Report on an announced inspection of

HMP Swaleside

by HM Chief Inspector of Prisons

11–21 September 2023

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Introduction

First opened in the 1980s and located on the Isle of Sheppey in Kent, Swaleside is a category B training prison currently able to hold 839 adult men. This constitutes a temporary reduction in population, although at the time of our inspection there were advanced preparations to re-open the closed accommodation units. The challenges faced in leading and operating Swaleside cannot be underestimated. Most prisoners present considerable risks, with well over 40% serving lengthy sentences of more than 10 years, a further 43% serving indeterminate sentences, mostly life, and one unit dedicated to the accommodation of men convicted of a sexual offence. Coupled with this, and despite the significant efforts of leaders, the prison had chronic difficulties in recruiting officers and more specialist staff. At the time of the inspection, this was reflected in very restricted daily routines and the presence of many temporary staff from other prisons required to sustain operations.

This was our sixth visit to Swaleside since 2016. During that time, we have repeatedly raised significant concerns about the prison, both in terms of the poor outcomes we have observed and the challenges it faces in making any progress following our reports. Safety outcomes have remained not good enough, and on only one occasion have we seen reasonably good outcomes in any of our healthy prison tests. I therefore took the decision to announce this inspection six months in advance to give leaders the opportunity to use our inspection as a focus for improvement. Our findings suggest that they grasped that opportunity. Outcomes in all four of our healthy prison areas remain concerning, but very real efforts had been made by leaders and staff to mitigate the worst impacts of the strategic challenges faced by the prison.

It was, however, still not safe enough. Adequate reception and induction arrangements were in place, but there was some evidence from our survey to suggest new prisoners were more anxious about their arrival at Swaleside than at similar prisons. These feelings persisted among many, and although recorded violence had not increased since we last visited, it was higher than at comparable prisons. Work was being done to better understand the causes of violence in the prison and oversight, interventions and use of incentives were getting better, but investigations into incidents were not robust. Use of force was managed well and while the segregation unit was usually full, stays were not excessive and the quality of care was satisfactory. Most security measures were proportionate and effective but there was evidence to indicate that illicit drugs were too easily available.

The reduction of self-harm had been prioritised in the prison and although this had led to some improvements, seven prisoners had taken their own lives since we last inspected. A significant amount of work had been done to address the problem and progress had been made, but many initiatives were still too partial or applied too inconsistently.

Despite staff shortages, relationships between staff and prisoners were reasonably good, if inconsistent. We saw some positive interactions and most prisoners felt respected. However, supervisory staff and middle managers needed to go much further in offering inexperienced staff robust support and guidance. Many aspects of daily living were better than we often see. There was no overcrowding, living conditions were generally good and prisoner parties

were deployed effectively to maintain and improve the environment. Access to clothing and other basic items was similarly good, while consultation, applications and complaints were managed reasonably well, albeit with more improvements needed. The promotion of equality, however, was much weaker, despite pockets of good and innovative practice.

Our spot checks indicated that 39% of prisoners were locked in their cells during the working day due to staff shortages and there were far too few opportunities for work or education. That said, there was some useful planning and work being done to mitigate the very worst consequences of these restrictions by making sure prisoners had more time out of their cells at weekends and offering reasonable opportunities to visit the library and gym. Our colleagues in Ofsted judged education, work and skills as 'requires improvement' overall, but this was better than many other prisons we have inspected recently.

The high-risk population held at Swaleside demanded effective work in the management of sentences and the reduction of risk. Despite some mitigations, there remained too few prison offender managers. Contact was too infrequent and work with prisoners was not sufficiently well coordinated. Key work, that might have helped bridge these gaps, had only recently been introduced. Interventions were now being delivered more consistently and the prison was doing good work to improve public protection measures and provide some resettlement support to the increasing number of prisoners who were being released from the establishment.

Overall, this is a concerning report. Swaleside is a prison that continues to struggle and where outcomes still need to improve dramatically. Had there not been a reduction in population in recent times it is hard to imagine how the prison would have coped. The governor has shown commendable commitment to the prison and has evidenced an energy and application that has helped keep it remarkably stable despite all of the challenges. There was no sense of helplessness at Swaleside; staff were very committed and were not overwhelmed by their circumstances. They seemed to support the governor's vision and priorities and we saw many examples of good practice, innovation and creativity that were mitigating problems and helping to sustain a sense of purpose and progress. We have highlighted several priorities and concerns that we hope will assist leaders, and we plan to return to this prison in the near future to see if progress is being sustained.

Charlie Taylor
HM Chief Inspector of Prisons
November 2023

What needs to improve at HMP Swaleside

During this inspection we identified 14 key concerns, of which five should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

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

Priority concerns

1. **Fourteen prisoners had died at Swaleside in the previous two years, including seven whose deaths were self-inflicted.** Ongoing weaknesses included inconsistent support for prisoners at risk, a failure by some night staff to carry anti-ligature knives, slow responses to cell bells and inadequate reviews of Coroners' and PPO recommendations.

2. **Levels of violence remained high and investigations into violent incidents were often delayed and of poor quality.**

3. **Many staff lacked confidence and assertiveness in their management of prisoners.** Supervising officers did not provide sufficient visible support on many wings.

4. **Prisoners' attendance rates at education, skills and work had not improved over time and were too low. Too few prisoners developed positive attitudes towards education and work.**

5. **There were few progression opportunities, and many category C prisoners were unable to transfer to a more suitable prison because of national population pressures.** There was inadequate one-to-one work to mitigate these systemic problems.

Key concerns

6. **The routine use of strip-searching, alongside the use of a body scanner, was sometimes excessive and unnecessary.**

7. **Drugs were too easy to obtain and measures to reduce supply were not comprehensive or effective.**

8. **Key work sessions were increasing in number but most lacked substance or quality and many were little more than occasional welfare checks.**

9. **Nearly all wing kitchens were closed, depriving the predominantly long-term prisoner group of the incentive of self-catering and the opportunity for developing life and social skills.**

10. **Work to support fair treatment and inclusion remained weak.** The experiences of the diverse prisoner group were poorly understood and disproportionality was not systematically identified or addressed.

11. **Some aspects of clinical governance were weak and did not ensure patient safety.** Record keeping was poor, medicines administration and regimes did not meet national guidance, and some Prison and Probation Ombudsman recommendations had not been embedded.

12. **Prisoners did not have access to an adequate range of psychological therapeutic interventions and waiting times for those that were available were too long.**

13. **The daily regime was restricted because of staff shortages, and a lack of teachers and instructors significantly impacted prisoners' engagement with work and activities.**

14. **Careers information, advice and guidance were ineffective and did not inform a coherent plan for prisoners to help develop the knowledge, skills, and behaviour prisoners needed to be successful in their progression.** New arrivals to the prison waited too long to be allocated to education, skills or work.

About HMP Swaleside

Task of the prison/establishment
HMP Swaleside is a category B training prison for adult men.

Certified normal accommodation and operational capacity (see Glossary) as reported by the prison during the inspection
Prisoners held at the time of inspection: 813
Baseline certified normal capacity: 1,100
In-use certified normal capacity: 959
Operational capacity: 838

Population of the prison
- A predominantly high risk and long-term population
- Over 40% serving an indeterminate sentence
- More than three-quarters assessed as high or very high risk of serious harm, including 174 registered sex offenders
- 401 new prisoners received in the last year
- 137 foreign national prisoners
- 39.5% of prisoners from black and minority ethnic backgrounds
- 127 prisoners released into the community in the last year
- 251 prisoners receiving support for substance misuse
- 190 prisoners referred for mental health assessment each month

Prison status (public or private) and key providers
Public

Physical and mental health provider: Oxleas NHS Foundation Trust
Substance misuse treatment provider: Change Grow Live (CGL)
Dental health provider: Time for Teeth
Prison education framework provider: Milton Keynes College
Escort contractor: Serco

Prison group/Department
Directorate of Security, long-term high security estate

Prison Group Director
Hannah Lane

Brief history
HMP Swaleside opened in 1988 with four wings, A - D. E wing was built in 1998 and F wing in 1999. G wing was added in 2009 and H wing in 2010.

Short description of residential units
A wing – closed
B wing – compact-based vulnerable prisoner unit
C wing – closed
D wing – first night centre and induction
E wing – drug, alcohol and substance misuse treatment unit and incentivised substance-free living unit

F wing – one half forms the psychologically informed planned environment (PIPE)
G wing – one half is a lifers' community
H wing – unit for prisoners convicted of sexual offences

Name of governor and date in post
Mark Icke, March 2018 –

Independent Monitoring Board chair
Neil Rae

Date of last inspection
July 2022 (independent review of progress)
October 2021 (full inspection)

Section 1 Summary of key findings

Outcomes for prisoners

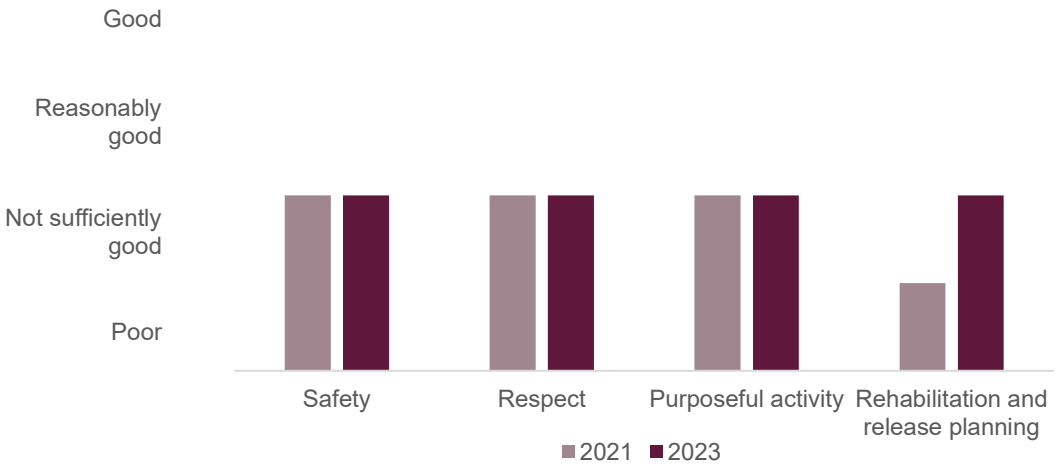
1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

1.2 At this inspection of HMP Swaleside, we found that outcomes for prisoners were:

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

1.3 We last inspected HMP Swaleside in 2021. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Swaleside healthy prison outcomes 2021 and 2023



Progress on key concerns and recommendations

1.4 At our last inspection in 2021 we made 34 recommendations, 13 of which were about areas of key concern. The prison fully accepted 31 of the recommendations and partially (or subject to resources) accepted two. It rejected one of the recommendations.

1.5 At this inspection we found that one of our recommendations about areas of key concern had been achieved, seven had been partially achieved and five had not been achieved. Both recommendations made in the area of leadership had been partially achieved, as had the three made in safety and one made in purposeful activity. One of the three recommendations made in the area of respect had been partially

achieved and two had not been achieved. Of the four recommendations made in rehabilitation and release planning one had been partially achieved and three had not been achieved. For a full list of the progress against the recommendations, please see Section 7.

Notable positive practice

1.6 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.

1.7 Inspectors found nine examples of notable positive practice during this inspection.

1.8 The Swaleside Outreach Service (SOS) was an effective multidisciplinary intervention, which worked with violent, disruptive or challenging prisoners. We saw evidence of substantial improvements in prisoners' behaviour following intervention. (See paragraph 3.13)

1.9 Leaders had restructured the safety team to allow the appointment of two safety analysts and a more rigorous use of data. This had led to a considerable improvement in understanding the drivers of violence. (See paragraph 3.9)

1.10 The prison was kept clean, well decorated and in reasonable physical condition through a very active prisoner 'CRED' (clean, rehabilitative, enabling and decent) team, and an effective, well-led prisoner painting party, which had, for example, recently made C-wing ready for re-occupation. (See paragraph 4.8)

1.11 A reverse mentoring scheme paired prison staff, including the governor, with minority ethnic prisoners, so that they could provide mutual insights into their lives during private discussions with the objective of improving communication and understanding. (See paragraph 4.30)

1.12 There was good oversight of safeguarding referrals. A senior nurse maintained a caseload of patients with ongoing safeguarding concerns and they received good care. They were visited weekly to review their vulnerability, care and management. (See paragraph 4.41)

1.13 The library was well planned and welcoming and was the centre for several reading groups, book clubs and services for emergent readers. Library staff focused usefully on topics such as men's health and well-being, and on connecting parents and children through reading and writing activities. (See paragraph 5.4)

1.14 Despite the prison having no formal resettlement function, an effective employment hub had been established to bring together a range of

resettlement partners who could support prisoners nearing release. (See paragraph 6.29)

1.15 Prisoners had an opportunity to contribute to the regular review of their security categorisation and were given a written explanation of the outcome, including suggested areas to work on. This promoted transparency and confidence in decision-making. (See paragraph 6.11)

1.16 Leaders on the PIPE unit had addressed an under-representation of minority ethnic prisoners by monitoring the referrals and screening process and actively encouraging referrals from minority prisoners Representation on the unit had increased from 6% to 33% over the year. (See paragraph 6.25)

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 governor had been in post for 5.5 years and had demonstrated a strong commitment to Swaleside. He had a clear, well-communicated vision for the prison and, in our staff survey, most staff understood and supported the prison's priorities. Leaders across the establishment were resilient and focused on improvement, despite the many chronic challenges that faced the prison. We found an unusually high number of notable positive practices, which suggested a culture that supported innovation and initiative.

2.3 Leaders had put more resource into supporting those at risk of self-harm, which was appropriate given the high rate of self-harm and high number of self-inflicted deaths. The focus on this area had led to some improvements including the achievement of most PPO recommendations and reduced self-harm, but progress was uneven. and leadership was not always robust.

2.4 The use of data had improved, especially in safety, where the recruitment of two analysts had led to a much better understanding of trends in prisoner violence. The quality of governance was often inconsistent but had improved in some key areas, including oversight of the use of force. Enhanced gate security was a useful addition to attempts to limit drug supply, but leaders had not ensured efficient completion of either suspicion drug testing or intelligence-led searching.

2.5 Prison leaders' vision for a rehabilitative prison was largely aspirational. With the exception of F-wing, which benefited from commissioned services partly funded by the NHS, there was inconsistent support for prisoner progression through their sentence and key work was limited. National prison population pressures prevented the onward allocation and progress of a large number of category C prisoners, especially those convicted of sexual offences.

2.6 It was positive that local leaders had funded useful resettlement provision for the substantial number of prisoners now released directly from the prison. National leaders had, however, failed to provide sufficient probation staff to meet the needs of a high-risk and high-need population at Swaleside.

2.7 A restricted regime was in place and was a considered and pragmatic solution to resource constraints, but it did not meet the requirements of a training prison in which prisoners should be fully occupied. For those who did get to activity, leaders had ensured good quality teaching and an impressively wide range of personal development activities, which included a coherent reading strategy. However, a chronic lack of staff and poor attendance at activities often undermined this good work.

2.8 Residential leaders were visible and engaged. They had been proactive in mitigating problems such as the shortage of facilities staff by using painting teams and the impressive CRED (clean, rehabilitative, enabling and decent) programme, which employed prisoners to refurbish the prison. The overall leadership of equality work lacked strategic direction and generally poor use of data meant that there was little understanding of the extent or causes of disproportionality.

2.9 Health care managers provided supportive leadership and there was good partnership working between health care and the prison, although there were some weaknesses in governance.

2.10 Leaders had shown good initiative in addressing the problem of recruitment and retention of staff, for example the governor and other senior leaders had attended local careers fairs and spoken to prospective recruits, and the governor had taken an active interest in the well-being of new staff. This approach had achieved some success, but recruitment remained a serious long-term problem. The prison was heavily reliant on temporary detached duty staff with less knowledge of the prison.

2.11 National leaders had appropriately reduced the prison's capacity and, at the time of the inspection, two wings remained closed. However, one was undergoing refurbishment and was due to accept new prisoners imminently. In the context of ongoing staffing problems and a prison that was struggling to deliver positive outcomes for prisoners, increasing the population posed significant risks.

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 About 33 prisoners arrived at Swaleside each month. Reception closed at 4.30pm and, if escorts were delayed, prisoners had to spend the night at other prisons before being moved again the following day. This lengthened overall transfer times.

3.2 The reception area was spacious and clean and most new arrivals were processed quickly. Holding rooms were stark and contained little information.

HMP Swaleside reception and holding room

3.3 Reception staff were welcoming and polite and, in our survey, 77% of prisoners said they were treated well in reception. However, initial reception and safety interviews were not always thorough enough to identify immediate risks and vulnerability and some personal information was obtained at an open desk within earshot of other prisoners and staff. A small, partially screened and welcoming interview area was available for private conversations but was not always used when appropriate.

Comfortable interview area

3.4 Searching arrangements on arrival included the use of a body scanner combined with a strip search. Without adequate risk assessment or justification this seemed disproportionate (see paragraph 3.29). Property arriving with prisoners was processed immediately and prisoners were allowed to take all in-possession items with them to the induction wing. Peer supporters provided new arrivals with a useful introduction to the prison and its routines in reception and during induction.

3.5 In our survey, only 59% of prisoners said they felt safe on their first night compared with 73% at similar prisons. Cells on the induction wing were clean, but many were poorly furnished, for example missing a table or chair. Staff checked new arrivals at least three times during their first night and those we spoke to said they had felt safe.

First night cell

3.6 Prisoners could only buy a vape pack on arrival and had no access to the prison shop for up to two weeks. The two-week induction programme was comprehensive, but it did not start until the Monday following arrival, leaving some prisoners with little to do for up to six days.

Promoting positive behaviour

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

Encouraging positive behaviour

3.7 The level of recorded violence remained similar to that seen at the last inspection but higher than at comparable prisons. In the year leading up to the inspection, recorded violence towards staff had reduced, but violence among prisoners was increasing. In our survey, 31% of prisoners said they felt unsafe and 30% said they had been physically assaulted by other prisoners.

3.8 Some 27% of prisoners in our survey also said they had been assaulted by staff, although we could not corroborate this unusually high figure in our discussions with prisoners or from other evidence sources. Leaders took a robust stance against misuse of force or other alleged poor behaviour by staff (see paragraphs 3.20 and 3.31) and had given priority to understanding the causes of violence.

3.9 The safety team had been restructured and now included two safety analysts who had substantially improved the use of data to understand the drivers of violence. Numerous prisoner safety surveys had been issued and the results were discussed with prisoners and staff in a range of useful forums. The feedback from these meetings and from survey data had been used to develop a promising safety strategy, which included an evidence-led focus on debt and gang affiliation. While promising, this had yet to lead to a reduction in violence.

3.10 Violence reduction work was supported by a range of forums intended to provide a sustained focus on the issue. Weekly safety intervention meetings (SIMs) focused on current complex cases; a strategic safety meeting looked at emerging trends and themes; and a daily triage meeting involving the safety team and other key functions made sure that all violent incidents were identified and appropriate initial actions taken. The triage meetings were generally well attended, but poor minutes made it difficult to track progress against identified actions.

3.11 A small number of prisoners were self-isolating because of fears for their own safety. The regime for these individuals was poor and many were isolated for long periods with very little activity (see paragraph 3.40).

3.12 Investigations into violent incidents were slow and often of poor quality. Care, support, and intervention plans (CSIPs, see Glossary) were used both to manage perpetrators and to support victims, but staff understanding and use of CSIP processes were poor. In one case, for example, following a serious violent incident involving a weapon which resulted in the victim requiring hospital treatment, the CSIP made no reference to the incident or the use of weapons and did not consider the underlying causes of the violence.

3.13 Such failings were mitigated to a small extent by good multidisciplinary work at the weekly SIM and the work of the Swaleside Outreach Support (SOS) service (see paragraph 6.21), which remained a good example of multidisciplinary work with the most challenging and violent individuals. We observed the team providing individualised support for complex people in a relaxed environment, with evidence to suggest that prisoners' behaviour had subsequently improved considerably.

3.14 Other useful interventions to motivate prisoners to engage included access to additional privileges such as the purchase of additional clothes and access to clothing parcels from family or friends. The use of instant rewards to encourage positive behaviour on the incentivised substance-free living (ISFL) unit was also well received by prisoners. However, some key aspects of prison life which provided important motivation for good behaviour among a long-term population, such as the residential self-cook areas (see paragraph 4.14), were still not available.

Adjudications

3.15 Poor governance had resulted in confusion about the number of disciplinary hearings over the previous year and figures ranged from 3,300 listed in HMPPS management reports to 4,000 on the Swaleside database. In any event, these figures were considerably higher than those reported at the last inspection and in similar prisons.

3.16 At the time of inspection, there was a backlog of over 230 adjudications, most of which were awaiting further evidence, such as CCTV, or for the reporting officer's attendance so that the prisoner could challenge their evidence. About 70 of the outstanding charges had been referred to the police and some were more than 12 months old. Many adjudications were dismissed for procedural errors or delays in the laying of charges.

3.17 In cases that we reviewed, many of the charges could have been dealt with more informally through the incentives scheme or by more effective use of key work (see Glossary) to discuss minor infringements of rules. Some very limited analysis of adjudications between April and June 2023 had identified areas for improvement, but no actions had yet been recorded.

Use of force

3.18 During the previous 12 months, 533 reported incidents of force had been recorded, which was similar to the last inspection and slightly higher than other category B prisons. PAVA (incapacitant spray) had been drawn seven times and used once, and batons had been drawn on five occasions and used once, all with adequate justification.

3.19 Footage of incidents that we reviewed showed staff using force only when necessary and employing de-escalation techniques well. Staff statements were adequate and most contained sufficient detail to describe their involvement in any incident. We identified several cases where staff had failed to activate their body-worn video cameras (BWVCs) during an incident, but it was positive that overall about 70% of all incidents were now being captured on BWVCs.

3.20 All force was reviewed at a weekly scrutiny panel attended by senior leaders, and action was taken whenever potentially inappropriate force was identified. However, despite an overall improvement in governance, documentation was still incomplete for 23 incidents, some of which had occurred more than six months previously. Only 40% of staff had received control and restraint refresher training in the previous year.

3.21 The monthly use of force meeting was improving and now considered a wider range of data to better understand emergent trends or concerns. As in other safety areas, meeting records were poorly maintained, and it was difficult to track actions. This, however, had recently been identified by the establishment and remedial action was being taken.

3.22 There had been only one recorded use of special accommodation during the previous 12 months. Appropriate authorisation was in place and its use had been justified.

Segregation

3.23 There had been 156 recorded instances of segregation in the previous year, which meant that the unit was usually full. The typical length of stay was not excessive at around 20 days, but two prisoners had been segregated for over six months and one for more than eight months. Some of these prisoners had been transferred in from segregation units elsewhere in the long-term high secure estate, which led to long cumulative periods of isolation.

3.24 There were some good examples of reintegration supported by the unit custodial manager, psychology team and the Swaleside Outreach Service (see paragraph 6.21) and, where completed, reintegration plans were of reasonable quality. However, not enough was done to encourage prisoners out of segregation or to understand why they would not leave the unit. Too many prisoners were transferred to other prisons with no investigation of why many said they were afraid to return to the main units at Swaleside.

3.25 The unit provided good day-to-day care for prisoners with often very challenging and complex behaviours. Most of those held in the unit were positive about their treatment by staff but, although leaders thought that key work was in place, there was little evidence of it. Records did not show regular key work sessions and very few prisoners remembered having even one key work session. The regime was limited and consisted of daily exercise and access to the shower for most prisoners.

3.26 Authorisations to keep prisoners segregated were poorly documented and did not always contain sufficient detail. Despite the collation of a useful range of data, monitoring meetings did not analyse or use it effectively to support governance of the unit and drive improvement.

Security

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

3.27 In our survey, 49% of prisoners said it was easy to get drugs, similar to other prisons and to the last inspection. The average positive test rate for mandatory drug tests was high at almost 21% over the previous 12 months, usually for psychoactive substances or cannabis. Despite the key threat presented by drugs, random testing had been cancelled in February and March 2023 as a result of staff shortages and over the previous year only one-tenth of requested suspicion-based tests had

been undertaken. Those that were completed showed an average positive rate of well over 50%.

3.28 At the previous inspection, illicit alcohol use was high, with 183 finds in the previous six months. Leaders had withdrawn sugar from the prison shop because of its use in brewing alcohol and this had led to a sharp reduction in alcohol production. There had been 42 finds during the previous six months.

3.29 Most security measures were proportionate. However, all prisoners going through reception were strip-searched with no individual risk assessment, despite having already been through a body scanner. The scanner was highly effective at detecting illicit items, but additional strip-searches found very little.

3.30 The flow of intelligence was good. Staff had submitted just over 12,000 reports in the previous year, which were processed quickly and efficiently. There was a dedicated search team and just over half of intelligence-led searches resulted in illicit items being found, although about a fifth of them were not completed.

3.31 Staff corruption was taken seriously and dealt with robustly. Several members of staff were suspended at the time of the inspection. Enhanced gate security had been introduced in April 2023, which was positive.

3.32 The monthly security committee meeting was chaired by the head of security and provided reasonably good oversight. There was also a separate tactical task group meeting each month, which reviewed prisoners of interest, emerging local threats and risks to the prison.

3.33 Eight prisoners were on closed visits at the time of the inspection, all for justified reasons relating to drug passes or inappropriate behaviour during visits. Managers reviewed their cases and considered any additional intelligence, but only at three-month intervals which was too long for this restriction on family contact to be continued without review.

3.34 Links with the police were good and police liaison and intelligence officers worked well with the security team, including in the management of gangs and identified extremists.

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

3.35 Since our previous inspection less than two years previously, there had been seven self-inflicted deaths. Most recommendations made by the Coroner and the Prisons and Probation Ombudsman were being addressed**,** but there had been little progress in areas such as the unblocking of cell observation panels (see paragraph 4.9). Actions were not reviewed regularly and oversight was not sufficiently robust.

3.36 Priority had been given to reducing self-harm with some success. The recorded rate of self-harm had reduced by 56% since 2021 and was still falling, although it remained high compared to similar prisons. During the previous six months, there had been 252 incidents of self-harm by 83 prisoners. Few were classed as serious and internal investigations were undertaken to identify learning points, although dissemination of learning was not good enough.

3.37 Assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm had improved but was inconsistent in quality. Care plans were often weak, daily summaries of staff interactions with prisoners were not always recorded and sections of the ACCT were sometimes incomplete. Nurses did not always attend the first case review and ACCT quality assurance checks did not consistently identify shortcomings.

3.38 Residential staff knew which prisoners were subject to ACCTs and those we spoke to were sensitive to individual needs, but prisoners reported variable levels of support. We were also concerned that night staff were not carrying anti-ligature knives.

3.39 Useful data were now collated and analysed, providing leaders with valuable information on trends and drivers of self-harm, which were discussed at monthly safety meetings and led to meaningful actions. For example, prisoners self-harming for the first time were identified and given additional early support by the safer custody team to help prevent recurrence. The weekly SIM also provided effective multi-disciplinary oversight of prisoners who were self-harming (see paragraph 3.10).

3.40 Prisoners who were self-isolating reported mixed levels of support and most self-seclusion documents that we reviewed were poorly completed. Daily interactions lacked detail or were not always recorded and the plans were not regularly reviewed. However, prisoners referred to the complex case meeting were supported well.

3.41 Prisoners had reasonably good access to the team of 22 Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). Listeners told us they were well supported by the Samaritans, who met them every two weeks. In-cell telephones also enabled prisoners to make free calls to the Samaritans.

Protection of adults at risk (see Glossary)

3.42 The prison's adult safeguarding policy continued to focus more on social care than protecting adults at risk. Prisoners who were vulnerable for medical or behavioural reasons were discussed at the monthly safeguarding meeting. This meeting also provided oversight for the small number of transgender prisoners who were held and considered the potential for these prisoners to experience abuse or neglect. It was positive that a nurse had oversight of all those considered to need safeguarding (see paragraph 4.41).

3.43 There were no links with the local adult safeguarding board and no evidence that expert advice had been sought.

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.

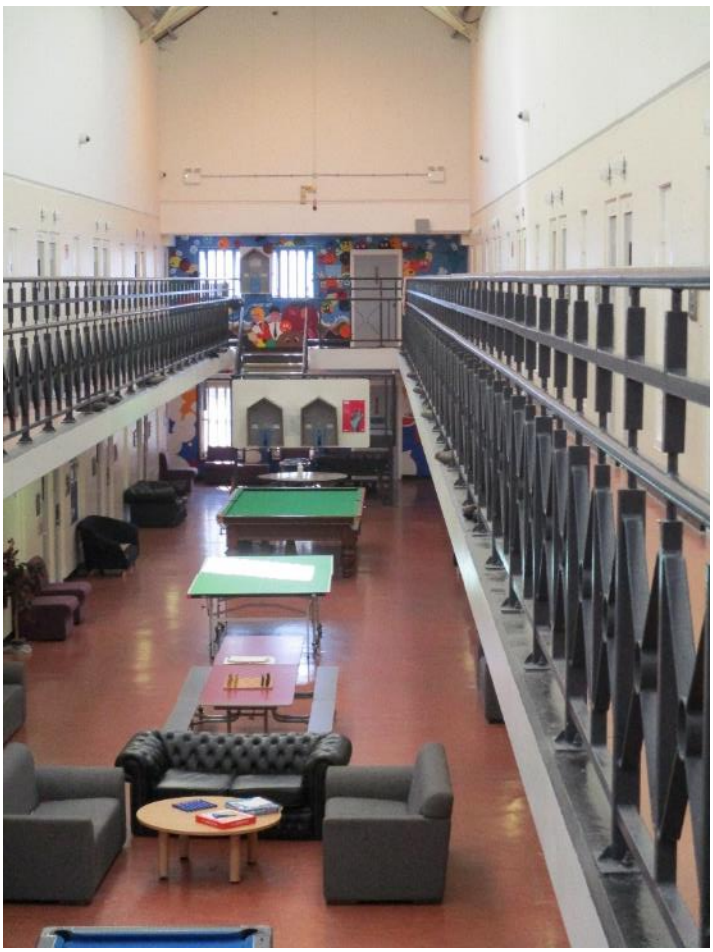
4.1 In our survey, 69% of prisoners said that most staff treated them with respect. We saw some good interactions between staff and prisoners and it was not unusual to hear first names used on both sides. However, the quality of relationships varied across the prison. On some wings, newer staff in particular did not always supervise or engage with prisoners confidently at key times such as queuing for meals or medication. Although they received useful mentoring, some new staff told us they did not feel confident exercising authority and had little faith in the ineffective disciplinary system.

4.2 Of the considerable number of detached duty staff from other prisons, some showed commitment to their role and tried to do it well but others were less engaged. Many prisoners were frustrated by the number of staff who lacked knowledge of prison procedures.

4.3 Some staff said they were not well supported by middle managers and first-line managers. While residential managers were well known to prisoners, they were not sufficiently visible and active in modelling and leading good prisoner management on the landings. This is the third consecutive report in which we have noted this concern.

4.4 Key working had been scaled up in the previous two months. In our survey, 80% of prisoners said that they had a key worker and 60% of these said that they were helpful. However, the increase in the number of sessions was very recent and still too inconsistent. Prison data showed, for example, that more than half the prisoners had had no recorded key work session in the previous month, 145 had had no recorded session in three months and 65 had not had a session in more than a year. Many key work sessions involved cursory welfare checks and meetings were not yet used to support, challenge and guide prisoners in a positive and practical way.

4.5 F-wing, which contained the PIPE unit (psychologically informed planned environment), had more resources and a clear purpose and leadership. Staff-prisoner relationships on this unit were noticeably better than elsewhere and, in our survey, 87% of prisoners said that they found their key worker helpful.



F wing

Daily life

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

Living conditions

4.6 There was no overcrowding and prisoners appreciated the fact that they all had their own cell. For those serving long sentences, this was particularly helpful in reducing tensions and gave prisoners a sense of ownership and control over their immediate environment. The great majority of cells were kept clean and tidy.

4.7 The residential units were reasonably clean and conditions were decent overall. Recent improvements included placing seats on all cell toilets, although a few cells still lacked basic items such as a chair. Some flooring was also damaged and less visible areas such as stairwells and laundry rooms were in a worse condition. Very few showers were sufficiently hygienic and private and a refurbishment

programme was barely keeping pace with the negative impact of the lack of ventilation.

4.8 Daily and weekly cell checks had been introduced, including weekly walk-rounds by members of the senior leadership team. The cell repair service was now more efficient as a result of improved management and extra resources arranged by national leaders. A successful painting and refurbishment programme sourced materials locally to reduce completion times and made good use of prisoners' skills. In addition to the 'CRED' (clean, rehabilitative, enabling and decent) team, which employed prisoners to carry out routine cleaning and maintenance work, there was an effective painting party of prisoners working under skilled leadership: the team had recently done a good job of preparing C-wing for re-occupation at short notice.

C wing cell ready for occupation

4.9 Responses to cell bells were often slow and our examination of the data showed many long delays. In our survey, only 19% of prisoners said that bells were usually answered within five minutes, compared with 30% in similar prisons. Leaders were not monitoring timeliness themselves through the digital system or through spot checks. A persistent problem of blocked cell observation panels remained, despite this concern being raised by the Prisons and Probation Ombudsman.

4.10 Availability of clothing, bedding and cleaning materials had improved since the last inspection. In our survey, 81% of respondents said they had enough clean, suitable clothes for the week compared with 63% at the last inspection, and similar improvement was evident with the availability of bedding and cell cleaning materials. The wing laundries were shabby, but were well enough equipped and the washing

machines were well maintained. ‘Decency boxes’ on the wings gave prisoners helpful and easy access to hygiene items.

4.11 A good range of recreational equipment was being introduced to the wings. The prison was fortunate in having a variety of substantial communal areas on each wing which were beginning to be used well for periods of structured on-wing association (see paragraph 5.3). Snooker tables had been re-felted recently and more pool tables introduced, as well as equipment for music, reading groups and other activities.

Residential services

4.12 Only a quarter of prisoners in our survey said the food was good and a similar proportion said they had enough to eat. This was despite thorough and regular consultation about the food and many specific changes made in response to prisoners’ requests.

4.13 The main meal was always at lunchtime and much of the food that we saw and tasted was unappealing. The catering team was understaffed in spite of vigorous recruitment campaigns and depended heavily on agency staff. The team also had to prepare meals for neighbouring HMP Standford Hill.

4.14 Prisoners had no opportunity at all to cook for themselves and did not even have the microwave ovens or toasters that are common in many prisons. This was despite self-cook kitchens in all residential units which had been in daily use until 2020. The equipment was still in place but the kitchens remained closed everywhere except F-wing. Leaders across the prison gave various reasons for this but none justified such a prolonged closure of facilities that were important to a long-term population.

4.15 All those handling food were undergoing food hygiene training but standards were poor in some wing serveries and some of the equipment was also in poor condition.

4.16 Arrangements for prisoners’ purchases were satisfactory and prisoners appreciated the ability to place orders on their laptops (These laptops are being rolled out across the prison estate, to help prisoners access services and information, and to develop the digital skills they will need in the community). The quarterly review of the stock list, which took into account comments from prisoner consultation, was working well. Half the prisoners said in our survey that the prison shop stocked the items which they needed, but many told us that price rises were severely limiting how much they could buy.

Prisoner consultation, applications and redress

4.17 A monthly community forum meeting was business-like and well coordinated, covering a wide range of issues. An external provider coordinated the system of prisoner representatives and meetings effectively. Prisoners told us that the meetings often led to meaningful

action by prison leaders and clear and readable summaries of the meetings were published on the laptops.

4.18 Applications were made on the laptops and this had improved response times, although they were still too slow as were actions in response to prisoners' requests. In our survey, fewer than a third of prisoners said that responses were received within seven days.

4.19 The number of complaints had dropped steadily over the previous two years and was now at half the level seen at the last inspection, with 3,685 in the previous year. The quality of responses varied, but they were all courteous in tone and quality assurance was having a positive effect. The two senior managers who checked a proportion of the complaint responses gave clear and sometimes robust feedback to those who had been tasked to investigate and respond to complaints. At the time of the inspection, all prisoners had free access to complaint forms, but on some wings many prisoners told us that this was not usually the case. Only 58% of respondents to our survey said that it was easy to make a complaint compared with 73% at the previous inspection.

4.20 In our survey, only 41% said it was easy to communicate with a legal representative, while only 27% said it was easy to attend legal visits. There was no clear reason for this since the facilities were adequate and those handling the booking of legal visits reported no difficulties in facilitating them. The library had a good range of law books, but no staff had the specific task of signposting prisoners to legal support.

4.21 The laptops issued to prisoners were a very good resource for providing information to prisoners and obtaining their feedback.

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

4.22 The promotion of equality remained weak and only one member of staff was allocated to work in this area. A strategy had only just been published but was not based on any assessment of needs, and a new action plan did not link to the strategy. Many prisoners we spoke to were concerned about fairness in processes such as job allocations and complaints, but the monthly equality meeting had only just started to consider data on disproportionality. Monitoring was still limited to incentives levels, adjudications and use of force.

4.23 A lack of regular consultation with most protected and minority groups left leaders poorly placed to understand the needs and experiences of prisoners. General equality focus groups had been sporadic and were not focused on action.

4.24 The number of discrimination incident report forms (DIRFs) had decreased since the last inspection, with 101 submitted in the previous 12 months. The quality of investigations was poor, often lacking sufficient enquiry and not acknowledging the concern raised. Quality assurance was inadequate and there was no independent scrutiny. Prisoners justifiably lacked confidence in the process.

4.25 Despite such frailties, there were pockets of good practice and more positive outcomes for some groups than at the last inspection. For example, about 30% of prisoners were Muslim and, in our survey, they reported better experiences than at the last inspection across a range of indicators, including relationships with staff.

4.26 Notable positive practice included work to address an under-representation of minority ethnic prisoners on the PIPE unit (see paragraph 6.24). The library and in-cell technology also had useful information, particularly for LGBT+ and minority ethnic prisoners.

Protected characteristics

4.27 In our survey, 44% of prisoners considered themselves to have a disability and this group had much more negative experiences in key areas, including safety and respect from staff. We spoke to several prisoners who had been waiting too long for aids such as grab rails (see paragraph 4.56) and lifts were often broken, impeding prisoners' access to areas such as health care and education. Evacuation plans for prisoners were of variable quality and staff were not always aware of prisoners who would need help in an emergency. Many wings did not have accurate evacuation lists or plans that were readily available.

4.28 The appointment of a lead member of staff had led to improved identification of prisoners with neurodiverse needs. Staff had much more awareness of the needs of these prisoners, but this had not yet translated into action to support them.

4.29 The prison held just over 60 prisoners who were over the age of 60, but there was no specific provision for their management. Retired prisoners were often kept in their cells during the working day when they should have been unlocked. There were more than 200 young prisoners under 30, but similarly, there was inadequate provision for them.

4.30 About half the population identified as being from a minority ethnic background. An innovative reverse mentoring scheme had been introduced that enabled some of these prisoners to work with staff, allowing mutual insights into each other's lives during one-to-one discussions. The objective was to improve communication and understanding, but there had been no formal evaluation of the scheme. About 16% of the population were foreign nationals but dedicated

support for them was limited. There had, however, been some improvements, which included a recent visit by Kent Refugee Help to assist prisoners with legal advice. The Home Office also attended the prison at regular intervals.

4.31 There was improved provision for transgender prisoners, including regular forums. Leaders had arranged for a selection of clothes to be donated but this, and the range available through the prison shop, remained limited.

Faith and religion

4.32 Prisoners had good and improved access to corporate worship and could attend a range of faith classes. In our survey, 84% of prisoners said they were able to attend religious services compared with 58% at the last inspection. While the chaplaincy was now almost at full complement, there were gaps in provision for Pagan and Rastafarian faiths, although prisoners of these faiths were able to meet together for peer-led worship.

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.

4.33 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC issued a 'requirement to improve' notice following the inspection (see Appendix III).

Strategy, clinical governance and partnerships

4.34 Oxleas NHS Foundation Trust (the Trust) delivered physical and mental health and clinical substance misuse services. The Trust had subcontracted psychosocial substance misuse care to Change, Grow, Live (CGL) and social care was provided by Blossoms Care Services Limited. Time for Teeth had been commissioned to provide dental care. Partnership and local delivery boards took place regularly. All the partners described good working relationships and actions from the meetings were tracked for outcomes. The Memorandum of Understanding (MOU) between Kent County Council, the Trust, Blossoms Care Services and HMP Swaleside was in draft and yet to be agreed.

4.35 Health services were led by a strong clinical management team. Staff were conscientious and we noted a culture of mutual support across the clinical disciplines which focused on patient care. There were staff vacancies in all areas but regular bank staff were used to cover deficits. Completion of mandatory training was satisfactory and professional

development was encouraged. Staff spoke positively of a programme of local lunchtime training sessions. Managerial and clinical supervision were embedded in practice.

4.36 There were weaknesses in some aspects of clinical governance. Many patient applications for appointments were not recorded and there was no evidence of a response. Despite record-keeping audits identifying shortcomings in clinical records, there had been no obvious improvement in standards. Gaps in the records made it impossible to determine if patients had received appropriate care or follow up. However, incidents were being reported and investigations took place in a timely manner. Lessons learned were shared promptly with staff.

4.37 There was a separate confidential complaints process and responses were all within date. The responses that we looked at were polite and timely, addressed the patients' concerns and informed them how to escalate their complaint if they were unhappy with the outcome. Patient feedback was collected to inform services and the service responded to what patients told them by displaying 'you said, we did' posters or through the prisoner newsletter.

4.38 Regular infection control audits were conducted but there were some outstanding concerns that needed to be addressed, including elbow operated taps and the provision of a sink in one clinic room.

4.39 The lift between the inpatient and the outpatient departments was out of order and a wheelchair user had been unable to attend his dental appointment as a result. An alternative was found when we raised it with managers.

4.40 All health staff were trained in intermediate life support and had good access to emergency equipment. The emergency bags were well maintained and regularly checked. Responses were timely and NEWS 2, a scoring system to indicate the patient's overall state of health, was regularly used.

4.41 It was notable that the oversight of safeguarding referrals and health care was good. A senior nurse maintained a caseload of patients who were subject to safeguarding concerns. They were visited weekly to review their vulnerability, care and management.

Promoting health and well-being

4.42 There was a whole-prison approach to health promotion. The health service had developed a calendar of events based on national health promotion programmes and there was evidence of these across the prison. Health care staff contacted the gym and/or kitchen when required for their support and involvement.

4.43 NHS health checks and a range of prevention screening programmes were offered and the uptake was monitored so that patients could be encouraged to participate. Immunisation was offered, but patient uptake was poor for some vaccinations. The team conducted targeted

immunisation programmes on the wings to encourage and improve uptake.

4.44 Sexual health services were available and specialists attended regularly.

Primary care and inpatient services

4.45 Poor recording of patient applications made it difficult to judge if appointments were timely. Same-day GP appointments were available if there was an acute need. The GP and nurse-led clinics were available from Monday to Friday, with emergency nurse cover at the weekend and on the inpatient unit at all times. There was a range of visiting practitioners and allied health care professionals, including a physiotherapist, optician and podiatrist. Waiting lists were reasonable but the 'did not attend' (DNA) rates were high for some clinics, including nurse triage and long-term conditions. There was limited evidence of follow-up.

4.46 Nursing staff screened new arrivals in a dedicated room in reception, which was small and poorly ventilated. Staff kept the door open during some consultations to allow air to circulate, but this meant that confidentiality could be compromised, which was poor.

4.47 Patients with a long-term condition were identified and reviews took place, but care plans were not always personalised or consistently following national guidelines. A regular multidisciplinary chronic pain clinic saw patients to address ongoing pain management.

4.48 A paramedic or emergency response nurse was allocated to each shift and attended all health care emergencies.

4.49 Patients who required an outpatient appointment or emergency visit to a local hospital were escorted by officers following an appropriate risk assessment. There was a continuing problem with securing appropriate transport for patients who were wheelchair users. Primary care nurses identified patients due for release and saw each one individually to prepare for ongoing care, which included provision of take-home medication and a letter to the GP.

4.50 The inpatient unit was welcoming and prisoners spoke positively of their care. Staff cultivated a caring environment and patients could take part in the prison regime alongside their treatment. Patients had access to a small courtyard garden that was in need of redecoration but was valued by those we met.

4.51 Documentation demonstrating the decision-making process to admit patients was not completed. However, on admission to the unit, care was appropriate and based on patient's clinal needs.

4.52 Inpatients were cared for appropriately and in line with their treatment needs. Care plans were completed well and regularly reviewed. When nearing discharge, robust plans were made to ensure continuity of care.

4.53 The unit was operating with six full-time staff and had seven vacancies. Agency and bank staff were frequently used, but service delivery remained to a good standard.

Social care

4.54 The prison and health provider had established clear processes with Kent County Council (KCC) and Blossom Care Services for those prisoners who needed social care support.

4.55 All referrals were triaged and assessed in a timely manner by a KCC social worker and occupational therapist (OT), who visited weekly. There had been 23 referrals in the previous six months and 10 prisoners were receiving care packages from Blossom carers, who attended each day. Patients spoke appreciatively and positively about this service. They all had care and support plans and care was documented in clinical records. All care packages were reviewed annually or when changes occurred. Advocacy services were available.

4.56 Equipment was ordered by the OT, but 10 patients were waiting for grab rails to be fitted in their cells, one of whom had been waiting for more than six months, which was unacceptable. We noted that none of the 10 patients had had a risk assessment for falls. This was addressed while we were on site.

4.57 Seven peer support workers (buddies) were available for those receiving social care, but they received no oversight, training or supervision, which entailed considerable risk. The social worker had developed a check list of 'do's and don'ts' tasks for one of the buddies to follow which was a good initiative and was to be introduced for all buddies. Buddies did not carry out intimate care.

Mental health care

4.58 In our survey, 57% of respondents said they had a mental health problem while 62% said that their mental health had got worse since they arrived at the prison. The Integrated Mental Health Service provided mental health and psychological therapies services which were available Monday to Friday, 8am to 4pm, with an on-call service for out-of-hours managerial support.

4.59 There were vacancies in the nursing team, and bank and agency staff were used to ensure a service was delivered.

4.60 Working relationships between mental health services and the prison were robust: nurses attended ACCT reviews and prison staff participated in multidisciplinary case reviews. Referral pathways were clear and accessible. Patients were able to self-refer at any time or referrals could be made on their behalf by other professionals. Referrals were triaged within two working days by trained staff.

4.61 Assessments were standardised, comprehensive and completed by competent staff. Patients were allocated to appropriate treatment pathways based on their care need and risk. This was not reflected in

the care plans, which were generic and lacked specific goals or actions. Clinical caseloads were high but staff knew their patients well, including their treatment needs.

4.62 A consultant psychiatrist attended regularly and would make ad-hoc visits to assess patients as necessary.

4.63 At the time of the inspection, the support available to patients requiring psychological therapies was poor and 124 patients on the therapy waiting list were not receiving the intervention that they required. In the meantime, they received no more than very infrequent welfare checks. A newly formed team of trained staff were working hard to address this and there were plans to improve the support available.

4.64 When patients required medication, there was good oversight by the psychologist who knew the patients well. Regular medication and physical health reviews were conducted and prescribing was appropriate.

4.65 Patients requiring treatment under the Mental Health Act were identified promptly and appropriate referrals were made in good time. Systems to monitor transfers were effective. When delays occurred, the service took all reasonable steps to minimise them.

4.66 Discharge planning was strong. A multidisciplinary approach was taken, the views of all relevant professionals were sought and all actions were completed.

Substance misuse treatment

4.67 The substance misuse teams worked collaboratively with prison teams to encourage recovery and rehabilitation. No analysis of the psychosocial needs of the population had taken place to inform the drug strategy, which had not been finalised.

4.68 New receptions were seen promptly and given information. Patients could self-refer via their laptops. All staff we spoke to knew how to refer.

4.69 The service was well led. Skilled and motivated staff delivered good outcomes for patients. They supported 261 patients (approximately 32% of the population), delivering a wide range of recovery-based group work programmes, short interventions and one-to-one work. Each recovery worker had an area of special interest on which they took the lead, which was good.

4.70 High numbers of patients were reported to be under the influence of illicit substances and CGL saw each of them. They were all provided with harm minimisation information and encouraged to work with the team.

4.71 CGL maintained a separate record system and did not contribute to the clinal record, which meant that there was no continuity or sharing of patient information. The assessments and recovery plans that we

reviewed met the required standard. They were individualised, updated regularly and written collaboratively with the patient.

4.72 Twenty-one patients had been prescribed opiate substitution therapy (OST) at the time of the inspection. Thirteen-week reviews with the clinical prescriber, psychosocial worker and the patient were effective.

4.73 There was an incentivised substance-free living (ISFL) spur and a drug recovery wing (DRW). The DRW had three dedicated officers who received training in substance awareness. CGL programme facilitators ran groups every morning and offered one-to-one sessions in the afternoons.

4.74 Patients with both mental and substance-related problems were seen by CGL and the dual diagnosis worker and met the mental health teams regularly, which was good joint working. Cocaine and Alcoholics Anonymous meetings occurred fortnightly but there were no peer supporters.

4.75 Effective discharge planning was in place with Connecting Communities recovery workers, who worked with patients for six months before release and up to three months after release, offering good through-the-gate support. Naloxone (medication used to reverse or reduce the effects of opioids) was given to patients on release following training in its use.

Medicines optimisation and pharmacy services

4.76 Pharmacy services were delivered by a highly skilled and experienced team consisting of pharmacists and pharmacy technicians who followed written procedures. A prescribing pharmacist (specialising in mental health) ran regular clinics and liaised directly with the mental health team.

4.77 Patients could request to see the pharmacist for a medicine review. The pharmacist was a member of the chronic pain clinic and every patient received a letter with information about analgesia and national guidelines.

4.78 Patients could request their repeat medication via their laptop or could submit a paper copy. Patients had in-possession medication risk assessments, which were reviewed regularly.

4.79 Medicines were normally administered twice a day and could be given at other times if needed. However, some patients were receiving medication that had a sedating effect as early as 3.30pm, which was inappropriate and poor practice. For evening medication, staff administered medicines at cell doors, which was a practice that increased the risk of errors and should be reserved for emergencies.

4.80 Prescriptions were managed efficiently. They were emailed to HMP Rochester, which supplied all medication to Swaleside. Patients could also receive over-the-counter medication such as paracetamol. Transfer of medicines throughout the prison was secure but controlled

drug cabinets were screwed to the walls rather than rag bolted, which was not in line with national standards. A box of keys was temporarily kept in the controlled drugs cabinet in the main pharmacy pending delivery of a suitable coded safe.

4.81 Controlled drug management was appropriate. Incidents were fully investigated and appropriate actions, including staff training, were taken to address the identified concern. Out-of-hours stock was available if patients required medication.

4.82 Patients had to present identification to collect medication at the hatch and this requirement was appropriately enforced by staff. However, supervision of medication queues by officers was variable and we observed opportunities for diversion of medication. We also saw prisoners crowding around the medication hatch, which meant that patient confidentiality was not maintained.

4.83 The follow up of patients who did not attend for medication was inconsistent and poorly recorded, which suggested that Prisons and Probation Ombudsman recommendations had not been fully integrated into practice.

Dental services and oral health

4.84 Kent Community Health NHS Foundation Trust provided a full range of community-equivalent dental treatments. Waiting times were short and patients requiring urgent care were able to access the service quickly. However, DNA rates were high at between 30 to 50%. Patients were reminded of their appointment many times during the days before treatment and, when appointments were missed, they were rebooked without delay.

4.85 Dental staff were skilled and competent. Staff knew their patients well and demonstrated sound knowledge of their treatment needs. The dentist promoted good oral hygiene and disease prevention during clinics.

4.86 Dental records included good quality treatment plans, up-to-date medical information and patient consent.

4.87 The newly refurbished dental suite was excellent. All appropriate equipment was in place and properly maintained, with safety checks regularly completed. Governance arrangements were good.

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 A restricted regime consisted of three periods of unlock around mealtimes, amounting to a maximum of three hours out of cell on weekdays for unemployed prisoners. In our spot checks during the working day, 39% of prisoners were locked in their cells and just 29% were involved in activity off the wing. There was no evening association for anyone, even those in full-time prison jobs. Full-time workers could have up to seven hours 20 minutes out of cell. At the weekend in contrast, because of the availability of staff from other establishments, five hours out of cell was possible, better than many similar prisons.

5.2 The main constraint on time out of cell was staff availability and leaders had consequently planned the regime to fit the number of staff available. They met weekly to organise as full a regime as possible for the following week and the results seemed to be as good as could be achieved in the prevailing circumstances, but the restrictions remained, nevertheless, very poor for a training prison.

5.3 Structured activity on the wings was being attempted to occupy a few more prisoners, the design of the wings offering more scope for this than in many prisons (see paragraph 4.11). Energy and resources had been invested in setting up a range of interesting activities, but delivery was often undermined by delays in routine roll checks. In our survey, only 36% said that the unlock times were usually adhered to compared with 50% in similar prisons.

5.4 The library was well planned and welcoming and its success owed much to the commitment of its staff. It was the focus of a number of reading groups, book clubs and services for emergent readers, and staff used competitions and the in-cell laptops to better promote the service. Displays and promotions focused usefully on topics such as men's health and well-being and connecting parents and children through reading and writing activities.

Library

5.5 Most prisoners used the library in person or through the remote ordering system, which had become well established. The shortage of officers to escort prisoners to the library sometimes restricted access, but in our survey 52% said that they could visit the library at least weekly compared with 30% at similar prisons and 17% at the previous inspection.

5.6 The gym staff were delivering a full programme seven days a week in spite of acute staffing pressures. They were four instructors short and depended on ad hoc support from nearby prisons. They were not able to deliver courses but ran a number of group activities such as football and power-lifting. Prisoners appreciated their level of access to the large and well-equipped gymnasium complex.

5.7 The gym showers, a small open area with three shower heads and no privacy, were still inadequate. This was particularly poor as the timings of the regime meant that the large groups returning from the gym often had no time to shower on return to the wing.

5.8 The full-size Astroturf pitch was in use every weekday, with some weekend use. A twinning arrangement had been established with Millwall Football Club and there were occasional fixtures with visiting teams from the community. Despite the shortage of staff, gym staff joined in some activities with prisoners. The gym manager and staff also helpfully provided training and mentoring to officers who were interested in joining the gym team.

Education, skills and work activities

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

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

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

Overall effectiveness: Requires improvement

Quality of education: Requires improvement

Behaviour and attitudes: Requires improvement

Personal development: Requires improvement

Leadership and management: Requires improvement

5.10 Prison leaders had not made sure that the vocational training and education curriculum was sufficiently ambitious. They had prioritised the creation of activity places but had not identified and put in place relevant qualifications for prisoners in work. Although leaders had identified that approximately half of the prison population was educated to level 1 or above in English and mathematics, the courses on offer were mainly at level 1 and 2, with around 50 prisoners enrolled on higher level courses, including undergraduate level programmes with the Open University. As a result, prisoners did not have the opportunity to attend courses that were appropriately challenging and that would provide them with the skills they needed for resettlement.

5.11 There were not enough full-time education, skills or work activity spaces for prisoners, and nearly a quarter of prisoners were unemployed. Leaders had taken the decision not to offer full-time activity places in education so that it would be accessible to all prisoners. However, vulnerable prisoners were allocated significantly less time for English and mathematics lessons than their peers. Only

one-third of prisoners could access a full-time activity place in skills and work which was not sufficient.

5.12 Leaders and managers had constructed a curriculum based on relevant labour market information. Prisoners could study classroom-based courses such as English and mathematics, and vocational and personal development courses such as construction skills, wood machining, art, and music. However, due to staff shortages many prisoners were not able to attend planned engineering training and workshops and the number of English classes were not sufficient.

5.13 Too few prisoners developed positive attitudes towards education and work. Attendance rates were too low, and had not improved over time. Approximately half of the allocated prisoners were frequently absent from education classes and long-term staff vacancies had significantly impacted their attendance at education, skills and work. Prisoners reported that staff were not always diligent in unlocking their cells promptly to help them to get to activities on time.

5.14 Leaders did not effectively manage the practice of scheduling prisoners to attend the gym, medical, legal, or other visits, which resulted in absences or disruption to learning, skills and work activities. Managers acknowledged the significance of this weakness and had begun to take appropriate measures to tackle it, but these had yet to have noticeable impact.

5.15 Too many prisoners working towards English qualifications left their course before achieving them, which meant that these prisoners could not progress to some roles within and outside the prison. Only half of those prisoners who remained on their course achieved a qualification.

5.16 Managers had strengthened the allocations to activities process, which now took place weekly. Prisoners were promptly allocated after induction or when being moved from one activity to another.

5.17 There was an effective approach to enabling prisoners to participate in the prison's works parties. Prison instructors guided prisoners in these works parties to undertake purposeful work such as cell and workshop refurbishments, and prison garden maintenance. The prisoners could progress to roles with higher levels of responsibility or learn different roles. They made a valuable contribution to the condition of the prison's cells, workshops, and teaching areas, and took pride in their role.

5.18 In most work areas, trainers identified and recorded the knowledge and skills that prisoners developed. However, leaders did not make sure that prisoners had access to valuable qualifications except in a limited number of work areas.

5.19 Prisoners did not receive appropriate careers information, advice, and guidance (CIAG). The recently commissioned CIAG provider had failed to deliver its contractual obligations. As a result, there were delays in induction of new arrivals which meant that they could not be allocated to activities promptly. Prisoner personal development plans produced

by the CIAG adviser were of poor quality and did not help prisoners to plan their education, work, and skills priorities in a meaningful way. Leaders recognised the issues with the quality of CIAG and had begun to take improvement measures. However, it was too soon to judge the impact of these actions.

5.20 Leaders had implemented a clear local pay policy that incentivised attendance at education, especially English and mathematics. Prisoners participating in relatively skilled work areas were paid at a higher rate than those engaged in semiskilled or unskilled work. This acted as an incentive for prisoners to develop higher-level trade skills as quickly as possible.

5.21 Education staff were aware of the needs of most prisoners with special education needs and had implemented appropriate strategies to support them effectively. A small minority of prisoners had not received appropriate screening to identify and plan for their needs. Trainers and instructors in work areas did not always receive timely information about all of the prisoners with additional needs, which meant that they did not progress as well as their peers.

5.22 Leaders promoted a prison-wide strategy to improve the reading skills of prisoners. There was an extensive range of activities, such as book clubs, emergent reader clubs, and visits from local published authors. A national literacy charity whose staff visited the prison regularly provided well-attended family and adult reading group activities. In addition, managers had introduced 'book corners' in locations across the establishment such as the gym, the wings and in several vocational workshops. This resulted in many prisoners picking up a book for the first time and taking it to their cell to read.

5.23 Vocational trainers and instructors planned and sequenced learning. They focused on safe practice and appropriate use of tools for each job, and made sure that prisoners developed promptly key specialist vocabulary, technical and practical skills. For example, the multi-skills trainer planned for prisoners to cover units in a logical and personalised sequence based on an assessment of their confidence and prior skills.

5.24 Prisoners gained confidence, knowledge and understanding in trades such as carpentry. They could demonstrate skills in using a mitre box, tenon or fine tooth saw to cut skirting boards and architraves to prescribed dimensions.

5.25 Trainers and instructors tracked the progress of prisoners effectively. Learners on the multi-skills course could reflect through their individual learning plans on their starting points and the progress they had made. Prisoners studying vocational courses at level 1 and 2 could track and monitor their progress in line with course and skill requirements. As a result, they knew what they needed to do to improve their work and make progress.

5.26 Managers, trainers, and teachers made effective use of prison orderlies and peer mentors on the wings and at work to support prisoners to

develop their skills to enable them to work with their peers and wing staff. Peer mentors with higher levels of knowledge and experience in music worked well with newer prisoners on the course to support them in using different instruments. As a result, these prisoners made swift progress.

5.27 Managers made sure that classrooms, workshops, and most vocational skills environments were conducive to learning. Prisoners studying through distance learning could use the prison's Virtual Campus facility to write and research assignments. Teachers and trainers set clear expectations for personal conduct. However, officers and instructors did not challenge prisoners vaping on the wings or during movement. In education prisoners frequently left the classroom without permission and were not challenged. This disrupted their learning and slowed their progress.

5.28 All prisoners in work attended inductions in health and safety, and in the use of personal protective equipment. A minority of prisoners working on the servery or as wing cleaners were not supported to develop their understanding of safe working practices such as using appropriate signage to indicate wet floors. Prisoners were respectful to each other and to teaching staff and trainers, and their behaviour was calm and orderly.

5.29 Prison managers had implemented an engaging personal development curriculum. Prisoners could attend sessions in art, music and theatre. They could participate in regular parkruns, listen to visiting speakers in a range of topics and learn to read and write for pleasure.

5.30 Prisoners benefited from the implementation of structured on-wing activities which widened opportunities to engage in subjects beyond the purely academic and vocational. These included undertaking 'Fine Cell Work', where they developed needlework skills, and attending discussions exploring philosophical ideas. Prisoners taking part reported that their mental health and well-being had improved and that they enjoyed the opportunity to participate in these activities.

5.31 Prison managers had improved their quality assurance arrangements of the education delivered by the prison education framework contractor, Milton Keynes College. They had increased the frequency of meetings to identify and deal with any emerging weaknesses. However, the impact of these activities had not yet significantly improved the quality of education, skills and work, and only two of the four recommendations from the previous inspection had been achieved.

5.32 Teachers were experienced and well qualified. They used appropriate methods to support learners to gain new knowledge, but teaching absences meant that only a few prisoners could attend education and learning regularly enough to make good progress. Too many prisoners were demotivated because they were unable to get to activities, or because classes that they wanted to attend had been cancelled. This

affected their progress and progression to new learning or demanding work with higher levels of pay.

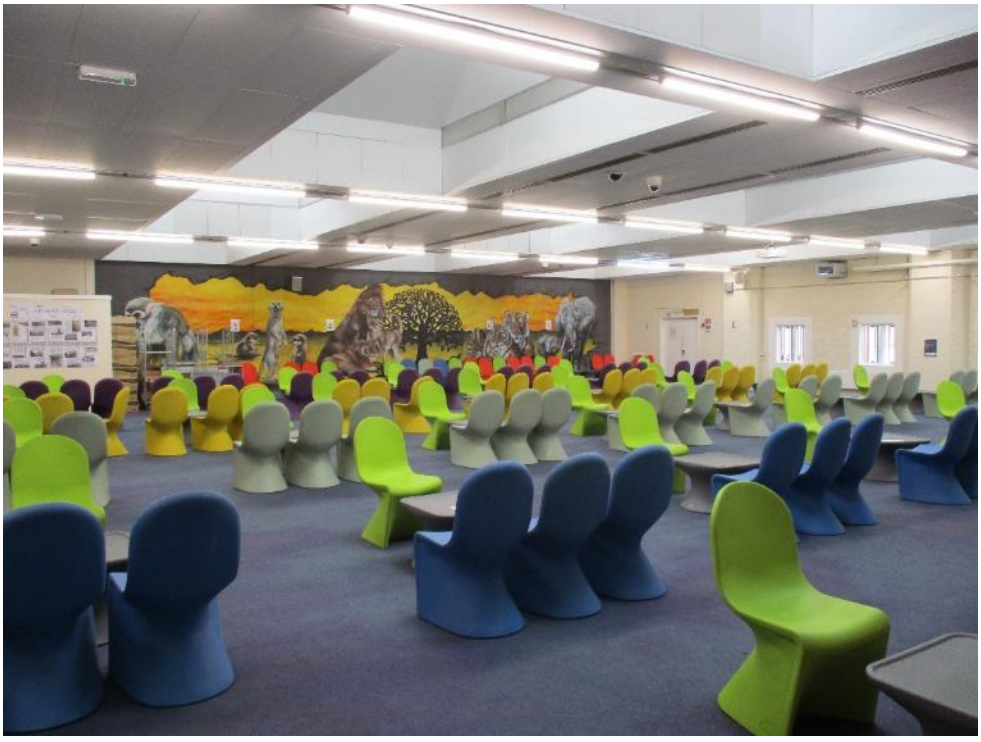
Section 6 Preparation for release

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

Children and families and contact with the outside world

Expected outcomes: The prison 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 Many prisoners were held some distance from their home area. In our survey, only 17% of prisoners said that it was easy for their friends and family to visit the prison compared with 28% at similar prisons. While leaders had increased social visits provision since the last inspection to include a day at the weekend, a rota system meant that only certain wings could book visits on particular days, even though this left many slots unused. This needlessly impeded prisoners' access to social visits, particularly at weekends, and as a result many sessions were not being used.



Visits hall

6.2 The booking system for social visits worked well and visitors spoke positively of their treatment during visits. The visits hall was well decorated and included a large play area for children.

6.3 Video calling (see Glossary) was facilitated at the weekends and there was enough capacity to meet demand, although calls were limited to only 30 minutes. A selection of children's books was available for prisoners to read to their children during a call. Prisoners appreciated being able to use their laptops to stay in contact with their families via email – prisoners' messages were initially received by staff who then forwarded them to families.

6.4 There was a good range of initiatives to support prisoners in maintaining and rebuilding relationships with their families. These included family days, when prisoners could spend most of the day in activities with their children in a less formal setting than was possible during normal visits; and a scheme which allowed parents and children to swap books and information. PACT (Prison Advice and Care Trust) also provided a good service, including one-to-one support delivered by a dedicated family support worker. This helped prisoners to reconnect with their families, supported parents in gaining access to their children and offered a variety of workbooks to help prisoners improve their relationship skills.

Reducing reoffending

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.

6.5 Swaleside held a predominantly high-risk and long-term population. Over 40% of prisoners were serving an indeterminate sentence, which meant that their release would be directed by a Parole Board decision. More than a fifth had been at the prison for more than four years and more than three-quarters had been assessed as high or very high risk of serious harm. Over 90% were eligible to be managed on release under multi-agency public protection arrangements (MAPPA), including 174 registered sex offenders.

6.6 Despite this, work to reduce reoffending was not well coordinated. The recent needs analysis of the population was limited and based primarily on data extracted annually from prisoners' offender assessments (OASys). The associated strategy was under-developed with no clear targets for improvement. A monthly reducing reoffending meeting was well attended but considered limited data and resulted in few meaningful actions.

6.7 There was a chronic shortage of probation offender managers (POMs). There should have been 15.5 POMs for the large number of high-risk prisoners, but only four were working in the prison at the time of the

inspection. Leaders had, however, been creative in seeking to address this problem, primarily by engaging four probation POMs to work remotely, supported by prison officer POMs. However, the unit remained under-resourced, and this was starkly evidenced by the fact that on-site POMS held caseloads of up to 79 prisoners while remote probation POMs held caseloads as high as 145.

6.8 Offender management unit (OMU) managers had also implemented a reduced delivery model for POMs, which prioritised tasks such as contacting all newly arrived prisoners. The number of prisoners without an initial OASys assessment had also been successfully reduced. In most of the cases that we reviewed the prisoner had an up-to-date assessment, although not all those whom we spoke to were necessarily aware of this.

6.9 Planned, regular face-to-face contact with prisoners had increased since the previous inspection, but was still lacking and not good enough to encourage and support prisoners to make progress through their sentence. Many prisoners we spoke to could not name their POM and, in our survey, only 35% of those who said they had a custody plan felt that staff were helping them to achieve their targets.

6.10 The situation was made even worse by the absence of regular constructive contact through key work which was a particular problem for prisoners serving long sentences (see paragraph 4.4). Very few of these prisoners would be suitable for an accredited offending behaviour programme for many years and many told us they felt a sense of hopelessness and did not know what to do to make any progress.

Categorisation and transfers

6.11 There had been improvements in the management of reviews of a prisoner's security categorisation. Reviews were now carried out promptly and an appropriate range of information was considered, including testimonials from the prisoner. Prisoners were provided with a written copy of the decision, promoting transparency and trust in the process, and some decisions included advice on areas that the prisoner could work on to make progress in future. In cases where the authorising officer disagreed with the recommendation of the POM, a multi-disciplinary team was convened to review the decision. During the previous 12 months, more than 150 prisoners had had their categorisation changed from B to C, and a very small number of prisoners had been categorised as suitable for open conditions.

6.12 However, many category C prisoners spent too long waiting for a transfer and, at the time of the inspection, there were 119 at Swaleside. This was a particular source of frustration for prisoners convicted of sexual offences (PCOSOs) as HMPPS senior managers had directed that category C PCOSOs were not to be transferred on unless they could immediately be replaced with a category B PCOSO. At the time of the inspection, 53 category C PCOSOs were awaiting a transfer, 19 of whom had been waiting for more than two years.

6.13 At the time of the inspection, 46 prisoners were serving a sentence of imprisonment for public protection (IPP), 45 of whom had passed their original tariff date. Some spoke to us of their frustration, even despondence at their lack of progression. Eight IPP prisoners received support on the PIPE unit (see paragraph 6.23) and a small number had received one-to-one support from the forensic psychology team. There was a specific plan for improving this support, including joint working between the psychologist and POM with each IPP prisoner, but this had not yet started.

Public protection

6.14 More than 160 prisoners had a court order against them to protect victims, 200 had a history of domestic violence and more than 170 had restrictions on contact with children. Initial screening was prompt and alerts were added to prisoners' records to make sure that prisoners with contact restrictions could not correspond by mail or book a visit with a child.

6.15 When the initial screening indicated a heightened risk, POMs were required to consider whether there were grounds to monitor the individual prisoner's phone calls or mail. Only two prisoners were subject to phone monitoring linked to their offending at the time of the inspection and, in the previous six months, just 13 prisoners had been subject to monitoring out of 209 arrivals. These figures were unusually low for a population with so many high-risk prisoners. We identified one prisoner with clear and recent risks who had been at Swaleside for a month before monitoring was considered.

6.16 It was positive that the monthly interdepartmental risk management team (IRMT) meeting now considered the arrangements to manage the risk of all prisoners approaching release. The IRMT also discussed prisoners subject to MAPPA, which was well managed in the prison. There was effective communication with the community offender manager (COM) to set management levels in sufficient time to better inform release planning. Reports prepared by POMs to support MAPPA meetings in the community were generally good.

6.17 In almost all the cases that we reviewed, the prisoner's OASys included a risk management plan of reasonably good quality.

Interventions and support

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

6.18 The programmes team was now fully staffed and able to deliver some offending behaviour programmes (OBPs) appropriate to the population, including a programme to improve thinking skills and Kaizen, a programme for prisoners convicted of a violent offence.

6.19 The team used a comprehensive database to assess the programme needs of all newly arrived prisoners and prioritised those nearing release. Many prisoners were in the early years of long sentences, and few were therefore currently scheduled to complete an OBP while at the prison. Some prisoners who were assessed as not yet ready to engage with a structured OBP had benefited from one-to-one work to improve their motivation, but many did not receive such support. Staffing difficulties prevented POMs from delivering the 'New Me MOT' one-to-one work to consolidate the learning of prisoners who had completed Kaizen.

6.20 The psychology team had delivered the healthy identity intervention to a small number of prisoners on a one-to-one basis, to support desistance and disengagement from extremism. There was currently no OBP was available for the large number of PCOSOs (see paragraph 6.12). The programme team had recently identified 47 prisoners in this group who needed a course before their imminent release in the coming two years.

6.21 About 60 prisoners with complex mental health needs had benefited from therapy sessions on the PIPE unit (see paragraph 6.27). A similar number, whose behaviour in prison had been challenging, violent and disruptive, had also benefited from therapy delivered by the Swaleside Outreach Service. (See paragraphs 3.13 and 1.8).

6.22 Many prisoners had received interventions from resettlement partners covering a range of needs, including personal finances and relationships. Staff working for PACT gave one-to-one advice and guidance and in-cell workbooks, and a tutor delivered accredited courses in the employment hub. Prisoners were very positive about this service. Prisoners had also attended courses delivered by Kent Adult Education including conflict management, handling difficult conversations and consequential thinking.

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.

6.23 The Swaleside Pathways Service was delivered in partnership with Oxleas Health and provided support for high-risk offenders with emotional, relationship and behavioural difficulties. The service included a treatment provision through the PIPE as well as an outreach service.

6.24 The PIPE was jointly led by an experienced operational manager and a clinical lead and had been accredited as an enabling environment (see Glossary). All the staff were paid by NHS funding and were not deployed to other areas of the prison and the ratio of staff to prisoners was therefore better than elsewhere in the prison. The regime was also

better and all prisoners were unlocked from 9.30am to 12.30pm and from 2 to 4.30pm (see paragraph 5.1).

6.25 Leaders had addressed under-representation of prisoners from minority ethnic backgrounds, for example by holding cultural events on the unit and inviting prisoners from across the prison to attend; this was intended to encourage prisoners from all backgrounds feel that the unit had something to offer them, and to encourage expressions of interest to staff who could then begin a referral. After a year the population of prisoners with minority ethnic backgrounds had risen from 6% to 33% on the unit, which was almost in line with their proportion in the wider prison population.

6.26 A clinician was assigned to all new arrivals on the unit, who worked with them each week, and a dedicated key worker for the first three months. This enabled a case 'formulation' or plan to be developed.

6.27 Prisoners accessed a range of individual and group therapies. They also took part in other activities arranged by community partners, including yoga, a readers' group, and needlework. The self-cook facilities had been reopened and were appreciated by prisoners (see paragraph 4.14). The farm and garden area was particularly popular and prisoners could interact with farm animals and help to cultivate plants, vegetables and herbs.

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.

6.28 There were considerable improvements in resettlement work. Since the previous inspection, the number of releases to the community had doubled and was now about 11 each month. There was no resettlement function in this category of establishment, but leaders had created an employment hub, where prisoners completed their induction and received support before release from a range of departments and partners, including family services, the CFO3 social inclusion programme (Shaw Trust), the Department for Work and Pensions and information, advice and guidance providers. Good use had been made of the CRED team (see paragraph 4.8) to construct a suite of offices for the employment hub.

6.29 The post of dedicated hub manager had been created and an agreement reached with external staff to deliver ad hoc support to the hub, including the specialist housing officer from another prison and the regional prison employment broker. An employment advisory board had recently been established to support the work of the hub with support from prominent local business leaders. A monthly partners' meeting chaired by the head of the OMU also ensured that the

resettlement needs of prisoners nearing release were addressed and that POMs were involved in release planning.

6.30 Almost all prisoners released during the previous 12 months had an address to go to on their first night. About half of those released were initially required to live at an approved premises for a period as part of their licence condition.

6.31 A few prisoners had been allocated a PACT through-the-gate mentor to support them in the community and could receive welfare grants for purchases such as clothes.

Section 7 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.

Leadership

Leaders provide the direction, encouragement and resources to enable good outcomes for prisoners.

Key recommendations

There should be support and clear measures implemented as a matter of urgency to recruit and retain sufficient operational and specialist staff to reinstate purposeful activity and support prisoners' progression.
Partially achieved

Prison leaders should develop longer-term plans for improving outcomes for prisoners against their identified priorities. The governor and his team should introduce robust data and evidence-based governance arrangements to give them assurance that work is taking place on time, that progress is monitored, and that there are clear lines of accountability. In addition, there should be a robust process for reviewing plans.
Partially achieved

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection in 2021, outcomes for prisoners remained not sufficiently good against this healthy prison test.

Key recommendations

All new arrivals should be able to access good quality, proactive and consistent support and advice from staff and peer workers during their induction period, following a thorough, private assessment of their needs.
Partially achieved

Leaders should introduce effective measures to reduce violence and improve the safety of prisoners and staff.
Partially achieved

The prison should develop and implement an effective plan supported by specific measures to reduce self-harm and deliver consistently good care for at-risk prisoners.
Partially achieved

Recommendations

Managerial oversight of disciplinary procedures should make sure that all hearings are held fairly and completed within a reasonable time.
Not achieved

Use of force data should be monitored in well-attended meetings and any emerging patterns should be identified and acted on.
Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection in 2021, outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

The prison should develop and implement a comprehensive equality strategy, including clear milestones for delivery that is informed by the views and experiences of prisoners.
Not achieved

The prison should work with the local delivery board, in conjunction with NHS England and Improvement, to make sure that there are sufficient health care staff to meet the health needs of the population.
Partially achieved

The prison should work with the local delivery board, in conjunction with NHS England and Improvement, to make sure that prisoners receive their medication safely and in full accordance with correct clinical standards.
Not achieved

Recommendations

There should be visible leadership on the wings, to support inexperienced staff and model appropriate standards.
Partially achieved

There should be enough prison-issue clothing and bedding for prisoners who require it, with an effective exchange process in place.
Achieved

There should be a designated focal point to coordinate and monitor the prison's work with foreign national prisoners.
Not achieved

The prison should work with the partnership board to reduce non-attendance rates for both internal and external appointments to optimise use of clinical time, reduce waiting times and improve outcomes for patients.
Achieved

Health care services should have access to appropriate space on the wings to carry out assessments and interventions.
Not achieved

Cleaning and infection prevention and control standards should meet NHS requirements.
Achieved

Emergency resuscitation equipment should be kept in good order, with regular itemised, documented checks.
Achieved

A prison-wide systematic approach to promoting prisoner well-being should be outlined within a whole-prison health promotion strategy which is monitored regularly.
Achieved

Patients on the inpatient unit should have access to a range of therapeutic activities to support their well-being and recovery.
Partially achieved

Trained and supervised peer support workers should be reinstated, to reduce safeguarding risks.
Not achieved

Prisoners should have timely access to counselling services.
Not achieved

The transfer of prisoners to hospital under the Mental Health Act should take place within agreed NHS England and improvement timescales.
Partially achieved

Purposeful activity

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

At the last inspection in 2021, outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendation

Leaders should prioritise urgently increasing time unlocked and the provision of regular education, skills and work activities.
Partially achieved

Recommendations

Leaders should make sure that prisoners receive appropriate information, advice and guidance, so that they can make informed choices about their education, skills and work activities. Advice and guidance staff should take into account prisoners' sentence plans, aspirations and abilities in devising useful plans for their activities while at the prison.
Not achieved

Managers should make sure that prisoners' requests for education, skills and work activities are responded to swiftly. Teachers in education should provide useful feedback to prisoners on their work more promptly.
Achieved

Leaders should make sure that there is sufficient support available to meet the needs of prisoners with the lowest levels of English and mathematics. They should make sure that the opportunities for prisoners to receive accreditation for their learning and skills development are broader, particularly for those in workshops and work roles in the prison.
Not achieved

Leaders and managers should introduce a meaningful curriculum to help prisoners develop their understanding and knowledge in relation to personal development. Managers and instructors should make sure that prisoners' progress is monitored and tracked in unaccredited activities. Teachers and instructors should help prisoners to further their understanding of the importance of wider topics, such as values of tolerance and respect, equality and inclusivity.
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 2021, outcomes for prisoners were poor against this healthy prison test.

Key recommendations

The prison should understand fully the needs of its prisoners across all resettlement pathways and support them to reduce their risk of harm and progress throughout their sentence plan.
Not achieved

Recommendation A: Prisoners should be moved promptly to the appropriate lowest security prison.
Not achieved

Recommendation B: Recategorisation decisions should be based on the professional judgement of risk factors.
Achieved

Prisoners should have timely access to the right interventions to aid rehabilitation and progression throughout their sentence.
Not achieved

Recommendations

There should be increased access to social visits, including at weekends.
Achieved

The needs of indeterminate and lifer prisoners should be explored, and they should be provided with adequate support to help with sentence stability and progression.
Partially achieved

Telephone and mail monitoring arrangements should be robust, to make sure that the prison can make sound decisions about their implementation and continuation.
Partially achieved

Appendix I About our inspections and reports

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

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

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

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

Respect
Prisoners are treated with respect for their human dignity.

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

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

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

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

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

concerns. Procedures to safeguard outcomes are in place.

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

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

Our assessments might result in identification of **areas of concern**. Key concerns identify the areas where there are significant weaknesses in the treatment of and conditions for prisoners. To be addressed they will require a change in practice and/or new or redirected resources. Priority concerns are those that inspectors believe are the most urgent and important and which should be attended to immediately. Key concerns and priority concerns are summarised at the beginning of inspection reports and the body of the report sets out the issues in more detail.

We also provide examples of **notable positive practice** in our reports. These list innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

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

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

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

This report

This report outlines the priority and key concerns from the inspection and our judgements against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons* (Version 5, 2017) (available on our website at

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

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

Inspection team

This inspection was carried out by:

Martin Lomas	Deputy Chief Inspector
Hindpal Singh Bhui	Team leader
Ian Dickens	Inspector
Martin Kettle	Inspector
David Owens	Inspector
Fiona Shearlaw	Inspector
Donna Ward	Inspector
Martyn Griffiths	Inspector
Helen Downham	Researcher
Emma King	Researcher
Samantha Rasor	Researcher
Jasjeet Sohal	Researcher
Sarah Goodwin	Lead health and social care inspector
Lynn Glassup	Health and social care inspector
Jennifer Oliphant	Pharmacist
Jacob Foster	Care Quality Commission inspector
Jai Sharda	Ofsted lead inspector
Sharon McDermott	Ofsted inspector
Rebecca Jennings	Ofsted inspector
David Towsey	Ofsted inspector

Appendix II Glossary

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

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

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

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

Enabling environments
Enabling environments are awarded by the Royal College of Psychiatrists, in recognition of places to live and work that promote well-being through relationships and a sense of belonging, provide opportunities for growth and value the contributions of all parties. In prison such an environment can support hope, change, progression and desistance as part of a rehabilitative culture.

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

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

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

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

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

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

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

Appendix III Care Quality Commission Requirement Notice

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

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

Provider

Oxleas NHS Foundation Trust

Location

HMP Swaleside

Location ID

RPGXM

Regulated activities

Diagnostic and screening procedures and Treatment of disease, disorder or injury.

Action we have told the provider to take

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

Regulation 17 (1)

Systems and processes must be established and operated effectively to ensure compliance with the requirements in this part. Such systems or processes must enable the registered person to assess, monitor, and improve the quality and safety of services provided in the carrying on of the regulated activity; and

assess, monitor and mitigate the risks relating to the health, safety welfare of service users and others.

How the regulation was not being met

Systems and processes were not always effective in assessing, monitoring, and improving the quality and safety of services. In particular:

Where patients were a known risk of falls, fall assessments had not always been completed.

Mental health care plans we looked at were vague, included generic statements and did not demonstrate patient involvement. For example, one patient's mental health care plan stated, 'Will require support as needed.'

Records did not include evidence of the decision-making process when patients were admitted to the inpatient unit. Where patient's medication was stopped, records did not always demonstrate the decision-making process.

Care plans did not always consider all physical health conditions affecting patients. For example, one patient had deteriorating eyesight. None of their care plans reflected their deteriorating eyesight, how to present information to them or how to ensure their visual needs were considered.

We were informed audits were completed however they had not identified the same gaps outlined above.

Appendix IV Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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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