% of respondents to our survey said that they could speak to a chaplain of their faith in private.

4.45 Faith facilities were reasonable and consisted primarily of a large chapel, where all worship took place. This was located on the first floor of the prison, with no other access for prisoners with mobility constraints.

4.46 The chaplaincy had been quick to respond to the pandemic; when communal worship was stopped early on, it had introduced services on the prison radio. Two years later, however, Christian prisoners could only attend communal services in person once every five weeks, and Muslim prisoners once every six weeks. In our survey, far fewer prisoners than at the time of the last inspection said that they could attend religious services if they wanted to (68% versus 88%).

4.47 Communal worship for faith groups with smaller populations, such as Hindu, Sikh, Buddhism and Pagan followers, received more regular services, with either weekly or fortnightly sessions.

4.48 Some face-to-face support was provided. A nominated chaplain attended each wing during the times that prisoners were out of their cells, to offer support if needed. We were told that the chaplaincy

attended all reviews for prisoners subject to assessment, care in custody and teamwork (ACCT) case management procedures, but in several of the review records we saw, there had been no chaplaincy representative.

4.49 The chaplaincy provided pastoral support. Two prison tablet computers were used to enable prisoners to attend funerals virtually, and aftercare was provided.

Health, well-being and social care

Expected outcomes: Patients are cared for by services that assess and meet their health, social care and substance use needs and promote continuity of care on release. The standard of provision is similar to that which patients could expect to receive elsewhere in the community.

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

Strategy, clinical governance and partnerships

4.51 NHS England and NHS Improvement (NHSE&I) commissioned Practice Plus Group Health & Rehabilitation Services Limited ('PPG') to provide health care services. It subcontracted mental health services to Barnet, Enfield and Haringey Mental Health NHS Trust ('BEH') and substance misuse psychosocial services to Forward Trust (a provider that helps people with drug and alcohol dependence).

4.52 Partnership working had been strengthened to manage COVID-19 outbreaks and prisoners were provided with appropriate screening, protection and vaccination. Local delivery board meetings had continued and there was a range of governance meetings to provide oversight of the service. A new model of care recently presented to NHSE&I was due to be implemented from April 2022 following a funding agreement. It focused on early days in custody, release and transfer, and was a promising initiative.

4.53 Overall, we found the quality of health care services to be reasonably good. However, access to services within the health care centre was hindered by regime restrictions and inefficient officer escort arrangements, contributing to long waits for some services. We also found that some applications had been noted on individuals' medical records but not booked on the appointment ledger, adding to the delays. Prisoners were highly dissatisfied with access to health services (see key concern and recommendation 1.42).

4.54 The health care provision was not a 24-hour service. The service was well led, supported by a relatively new clinical management team and a resilient staff group. Over the last 12 months, high staff turnover had created some challenges, but services had been sustained with the

support of regular agency nurses. PPG held regular monitoring meetings with its subcontracted services to support good communication. Further work was needed to enhance team resilience and effectiveness.

4.55 There had been some gaps in primary care managerial supervision, but these had now been resolved. Training and development were encouraged and mostly well managed, but compliance with mandatory training in the mental health team was low, and needed to be addressed.

4.56 The clinic rooms and waiting area in the health care department were clean and regular infection prevention and control (IPC) audits were completed. However, the department was very warm and some mental health consultations rooms needed redecoration. NHSE&I had funded a refurbishment programme, including the introduction of air conditioning, and work had started on upgrading the wing-based clinic rooms, to provide more appropriate IPC-compliant areas from which to deliver clinical services.

4.57 Prisoners with complex needs were reviewed regularly through a strong multidisciplinary approach. Daily handovers were well attended by representatives of all services and provided a forum for sharing pertinent patient information and any service updates. Clinical records were of a reasonable standard, although some care plans needed to be more personalised.

4.58 The reporting and investigation of clinical incidents was generally robust, with evidence of learning being shared with staff. PPG produced an informative patient safety bulletin every two months, which highlighted relevant training and developments linked to patient safety incidents, including deaths in custody. There was effective scrutiny and reasonable progress was made with the health recommendations arising from Prisons and Probation Ombudsman death-in-custody reports, which informed service delivery.

4.59 The addition of two paramedics to the team had enhanced arrangements for dealing with medical emergencies. Nursing staff were trained to deliver immediate life support and there was access to suitable equipment, which was audited.

4.60 There was a confidential complaints system, but the responses we sampled had been late and had not always included sufficient detail about action taken, or expressed an understanding of how the patient might have felt. Complaints received were not recognised as such, instead referred to as ‘concerns’. This meant that prisoners were not told how to escalate their issues if they were not satisfied with the response they received.

Recommendations

4.61 Compliance with mandatory training within the mental health team should be increased to acceptable levels.

4.62 All complainants should receive a timely response that addresses their concerns and demonstrates an understanding of the issues raised. It should also include details of what they should do if they are dissatisfied with the reply.

Promoting health and well-being

4.63 There was no whole-prison approach to health promotion. However, PPG had a well-organised, structured programme of health promotion activity linked to national campaigns, with health promotion information displayed across the prison, although not enough was displayed in languages other than English. A helpful monthly health promotion newsletter was produced for prisoners, including information about COVID-19. Uptake rates for COVID-19 and flu vaccinations were good, achieved with the help of a dedicated vaccination team.

4.64 An enthusiastic patient engagement lead supported nine trained prisoner health care representatives to engage with their peers about relevant health information. Certitude, a registered charity, provided peer support training, coaching and mentoring opportunities, as well as help on release to prisoners with learning disabilities, autism and mental health needs.

4.65 Professional telephone interpreting services for health care appointments were available, but we met a few patients for whom these had not been used, even though they would have been helpful to enable a more thorough assessment.

4.66 Prisoners had access to a range of visiting health specialists, including a sexual health consultant. Barrier protection was available, but not well advertised. Blood-borne virus screening and treatment had good uptake, coordinated by PPG's public health lead.

4.67 A range of age-appropriate prevention screening programmes was offered, including bowel cancer screening.

4.68 All prisoners over the age of 35 were offered an NHS health check and a health trainer provided a range of health promotion support, including weight management, smoking cessation, blood pressure monitoring, dietary advice and sleep hygiene.

Primary care and inpatient services

4.69 Health care support for prisoners on arrival was well organised. They received a comprehensive health screening by a registered nurse in reception, including COVID-19 testing. Where indicated, referrals to other clinical teams were immediate and scheduled accordingly. A secondary health screen was usually completed the next day.

4.70 There was a suitable range of primary care and allied health professional support. Prisoners were able to see a GP for a routine appointment within two weeks and urgent referrals were prioritised appropriately. However, some had waited over 26 weeks to see an optician and 11 weeks for a podiatry appointment. Additional sessions

were being organised to reduce the backlog (see key concern and recommendation 1.42).

4.71 There was a good emerging approach to managing long-term conditions. GPs provided medical oversight. Some nursing staff were trained in diabetes management, with further training planned for asthma, epilepsy and weight management. Clinical support was enhanced by the addition of a health trainer role, helping prisoners to learn more about their long-term conditions.

4.72 Good communication and relationships with NHS providers made sure that waiting times for external hospital appointments were tracked and monitored by the administrative team, with clinical oversight. However, we found evidence that a few hospital escorts had been cancelled by prison staff without consulting the health care team (see key concern and recommendation 1.42).

4.73 Prisoners were reviewed on release by a nurse and received a summary of their care, information about onwards support, and seven days' supply of any prescribed medication.

4.74 Before release, prisoners were helped to register with a GP in the community, if needed. Good links had been established with Reconnect, a charity helping vulnerable individuals to access the health services they need following release.

Social care

4.75 A memorandum of understanding had been developed with Lambeth Council, which was responsible for delivering social support for prisoners, but this agreement was still waiting for a formal sign-off. However, the local authority monitored all activity systematically and assessments were undertaken in a timely manner.

4.76 There were no prisoners in receipt of a social care package (see Glossary) at the time of the inspection, but systems to promote, identify and respond to need were established and the health and well-being lead took a prominent role in overseeing arrangements. PPG was the provider of personal care and there was also onsite access to an occupational therapist, who was part of the mental health team.

Mental health care

4.77 A comprehensive mental health service was delivered five days a week by BEH, with a mental health nurse working weekends to make sure that emergency cases were seen.

4.78 On average, 40 referrals were received each month from staff or via self-referral. Prisoners' immediate mental health needs were assessed through reception screening. New referrals were reviewed daily and a nurse undertook welfare checks on those in crisis. An in-depth review of referrals and allocation with the multidisciplinary team took place from Tuesday to Friday, and representatives from the counselling and substance misuse services also attended. BEH recognised the need for

the multidisciplinary team to include an additional review on Mondays and this was planned to start imminently.

4.79 Urgent referrals were seen within 48 hours and non-urgent cases were expected to be seen within five days, although this did not happen consistently. Only 35% of referrals in February 2022 were recorded as being seen within five days, with a year-to-date figure of 63%. The referral times recorded were sometimes later than the actual date of referral, which meant that the data reported were not accurate.

4.80 Weekly zoning meetings were held, where the degree of risk posed to self and others was considered, to make sure that each patient received the correct level of support. There was good psychiatric input. A member of the mental health team attended ACCT reviews.

4.81 A psychologically led service supported patients with mild to moderate problems. Currently, there were no group work sessions because of the pandemic restrictions, and high vacancy rates for psychologists. There were plans to reintroduce groups once staffing improved and restrictions eased.

4.82 Patients with severe and enduring mental health problems were appropriately supported within the care programme approach. Patients with a learning disability were supported by occupational therapists.

4.83 East London Foundation Trust provided good clinical input into the London Pathways Unit (LPU; see section on specialist units), a service under the national offender personality disorder pathway. Staff provided intensive support to 27 patients through a series of psychological interventions, involving groups and individual sessions aimed at reducing their risk and supporting them in engaging more positively.

4.84 The clinical records we sampled were clear and demonstrated use of risk assessments and a multidisciplinary approach to formulating care plans. Health monitoring for patients receiving mood stabilisers and antipsychotic medicines was undertaken by the GP.

4.85 The mental health team helped patients plan for release or transfer, and liaised with community teams and other prisons. This was complicated by some patients not having a fixed abode on release, and the service followed up these individuals to make sure that they had continuity of care.

4.86 Officers said that they received some advice and guidance from the mental health team, although few had received mental health awareness training because of the pandemic restrictions.

4.87 Referrals had been made for six for patients to be transferred to a mental health hospital under the Mental Health Act in the last six months. One patient had waited longer than the transfer guidelines, but the service had taken appropriate action to follow this up.

Recommendation

4.88 Referral data should be captured accurately, including the correct referral date. The service should make sure that patients are seen within agreed timescales.

Substance misuse treatment

4.89 The prison drug strategy was well supported by the health care team through its role in harm minimisation and demand reduction initiatives, but further work was still needed to address the prison's considerable drug issues.

4.90 Initial health screening identified prisoners with addiction problems, prompting early referral to the PPG clinical treatment team. At the time of the inspection, 58 prisoners were receiving opiate substitution treatment. All clinical care was overseen by a single part-time nurse specialist, supervised by a professor/adult addiction specialist, who visited monthly and was available for consultations for the most complex cases.

4.91 The clinical substance misuse service was short staffed and depended on agency staff. This placed pressure on the clinical lead and undermined consistency of care, although we were told that enhancements to the clinical staffing profile had been approved. Despite this pressure, clinical treatment support was good, although with an understandable focus on stabilisation and maintenance.

4.92 Prisoners were alerted to the support available during induction, and a daily well-being referral meeting made sure that applications were responded to promptly. Forward Trust was a well-motivated asset for the prison, offering a range of interventions to approximately 300 prisoners through in-cell, one-to-one and group work. Staffing was adequate within the psychosocial team and other support offered included the introduction of a family worker, a dual-diagnosis lead (for those with co-existing mental health and substance misuse problems) and a recovery and reintegration coordinator. The team additionally delivered some low-intensity mental health interventions. Peer mentors were still operational and mutual aid groups (Alcoholics Anonymous and Narcotics Anonymous) provided regular sessions. D wing continued to offer an intensive drug recovery and well-being service for 46 residents, which included access to the substance dependence treatment programme.

4.93 Regime constraints had resulted in some reductions in service, particularly on A wing, where groups could not be accommodated, but the service was well placed to recover once circumstances allowed. Prisoner feedback was collated and acted on, and most prisoners we spoke to were appreciative of the support offered.

4.94 Forward Trust and the clinical treatment team worked together to complete reviews in a timely fashion, but there was scope for more

robust joint assessment and care planning arrangements to enhance individualised support.

4.95 Forward Trust prepared for prisoners' release early in their stay, making contact with external support agencies and generating an individualised plan. Naloxone training and supply (to reverse the effects of opiates) was considered for all prisoners and targeted support was provided whenever necessary.

Medicines optimisation and pharmacy services

4.96 Overall, the management of medicines was reasonably good, although several prisoners mentioned that it was difficult to get simple pain relief out of hours, and this needed to be reviewed.

4.97 Medicines were dispensed by the registered pharmacy onsite and were individually labelled. Stock check arrangements were appropriately recorded, with medicines stored in the main pharmacy unit and wing treatment rooms. While most prescriptions were printed in the pharmacy and then signed by the prescriber, we were told that this did not always occur and that a recent prescription had been lost when it was sent to a different printer in the health care department. This resulted in a prisoner being discharged with a reduced amount of medication, and confidential and sensitive information may have been seen by others.

4.98 A contemporary in-possession policy took account of both the patient and the medication. The risk assessment was completed as part of the reception process. Medicines reconciliation was undertaken in reception and medicines were sent to the appropriate wing. Pharmacy staff then reviewed and issued new medication the following day. Some medicines, such as antipsychotic agents, were tasked to the mental health team to review rather than being issued in reception, and this had led to a prisoner going without medication for a few days.

4.99 Around 30% of patients received medication under supervision and 70% in-possession. The pharmacy team had previously been involved in spot checks on medication; these had been suspended because of the pandemic, but there were plans to restart them.

4.100 Medicines were administered by trained pharmacy technicians and nurses each day at about 8–9.30am, and 4.30–5.30pm. A large number of patients received mirtazapine (an antidepressant), which can cause sedation. However, in most instances, this was issued as daily in-possession, to allow prisoners to take it at an appropriate time.

4.101 The management of medicine queues by officers and the observation of compliance were inconsistent. Some officers were not fully aware of their role in relation to maintaining patient confidentiality and preventing potential bullying and diversion of medicines (see key concern and recommendation 1.42). The administration hatches in some of the treatment rooms partially blocked the view of the prisoner, which made it harder for the health professional to identify any medicine diversion.

Recommendation

4.102 Prescriptions should be safely and consistently transferred to the pharmacy, so that prisoners receive the correct medication, in a timely manner, and that the appropriate printer is used, to ensure privacy for sensitive information.

Dental services and oral health

4.103 Prisoner Centred Dental Care Limited had been commissioned to provide six session a week since April 2021, and provided a full range of dental treatments, with good oral health promotion.

4.104 The health care and dental teams triaged prisoners and offered pain relief, if needed, for those waiting for an appointment. Urgent referrals were seen at the next available clinic.

4.105 Waiting times for routine appointments were high, at 17 weeks (see key concern and recommendation 1.42), although there had been a considerable improvement in waiting times since April 2021. The service had also been affected by the X-ray machine being out of service for two months, although this had now been fixed.

4.106 The dental surgery had a separate decontamination room. Decontamination procedures were followed and infection control standards were met. The service had enhanced air purification capability. Equipment was well maintained.

Section 5 Purposeful activity

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

Time out of cell

Expected outcomes: All prisoners have sufficient time out of cell (see Glossary) and are encouraged to engage in activities which support their rehabilitation.

5.1 Prisoners spent too little time out of their cells throughout the week. In our survey, 69% of respondents said that they spent less than two hours out of their cell on weekdays, which was far worse than in comparable prisons we have recently inspected (46%) and at the time of the last inspection (12%). Their reporting of time unlocked at weekends was also poor, with 86% saying that they were unlocked for less than two hours on a typical Saturday or Sunday, against 66% at comparable prisons we have recently inspected and 30% at the time of the last inspection.

5.2 Prisoners who were not employed were unlocked for an average of only one and a half hours a day on most wings, and two hours on C and G wings. On Fridays, the unlock time across all wings was further reduced to 45 minutes for everyone. This clearly provided insufficient time for prisoners to have showers, make telephone calls, go to the gym and spend time in the open air. In our roll checks on a weekday, we found 55% of prisoners locked in their cells.

5.3 The regime had altered regularly because of the changing restrictions caused by outbreaks of COVID-19 around the prison. Prisoners were generally unaware of when and why these changes were taking place, which was a source of great frustration to them, and relied on word of mouth from other prisoners to gain information.

5.4 In our survey, only 62% of respondents said that they knew the unlock and lock-up times, and 38% that these were usually kept to. Both of these figures were far worse than at comparable prisons we have recently inspected and at the time of the last inspection.

5.5 During the inspection, G wing was isolated and every prisoner there was tested for COVID-19, which meant that they could only leave their cells for an hour a day and could not go to work. This was not communicated to them, despite leaders producing notices to be delivered to each cell and briefing wing managers to do so.

5.6 Prisoners who worked had more time out of cell. Most work was part time, as was education, and those engaged in such activities spent about five and a half to six hours out of their cells on weekdays,

depending on where they worked. Not all work or classes took place on five days a week, however, and on the days they did not attend they were subject to the same amount of time out of cell as their unemployed peers. A few prisoners who worked full time – in the kitchen, for example – could be unlocked for up to 10 hours a day.

5.7 Prisoners who worked and could not get time for telephone calls and exercise during the day were unlocked in the evenings for an hour, to enable them to get to the gym or the games room, and to access the telephone. The games room was well appointed, but access was limited and prisoners who worked had to choose between this or the gym, which they found frustrating.

5.8 The library service, provided by Lambeth Council, had been responsive to the needs of prisoners and had worked hard to support them through providing reading material and DVDs during the long periods spent in their cells during the COVID-19 restrictions. The library had opened its doors at every available opportunity throughout the pandemic.

5.9 All prisoners, including those who were employed, could visit the library at least once a week, and some had two to four sessions. The library timetable was coordinated with that of the education department, to make sure that library visits and education classes did not conflict. In our survey, far more prisoners than at similar prisons we have visited recently (52% versus 19%) said that they could visit the library once a week.

5.10 The library maintained good records of visitors by wing and number of books issued. It was well stocked with a range of book genres, and up-to-date legal texts. Two librarians worked hard to promote reading and literacy, and each wing had a bookshelf with reading material that was replenished when needed.

5.11 Despite the regime restrictions, the library had continued with reading initiatives such as Reading Ahead (formerly called the Six Book Challenge) and were on track to receive another gold award in 2022. The Shannon Trust Turning Pages programme (learning helped by peer mentors) also continued, with six mentors on the wings; however, some mentors told us that there were difficulties in providing this support because of staffing constraints and regime restrictions.

5.12 Access to the gym was good. All prisoners, including those employed, could access indoor gym sessions at a minimum of twice a week. Additional sessions were provided for the over-50s and those needing remedial gym. Gym visits were only offered during wing association periods, which further limited time out of cell. The gym had opened whenever possible during the pandemic restrictions, and staff had offered outdoor, limited-contact exercise yard activity.

5.13 Outdoor facilities were very limited, but gym staff were proactive and ran regular sports sessions, such as basketball on a shared exercise yard. Indoor gym facilities were good, with a range of cardiovascular and weights equipment spread over two gym halls.

The gym

5.14 PE qualifications had continued to be offered in fitness instructing, manual handling and first aid, with approximately 71 prisoners completing courses in the past few months. The department was setting up to introduce health and safety qualifications. The gym manager had worked hard to reintegrate or introduce external organisations, such as Street Soccer, Chelsea Football Club and the Clink to Club boxing programme, to provide sports and educational courses to prisoners.

5.15 A creative evening community centre had been introduced by the gym department and evening sessions ran every Monday to Thursday. This was an excellent initiative for prisoners on the enhanced level of the incentives scheme to come together and enjoy a social club experience with games, puzzles and music.

The community centre

Education, skills and work activities

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

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

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

Overall effectiveness: Inadequate

Quality of education: Requires improvement

Behaviour and attitudes: Requires improvement

Personal development: Inadequate

Leadership and management: Inadequate

5.17 Leaders and managers did not provide enough education, skills and work activity spaces to meet the needs of the population. Course and work opportunities in baking, industrial cleaning and a call centre had all stopped, and had not been replaced by other activities. Prisoners who studied subjects such as mathematics, English and business studies had very few face-to-face classes each week (see key concern and recommendation 1.43).

5.18 Leaders did not make sure that staff allocated enough prisoners to the activity spaces that were available. There were many unemployed prisoners, despite there being available spaces in classes and work activities. In too many cases, prisoners did not complete courses because staff reallocated them to work before they had finished their studies. Prisoners rightly felt frustrated by the lack of opportunity to gain new knowledge and skills while at the prison.

5.19 The rationale used to allocate prisoners to activities was not well planned. As a consequence, they could not access a full curriculum. Access to courses and work opportunities depended too heavily on where prisoners were housed. For example, vulnerable prisoners could not access construction courses. In addition, peer mentors who lived on the induction wing could not study English or mathematics. Those who lived on the enhanced wing had few opportunities to study, although they benefited from greater work opportunities.

5.20 The prison's allocations and pay policy did not encourage prisoners to study subjects such as English and mathematics.

5.21 Leaders had made slow progress with addressing and rectifying the recommendations for improvement made at the last inspection. They had begun to hold staff to account through frequent quality improvement meetings. These were productive and covered relevant areas, such as joint quality assurance activities. However, where they identified weaknesses, leaders did not use meetings to set precise enough actions for staff to make sure that they met goals.

5.22 Leaders did not make sufficient use of data to evaluate the impact of education, skills and work activities. They could not pinpoint exactly how many prisoners were unemployed in the prison. They did not routinely collect information on prisoners' employment pathways after they had left the prison (see key concern and recommendation 1.44).

5.23 Leaders had introduced more staff development activities, which had led to improvements within vocational training areas. However, in classroom-based subjects such as English and mathematics, the quality of education had not improved swiftly enough. The training that teachers completed did not include enough focus on developing their

subject knowledge, or their teaching skills. In addition, teachers did not have a thorough knowledge of how to support prisoners with learning difficulties and/or disabilities (LDD) in their classes.

5.24 Leaders and managers had made limited, but useful, alterations to the curriculum. For example, changes they had made to the dry lining course meant that more prisoners could achieve a qualification. Leaders had also established links with organisations that offered employment to prisoners after they left the prison. As a result, a few prisoners benefited from valuable access to employers in industries such as railway maintenance, and food preparation and service.

5.25 The induction to education, skills and work was generally effective. Staff were reassuring and personable when they dealt with prisoners new to the prison. They conducted interviews and set up activities that met their needs sensitively. They gently persuaded those who were reticent to complete induction activities to take part in these successfully.

5.26 The provision of careers information, advice and guidance was poor. Staff with responsibility for this area identified broad career pathways that prisoners could follow, but did not consider prisoners' individual circumstances when they planned training pathways. They did not, for example, take into account the length of time that prisoners had left on their prison sentences. This meant that prisoners were placed onto training pathways that they had no realistic chance of achieving before they left the prison (see key concern and recommendation 1.45).

5.27 Leaders had introduced a new allocations process to develop a stronger link between prisoners' career plans and the education, skills and work activities they undertook, but this was not yet effective. Staff responsible for allocating prisoners to education, skills and work activities did not prioritise the courses that were most useful for their work and career plans. Managers did not know that prisoners often undertook education, skills and work activities that did not link to their career plans.

5.28 Leaders had not established opportunities for prisoners to undertake work or learning opportunities via release on temporary licence.

5.29 Teachers and instructors had appropriate teaching and training qualifications. Those who did not hold a teaching qualification when they started their roles received support to gain one. Teachers and instructors also had relevant industry-related experience and expertise.

5.30 Most teachers planned curriculums logically to enable prisoners to develop sufficient new knowledge, skills and behaviour. For example, those who studied food preparation and service first studied cross-contamination before they developed knife skills and learned more challenging tasks such as making roux sauces. These prisoners benefited greatly from exposure to a real-life restaurant ('The Clink') located in the grounds of the prison.

5.31 Prisoners who studied mathematics and English, including those who studied in-cell with the support of a peer mentor, did not develop new knowledge and skills quickly enough. They did not have enough time each week with their teacher or mentor, and as a result did not recall what they had studied in previous sessions. In many cases, the extra work that teachers gave them to complete in their cells was too easy (see key concern and recommendation 1.46).

5.32 Teachers of vocational subjects did not develop prisoners' mathematics and English skills thoroughly enough in lessons (see key concern and recommendation 1.46). For example, those who studied food preparation and service did not learn how to spell key industry-related terms.

5.33 Prisoners who studied vocational training courses benefited from challenging practical training, which helped them to develop valuable new knowledge and skills. They produced work that was of a high standard. For example, those who studied painting and decorating produced good-quality designs, and had a thorough knowledge of the importance of base work to produce a high-quality end result.

5.34 In most classrooms and workshops, teachers and instructors gave prisoners helpful feedback on their written and practical work. This identified clearly and directly what prisoners had done well, and what they needed to improve on. Prisoners who studied English did not benefit from the same high quality of marking. In too many cases, teachers marked work inaccurately.

5.35 Large numbers of prisoners had enrolled on relevant and challenging distance learning courses, and education staff provided good-quality support to them. However, these prisoners could not use the virtual campus (internet access for prisoners to community education, training and employment opportunities) often enough to support them with their studies.

5.36 Prisoners who worked on the wings were often under-employed. They wandered around the wings or played cards during working hours, as they had already completed their work activities. Those who had jobs in workshops were more gainfully employed. They practised new skills often and worked to a high standard.

5.37 Teachers did not routinely use the outcomes of prisoners' LDD assessments to inform their planning. In too many cases, they did not have timely access to LDD assessments. As a result, they did not know whether prisoners had specific needs, or how they could support them.

5.38 Prisoners did not have sufficient opportunities to gain accredited qualifications in the subjects that they studied. For example, in the past 12 months fewer than five prisoners had completed a functional skills qualification. Leaders had recently reintroduced examinations in these subjects.

5.39 Leaders with responsibility for education had rightly identified that teachers needed to build prisoners' confidence and communication skills after several prolonged periods without in-person study. As a result, English and mathematics tutors included topics such as self-belief in their classes, which helped to raise prisoners' aspirations.

5.40 Teachers promoted equality, diversity and inclusion through the curriculum. Prisoners who studied fashion learned about festivals within different cultures, and how these linked to the clothes they made. Those working in the prison kitchen had a thorough knowledge of the dietary requirements of various religions. Prisoners were respectful and tolerant of those from different cultures.

5.41 A few prisoners benefited from extracurricular activities, such as to develop their sewing skills. These opportunities were mainly limited to prisoners from the drug and alcohol rehabilitation wing.

5.42 Prisoners' attendance and punctuality to work and learning sessions were not good enough. They often arrived late to sessions because of delays to their unlocking on the wings. Although their attendance in areas such as hospitality and catering was high, it was too low in English and mathematics, and at induction sessions. Attendance at training and work sessions was disrupted by other prison activities, including gym sessions.

5.43 The majority of prisoners in education, skills and work activities were motivated and demonstrated positive attitudes. Workshops and classrooms were calm and orderly environments. Most prisoners conformed to the clear expectations set for their behaviour by staff, although a few broke rules unchallenged – for example, by vaping in lessons.

5.44 The large minority of prisoners who were not doing any education, skills or work activities lacked the motivation to join a course or get a job. They rightly felt unhappy that their applications for courses and jobs had not been accepted. This reduced their willingness to engage with the prison regime.

5.45 Prisoners felt safe in workshops and classrooms. They could describe what they would do if they had concerns about their personal safety while attending learning.

Section 6 Rehabilitation and release planning

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

Children and families and contact with the outside world

Expected outcomes: The prison supports prisoners' contact with their families and friends. Programmes aimed at developing parenting and relationship skills are facilitated by the prison. Prisoners not receiving visits are supported in other ways to establish or maintain family support.

6.1 The prison had made good attempts to encourage face-to-face contact with family and friends. In our survey, far more respondents than at similar prisons we have inspected recently said that they had been able to see family or friends in person more than once in the last month (23% versus 10%). Since the easing of COVID-19 restrictions, leaders had allowed prisoners to have some physical contact with their visitors. Social visits had resumed appropriately, with capacity reduced from 20 visits at one time to 10. Two visit slots were available every day, six days a week, and all prisoners received one-hour visit sessions. The establishment had adopted a flexible approach to the number of visits that a prisoner could have, and while the guideline was two per week, additional visits could be booked if there were available slots.

The visits hall

6.2 At the time of the inspection, refreshments were not provided for visitors, which posed a problem, particularly for those with children or those who had travelled long distances. Arrangements were being made to reintroduce a small selection of 'grab bag' refreshments in the near future.

6.3 Provision for secure video calls (see Glossary) was better than we see in other prisons. In the 12 months to January 2022, nearly 7,000 video calls had been made by prisoners. This was reflected in our survey, in which more respondents than at similar prisons we have visited recently (25% versus 10%) said that they had been able to see their friends or family by video calling more than once in the last month. In addition, Her Majesty's Prison and Probation Service (HMPPS) data suggested that the establishment was completing more secure video calls than other prisons.

6.4 Facilities to enable prisoners to maintain telephone contact with the outside world were not good enough. In our survey, only 52% of respondents said that they could use the telephone every day, which was far worse than at the time of the last inspection (92%). There was no in-cell telephony, and many prisoners had less than two hours out of their cell a day (see section on time out of cell), which gave them limited opportunity to contact family and friends using the wing telephones. In addition, there was a limited number of telephones on the wings, and many of these were broken.

A broken telephone on a wing

6.5 The Prison Advice and Care Trust (PACT) families team continued to provide support to prisoners with family issues and broader resettlement needs. Additional support mechanisms, such as a dedicated email inbox and a 24-hour telephone line, had been set up for prisoners' contacts. A family engagement worker held a small caseload of seven and an additional two workers were being recruited to increase capacity.

6.6 During Christmas 2021, four family days were offered, when prisoners' families visited and were able to have a Christmas photograph taken to mark the occasion, and enabling children to visit their fathers in a more relaxed setting. These had been well received.

6.7 A range of in-cell relationship courses had been offered by PACT, with approximately 126 completed in the last six months. Some intervention programmes were still on hold, such as Storybook Dads (in which prisoners record stories for their children), but other programmes, such as Families Count and Roots2Change, had been delivered in the last 12 months.

Reducing risk, rehabilitation and progression

Expected outcomes: Planning for a prisoner's release starts on their arrival at the prison. Each prisoner has an allocated case manager and a custody plan designed to address their specific needs, manage risk of harm and reduce the risk of reoffending.

6.8 Reducing reoffending work was informed by a needs analysis completed in December 2020, which had been based on the establishment's resettlement function. Progress against the reducing reoffending action plan was overseen by a monthly meeting of prison managers and external partners involved in reducing reoffending work. There was reasonable attendance at the meeting, and plans to improve the support provided to prisoners were well developed, with evidence of work being advanced. For example, the preparation of an employment hub for prisoners was progressing well and a multi-agency pre-release meeting to review prisoners 14 weeks before release had recently started.

6.9 The offender management unit (OMU) was adequately staffed. The caseload size for probation officer prison offender managers (POMs) was 40–50, and for prison band 4 POMs was 50–60. Caseload allocation reflected HMPPS guidance, with probation officer POMs managing high-risk cases and prison officer POMs having responsibility for medium- and low-risk cases and a supporting role for some high-risk cases. POMs told us that they were constantly under pressure to complete time-bound tasks, such as offender assessment system (OASys) assessments, parole reports or recategorisation reviews. Their role and work had become increasingly task driven and desk based. This had been exacerbated by COVID-19 restrictions, which had resulted in some POMs working from home and limited access to residential wings, and also by the absence of in-cell telephony to enable telephone contact between prisoners and POMs.

6.10 All the POMs received supervision from one of the two senior probation officers (one full time and one shared with another prison), which was an improvement since the previous inspection.

6.11 The initial allocation of a prisoner to the caseload of a POM was timely and appropriate. This was usually accompanied by an entry on the electronic case record system by one of the senior probation officers, describing the stage that the case had reached, where primary responsibility lay, in terms of whether the case was held by the POM or the community offender manager (COM), and immediate priority tasks, such as a missing multi-agency public protection arrangements (MAPPA) management level or outstanding OASys assessment.

6.12 Levels of contact between POMs and prisoners were disappointing and many prisoners had justifiable frustrations about the difficulty they experienced when trying to communicate with the OMU. In a sample of 20 cases that we reviewed in detail, nine had had enough contact to establish a positive working relationship. We saw some proactive work to support progression, but, while the quality of POM work was reasonable, most of the prisoners we interviewed could not name their POM (see key concern and recommendation 1.47).

6.13 In our survey, only 24% of prisoners said that they had a custody plan, and those we interviewed had a very low awareness of this. At the time of the inspection, over 100 prisoners were overdue an initial OASys assessment and others had assessments that had not been reviewed

recently enough. Many arrived at the establishment without having had these assessments completed; one prisoner in our sample had been transferred to Brixton without a completed OASys assessment nearly 15 weeks after being sentenced and was still waiting for one. Of those cases that had an assessment and sentence plan, most were reasonably good. Sentence plans included multiple targets, including offending behaviour work; engagement with substance misuse teams; employment, training and education; and demonstrating positive behaviour. However, there was evidence of reasonable achievement in most areas of sentence planning in only just over half the cases we looked at. Progress with offending behaviour work was weak, other than for prisoners living on the London Pathways Unit (LPU; see section on specialist units) (see key concern and recommendations 1.47 and 1.48).

6.14 Key work (see Glossary) was not operating as intended, to help prisoners progress through their sentences. Most cases we examined had reasonably frequent key work entries in the electronic case notes, but these were mostly welfare checks. In general, key work entries did not reflect sentence plan targets and did not support effective offender management (see key concern and recommendation 1.47). The exception to this was on the LPU, where entries reflected well-informed contacts which were progressive over time.

6.15 Processes within the OMU to manage home detention curfew (HDC) were reasonably good, but about 37% of prisoners who had been released on HDC over the previous 12 months had remained in custody beyond their earliest release date. The arrival of prisoners either shortly before or after they qualified for HDC, and the provision of suitable addresses for them to be released to, contributed to the delays. The HDC decisions we saw were defensible and when addresses were deemed unsuitable, we considered this to be for good reasons.

6.16 No use had been made of release on temporary licence (ROTL) for several years. This particularly affected category D prisoners, who remained at the establishment with no way of demonstrating their reduced risks. The local policy was being reviewed with a view to offering ROTL to suitable prisoners to support resettlement.

Public protection

6.17 Prisoners were screened on arrival for their eligibility for MAPPA. A monthly interdepartmental risk management meeting provided oversight of all MAPPA and high/very high risk of serious harm prisoners approaching release. A sift of lower-risk prisoners took place each month, with the option of adding any of these for discussion. Minutes indicated that detailed information on prisoners was discussed, and that appropriate follow-up actions were identified. However, progress against actions was not routinely reviewed at subsequent meetings.

6.18 The sample of cases we reviewed included 11 MAPPA cases between six and eight months from release, and in all of them there was evidence of MAPPA management levels being notified and appropriate risk management being discussed by the POM and the COM. However, we found over 40 prisoners on the public protection database recorded as having no MAPPA management level confirmed before release over the previous year; more management oversight was needed to understand and address the reasons for this (see key concern and recommendation 1.49).

6.19 We looked at 10 MAPPA F information sharing reports, which had been completed for community meetings, and found the quality to be variable. In half, the POM author had not met the prisoner. All had been countersigned by a senior probation officer, but four were not dated. Those that were dated had been completed in a reasonably timely way. Staff participated in community meetings mostly via telephone conferencing.

6.20 New arrivals were screened for public protection concerns, and contact restrictions were applied as needed. The public protection database showed that 178 prisoners had child contact restrictions in place. OMU staff told us that annual reviews of these restrictions, to determine if they were still necessary or relevant, were not taking place. Lists of prisoners subject to contact restrictions were shared with staff working in the post room.

6.21 Mail and telephone monitoring was authorised by managers, together with reviews of the need for ongoing monitoring. There were no prisoners subject to these measures at the time of the inspection.

Categorisation and transfers

6.22 Records we looked at showed that recategorisation reviews were completed well and that decisions were justifiable, but some of them had been subject to delays. Prisoners could submit written contributions but did not attend their reviews. Decisions, with clear reasons and targets for future reviews, were communicated in writing, which was a missed opportunity for POMs to discuss progress, and what needed to be worked on, with prisoners.

6.23 Nearly all changes in categorisation were to category D. Fifty-two prisoners were waiting for a progressive move and it was clear that some would be released before being given a transfer to open conditions. Some were frustrated by the wait, particularly as they were subject to the same restrictions and regime as category C prisoners. Information provided by the OMU showed that, since September 2021, there had been 35 transfers to open conditions and 47 category D prisoners released.

Recommendation

6.24 Progressive transfers should be facilitated promptly when prisoners are recategorised to category D.

Interventions

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

6.25 As a resettlement prison, Brixton did not offer any accredited interventions. Despite this, it continued to hold a large population of prisoners convicted of sexual offences, some of whom had unmet treatment needs. Managers told us that attempts to transfer some of those prisoners with unmet needs, and enough time left to serve to be able to access interventions, had been unsuccessful. Local managers were clear that it was unacceptable to hold prisoners with treatment needs that the prison was not resourced to deliver (see key concern and recommendation 1.47).

6.26 Across the site, POMs undertook one-to-one work with some prisoners and provided in-cell work packs for others; our case sample included a good example of an in-cell intervention about drug dealing being used well. Forward Trust provided a range of relevant interventions which helped prisoners achieve sentence plan targets and prepare for their release. Links with an external partner to support gang exit were being rebuilt after the pandemic.

Specialist units

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

Offender personality disorder units, including psychologically informed planned environments

6.27 The LPU was a dedicated unit on A wing that could work with up to 36 prisoners. It offered support for those with complex personality difficulties and helped them progress safely towards release.

6.28 Prisoners selected for the unit were part of a therapeutic regime which involved both one-to-one and small-group work. The expectation was that they would spend at least nine months, and up to two and a half years, on the unit while engaging with a regime that was tailored to meet their individual needs. As well as working with clinicians, prisoners also had an allocated officer who had received training for their LPU role and had supervision. Electronic case notes for this group of prisoners were more informative and progressive than for other groups of prisoners.

6.29 Many of the prisoners selected for the unit were high risk and most underwent parole board hearings, to review how outstanding treatment targets related to their core risks, before leaving the unit.

Release planning

Expected outcomes: The specific reintegration needs of individual prisoners are met through an individual multi-agency plan to maximise the likelihood of successful reintegration into the community.

6.30 We saw evidence of inconsistent probation service provision in the London area, undermining resettlement planning. In one case, a prisoner who was due to be released in May 2022 still did not have a COM allocated at the end of March 2022, even though OMU staff had been requesting one since October 2021.

6.31 The small resettlement team had one vacancy, which put it under some pressure, with the prison releasing an average of 74 prisoners each month over the last year. It was responsible for seeing all low- and medium-risk prisoners 12 weeks before their release and ensuring that a resettlement plan was in place.

6.32 PACT staff worked with prisoners approaching their release and provided resettlement support such as clothes and vouchers for those who needed it.

6.33 Our survey indicated that release accommodation was a concern for many prisoners. Since June 2021, support for accommodation for low- and medium-risk prisoners had been provided by St Mungo's, and for high-risk prisoners by COMs. Data from St Mungo's showed that, since June 2021, around one-third of the prisoners they had worked with had left the establishment with a housing appointment arranged in the community, rather than an address. HMPPS data showed that, over the last 12 months, around 35% of prisoners had been released without having an address recorded for their first night in the community. There were no data available to establish the long-term sustainability of accommodation following release. During the previous winter, Forward Trust had provided some prisoners who were being released homeless with sleeping bags, a waterproof coat and a mobile phone so that they could keep in contact with the service (see key concern and recommendation 1.50).

6.34 Resettlement workers also helped prisoners to open bank accounts and obtain copies of their birth certificates for identification purposes. Plans to enable prisoners to apply for provisional driving licences for identification were progressing well. Jobcentre Plus staff attended the prison each weekday and supported prisoners with benefits claims and advice. Their role was expected to expand when the employment hub opened; there was a considerable need for this as data on HMPPS recording systems showed that, over the last 12 months, only 6.75% of prisoners had had employment on release (see key concern and recommendation 1.50).

6.35 Practical support on the day of release was reasonable, with procedures for the issue of licence conditions, travel warrants and other

paperwork, and a discharge grant. Prisoners were offered discreet black holdalls in which to carry their belongings. A ‘departure lounge’ facility, located just outside the prison, provided somewhere for prisoners to charge their mobile phones and to wait for family or mentors. A few prisoners were able to access ‘through-the-gate’ mentoring, which began while the prisoner was in custody and continued for up to a year after release. The support included meeting the prisoner as they were released.

Section 7 Recommendations in this report

The following is a list of repeated and new concerns and recommendations in this report.

Key concerns and recommendations

7.1 Key concern 1.36: Prisoners often spent too long in reception holding rooms, waiting to be processed. First night cells on B wing were ill-prepared for new arrivals. Many cells were dirty, missing furniture and contained graffiti. Induction into prison life had deteriorated since the last inspection.

Key recommendation: Leaders should make sure that prisoners are safe and treated with respect during their reception, first night and induction.
(To the governor)

7.2 Key concern 1.37: Scrutiny of use of force was weak. We found evidence of poor use of techniques, inappropriate language from staff and concerning practice that was not identified during monthly meetings.

Key recommendation: There should be appropriate routine scrutiny of use of force incidents, with effective management oversight.
(To the governor)

7.3 Key concern 1.38: Support for prisoners at risk of self-harm or suicide required improvement. Case reviews did not translate into meaningful care maps, which meant that prisoners' concerns and risks were not always fully addressed.

Key recommendation: Prisoners at risk of self-harm should have an effective plan that directs their care.
(To the governor)

7.4 Key concern 1.39: Staff–prisoner relationships were dysfunctional and lacked professional boundaries in some cases. Staff did not challenge low-level poor behaviour and failed to promote prosocial behaviour in prisoners. Prisoners told us that the only way to get any issues resolved was to become aggressive, and that staff were less responsive to the needs of those prisoners who behaved.

Key recommendation: Staff should model prosocial behaviour, set appropriate boundaries and ensure that good behaviour is rewarded.
(To the governor)

7.5 Key concern 1.40: Too many prisoners lived in cells which were poorly equipped, dirty and contained graffiti. Many cells were overcrowded and poorly ventilated. Access to basics, such as toilet rolls, cleaning materials, clean bedding, clothing and stored property, was too often very poor.

Key recommendation (a): Prisoners should not be held in overcrowded conditions.
(To the governor)

Key recommendation (b): Prisoners should live in decent conditions, with access to everyday basics.
(To the governor)

7.6 Key concern 1.41: The application and complaint systems were not working, with too many prisoners receiving answers late or not at all. When they did receive an answer, it often did not adequately address the issue that was being raised.

Key recommendation: Prisoners should receive a timely response to applications and complaints that fully addresses the issue raised.
(To the governor)

7.7 Key concern 1.42: Regime restrictions and inefficient officer escort arrangements contributed to long waits to see the dentist, optician and podiatrist. Some external hospital appointments were cancelled by officers without consultation with health care staff. The management of medicine queues by officers was inconsistent and increased the risk of diversion. We also found some weaknesses with the health care application process, which meant that some appointments had not been booked, contributing to the delays.

Key recommendation: Prisoners should receive health interventions in a timely and effective manner, assisted by adequate officer support, clear communication and a functional health care appointment system.
(To the governor and the health care provider)

7.8 Key concern 1.43: There were too few activity spaces available to meet the needs of the prison population, and too many vacancies within the spaces available. Many prisoners were under-occupied and demotivated, and when they attended activities, too many arrived late.

Key recommendation: Leaders should take rapid action to make sure that a large proportion of prisoners have access to, and can punctually attend, education, skills and work activities.
(To the governor)

7.9 Key concern 1.44: Leaders did not use data effectively to evaluate the impact of education, skills and work activities. They did not routinely collect information on prisoners' employment pathways and could not pinpoint exactly how many prisoners were unemployed.

Key recommendation: Leaders should make more effective use of data to scrutinise the curriculum that they offer, and to make alterations to it accordingly.
(To the governor)

7.10 Key concern 1.45: Prisoners did not receive effective careers information, advice and guidance, and career aspirations were not linked well to prisoners' education, skills and work activities.

Key recommendation: Leaders should make sure that the prison's staff work productively to meet individual prisoners' resettlement needs, and that careers advice and guidance is effective.
(To the governor)

7.11 Key concern 1.46: The quality of English and mathematics education had not improved since the last inspection, and too few prisoners had gained accredited qualifications in these subjects.

Key recommendation: Leaders should make sure that the quality of English and mathematics provision improves, so that prisoners develop their knowledge more rapidly and achieve qualifications in these subjects.
(To the governor)

7.12 Key concern 1.47: There was limited support for prisoners to progress while at the establishment. Many did not have regular contact with their prison offender manager, and key work was not supportive of progression. The lack of accredited interventions was a particular issue, given the population of prisoners convicted of sexual offences.

Key recommendation: Prisoners should receive the support they need to be able to make progress while at the establishment.
(To the governor)

7.13 Key concern 1.48: Too few prisoners had, or knew about, a sentence plan.

Key recommendation: Concerted action should be taken to make sure that all prisoners who need one have a complete and up-to-date offender assessment system (OASys) document.
(To HMPPS)

7.14 Key concern 1.49: The prison's public protection database showed that over 40 prisoners had not had a MAPPA management level confirmed before their release. The reasons for this needed to be understood and addressed by managers.

Key recommendation: MAPPA levels should be confirmed and recorded in good time for release.
(To the governor)

7.15 Key concern 1.50: Accommodation and employment support and outcomes for released prisoners needed attention. Prisoners felt unsupported in these areas, and HMPPS data showed that too many

were released without accommodation identified and too few had education, training or employment to go to. There was no systematic follow-up of these outcomes to inform future provision.

Key recommendation: Prisoners should have accommodation and education, training or employment on release.
(To the governor)

Recommendations

7.16 Recommendation (3.18): The incentives scheme should encourage positive behaviour and challenge poor behaviour.
(To the governor)

7.17 Recommendation (3.30): There should be appropriate safeguards in place to protect the well-being of prisoners held in segregation.
(To the governor and the health care provider)

7.18 Recommendation (3.45): Prisoners on constant supervision should be fully engaged and supported by staff, to help them get through their period of crisis.
(To the governor and the health care provider)

7.19 Recommendation (3.47): Leaders should update the prison safeguarding policy and make sure that all staff know how to make a referral.
(To the governor)

7.20 Recommendation (4.32): Disproportionate outcomes for protected characteristic groups should always be monitored, reviewed and acted on when it is found.
(To the governor)

7.21 Recommendation (4.43): Prisoners in protected characteristic groups should be supported and consulted with, to make sure that they are not disadvantaged.
(To the governor)

7.22 Recommendation (4.61): Compliance with mandatory training within the mental health team should be increased to acceptable levels.
(To the governor and the health care provider)

7.23 Recommendation (4.62): All complainants should receive a timely response that addresses their concerns and demonstrates an understanding of the issues raised. It should also include details of what they should do if they are dissatisfied with the reply.
(To the governor)

7.24 Recommendation (4.88): Referral data should be captured accurately, including the correct referral date. The service should make sure that patients are seen within agreed timescales.
(To the governor and the health care provider)

7.25 Recommendation (4.102): Prescriptions should be safely and consistently transferred to the pharmacy, so that prisoners receive the correct medication, in a timely manner, and that the appropriate printer is used, to ensure privacy for sensitive information.
(To the governor and the health care provider)

7.26 Recommendation (6.24): Progressive transfers should be facilitated promptly when prisoners are recategorised to category D.
(To the governor)

Section 8 Progress on recommendations from the last full inspection

Recommendations from the last full inspection

The following is a summary of the main findings from the last full inspection report and a list of all the recommendations made, organised under the four tests of a healthy prison. 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 2019, arrival and early days procedures had improved and were good. There had been a strong management focus on safety and the prison was notably calmer and safer than at the last inspection. The incentives and earned privileges (IEP) scheme did not provide sufficient support to those on the basic level. Adjudications were managed effectively. Use of force was lower than at similar establishments and governance had improved significantly. The inadequate segregation unit had been closed and the temporary unit was managed well. Security was also well managed and a range of measures taken to reduce the illicit drug supply had been effective. Support for those at risk of self-harm had improved significantly. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

The suspension of release on temporary licence to reduce the drug supply should be subject to regular and documented review to ensure that it remains proportionate. (1.28)
Not achieved

The MDT programme should be adequately resourced so that the required level of target testing is completed and all requested suspicion tests are undertaken within required timeframes. (1.29)
Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2019, staff-prisoner relationships were good and the keyworker scheme was well embedded. The physical environment for many prisoners remained very poor, and overcrowded cells did not provide decent living accommodation. The applications and complaints systems were managed effectively. Equality and diversity work had improved

significantly, but some areas remained underdeveloped. Much of the prison was not suitable for prisoners with mobility difficulties. Faith provision was good. Health services, particularly mental health provision, were also good. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

Prisoners should not be held in overcrowded conditions. (S44a)
Not achieved

All cells should provide decent, hygienic and well-maintained conditions, including effective toilet screening and sufficient furniture. (S44b)
Not achieved

Recommendations

All showers should be clean, well maintained and screened to provide full privacy. (2.8)
Not achieved

Managers should scrutinise equality monitoring data regularly. Areas of possible discrimination should be thoroughly investigated and robust action taken to address any disadvantages. (2.22)
Not achieved

DIRFs should be thoroughly investigated and subject to effective quality assurance. (2.23)
Achieved

Prisoners with disabilities should be identified on arrival and provided with reasonable adjustments, care plans and evacuation plans as necessary. (2.32)
Not achieved

Treatment rooms should comply with infection prevention and control standards. (2.46)
Partially achieved

Support for prisoners should include timely access to sexual health advice and smoking cessation support. (2.50)
Achieved

Prisoners should have timely access to all primary care and screening services. (2.55)
Not achieved

A memorandum of understanding between the prison and local authority should determine a pathway from assessment to the delivery of personal care. (2.57)
Achieved

Training on overdose management and access to naloxone on release should be provided. (2.69)
Achieved

Medication administration should be consistently and adequately supervised by prison staff, to ensure privacy and compliance, and reduce the risk of bullying and diversion. (2.75)
Not achieved

The essential repairs to the washer disinfector should be carried out expeditiously. (2.78)
Achieved

Purposeful activity

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

At the last inspection, in 2019, time out of cell had improved significantly and was good for most prisoners. The library provision was also good and the gym reasonable. Leadership and management of activities had improved, but was not yet sufficiently effective. There were enough activity places for the population, but few vocational training places for vulnerable prisoners. Allocation processes and attendance were now reasonably good. The quality of teaching and learning was not consistently good. Achievements were high in most courses, but too low in English and maths. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

All vulnerable prisoners should be able to participate in a range of vocational training and meaningful work to ensure they can attain useful skills for education, training or employment on their release. (S45)
Not achieved

Recommendations

All prisoners, including those who are unemployed, should have sufficient time out of their cells to carry out domestic tasks and, in addition, have at least one hour of association every day. (3.8)
Not achieved

All standard level prisoners should be unlocked for domestic routines and association in the morning and afternoons at weekends. (3.9)
Achieved

The PE department should have a suitable classroom where accredited courses can be taught. The classroom should be well-equipped with audio-visual equipment. (3.10)
Achieved

The range of vocational training and meaningful work should meet the needs of all vulnerable prisoners. (3.19)
Not achieved

Novus should raise the standard of teaching and learning to at least good and identify and share good practice. (3.20)
Not achieved

The prison should have a cohesive approach to self-evaluation and quality improvement planning across all education, skills and work. (3.21)
Not achieved

Managers should provide structured support for prisoners with specific additional learning needs. (3.28)
Not achieved

Individual learning plans should show what prisoners need to do to improve their personal development. (3.29)
Not achieved

Prisoners should attain English and maths qualifications so that they can progress to the next stage of their education and into employment. (3.36)
Not achieved

Rehabilitation and release planning

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

At the last inspection, in 2019, the provision for visits had improved and there was a very good range of support to help prisoners maintain contact with their families and children. The strategic management of rehabilitation work was reasonably good. The offender management unit (OMU) was now reasonably well resourced, but staff struggled to undertake routine work because of the large number of prisoners with an incomplete offender assessment system (OASys) report. Not enough was being done to address the offending-related needs of the large sex offender population. There were some shortcomings in public protection procedures. Categorisation and home detention curfew (HDC) processes were reasonably effective. Too many prisoners were released without stable accommodation despite good efforts to help them. The community rehabilitation company (CRC) was doing useful work, but it was not yet sufficiently resourced or embedded. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

Concerted regional action should be taken to ensure that all prisoners who need one have a complete and up-to-date OASys document. (S46)
Not achieved

All sex offenders, including those who deny their offences, should have access to a range of offending behaviour interventions. (S47)
Not achieved

Recommendations

Prisoners should be able to receive a visitor at least once a week. (4.8)
Achieved

All probation staff should receive regular, planned supervision to support case management. (4.21)
Achieved

The CRC should be informed at the earliest opportunity when a prisoner's HDC application has been refused to ensure they are offered pre-release support. (4.22)
Achieved

The IDRMT meeting should systematically oversee and manage MAPPA cases. (4.25)
Not achieved

Prisoners and offender supervisors should be invited to contribute to decisions about categorisation and allocation. (4.28)
Achieved

Post-release accommodation checks should clarify whether a prisoner has sustainable, long-term accommodation or temporary housing, and housing outcomes data should be used to determine the most effective interventions for prisoners. (4.34)
Not achieved

All prisoners should have their resettlement needs assessed 12 weeks before their release. (4.40)
Not achieved

Appendix I About our inspections and reports

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.

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

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

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

Respect
Prisoners are treated with respect for their human dignity.

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

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

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

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

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

Outcomes for prisoners are not sufficiently good.
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

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

Our assessments might result in one of the following:

Key concerns and recommendations: identify the issues of most importance to improving outcomes for prisoners and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of prisoners.

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.

Examples of notable positive practice: innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

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

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

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

This report

This report provides 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 and conditions for men in prisons* (Version 5, 2017) (available on

our website at https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/). 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 7 lists all recommendations made in the report. Section 8 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

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

Inspection team

This inspection was carried out by:

Charlie Taylor	Chief Inspector
Angus Jones	Team leader
Angela Johnson	Inspector
David Foot	Inspector
Donna Ward	Inspector
Esra Sari	Inspector
Nadia Syed	Inspector
Joe Simmonds	Researcher
Rachel Duncan	Researcher
Isabella Raucci	Researcher
Sophie Riley	Researcher
Helen Ranns	Researcher
Maureen Jamieson	Lead health and social care inspector
Steve Eley	Health and social care inspector
Karen Wilson	Health care inspector
Peter Gibbs	Pharmacist
Bev Gray	Care Quality Commission inspector
Saul Pope	Ofsted inspector
Lynda Brown	Ofsted inspector
Chris Dearnley	Ofsted inspector
Montse Perez-Parent	Ofsted inspector
Martyn Griffiths	Offender management inspector

Appendix II Glossary of terms

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

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

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

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

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

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

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

PAVA
PAVA (pelargonic acid vanillylamide) spray is classified as a prohibited weapon by section 5(1) (b) of the Firearms Act 1988.

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

Protection of adults at risk
Safeguarding duties apply to an adult who:

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

Secure video calls
A system, commissioned by HMPPS, that requires users to download an app to their phone or computer. Before a visit can be booked, users must upload valid ID.

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

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

Appendix III Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

Any enquiries regarding this publication should be sent to us at the address below or: hmiprisons.enquiries@hmiprisons.gsi.gov.uk

This publication is available for download at: http://www.justiceinspectorates.gov.uk/hmiprisons/

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