Report on an unannounced inspection of

HMP Risley

by HM Chief Inspector of Prisons

12–27 April 2023

Contents

Introduction

HMP Risley is a mixed sex offender and general category C resettlement prison in Cheshire, that held 1,032 prisoners at the time of our inspection. For the last two years, the leadership had been unstable, with temporary governors being in post for most of that time. The current acting governor had worked hard to maintain stability and set an agenda that sought to improve decency in the jail and support his staff team, but the prison was still not fulfilling its function as a category C resettlement prison.

The many prisoners who were unemployed were locked up for 22 hours a day, in a prison that had not created enough places in work or education for the size of the population. The jail operated a split regime which meant that most prisoners were only in poorly paid, part-time work or education. They did not have enough time out of their cells, with no evening association and an even worse situation at the weekend. Only those on the excellent, enhanced living unit had a regime that was commensurate with the category of the prison.

Inspectors were particularly concerned about the public protection arrangements at Risley. The offender management unit was understaffed and there was insufficient support from probation services; this meant that some of the public protection arrangements were inadequate, men were not supported to reduce their risk of harm, and preparations for release were often not good enough. Some high-risk prisoners were released homeless, systems to monitor phone calls and other contact were not managed effectively, and some were leaving having had little or no interaction with a prison offender manager.

Since the last inspection the proportion of men serving sentences for sexual offences had increased significantly, and they now represented 40% of the total population, but there was a failure to provide for them. Despite HMI Prisons raising this issue in 2016, there were still no accredited programmes for these prisoners. This represents an astonishing failure by the prison service, which has been far too slow in putting provision in place. Although the effectiveness of these programmes has, at times been questioned, if the prison service believes they are effective and necessary, they should make sure that the right prisoners get access to them.

Other prison service bureaucracy was hampering progress. The lack of suitable dentist facilities meant that there was a huge waiting list and prisoners had to be sent in small groups to HMP Thorn Cross for treatment. The governor was waiting to hear if he could have the funds to refurbish the existing dental suite, but progress on this application was slow.

Since our last inspection, when we commented on poor living conditions, the situation had deteriorated, with parts of the prison now beyond repair. Progress had been slow in refurbishing the showers, some of which were in appalling condition; this had not been picked up by leaders' decency checks.

The Ofsted inspection revealed that the provision of education, training and work was inadequate, much of the work on offer was repetitive and boring, and

prisoners were not provided with skills that would be useful when they were released. Rates of pay were also very low, at just £10.20 a week even for some full-time workers. This was likely to have led to the increased levels of debt which were contributing to violence in the jail.

Our score for safety had improved to ‘reasonably good’, with better oversight of the use of force and some excellent work with Cheshire police in reducing the supply of drugs, which remained an ongoing challenge for the jail. Overall levels of violence were similar to those of comparator prisons and it felt reasonably safe. However, leaders had not identified that levels of violence among the general population were higher than similar prisons when excluding those convicted of sexual offences. Levels of self-harm remained too high and support was patchy for these prisoners and for those who were a suicide risk.

Behaviour management relied on punitive measures, which meant that some prisoners spent long periods of time on the lowest level of the incentives scheme. Not enough thought had gone into motivating men to improve their behaviour.

Risley held 200 foreign national prisoners who were placed on the wing that had some of the worst conditions. Although there was Home Office support on site, there was a lack of coordination of services for these prisoners. More than 20 were being held beyond the end of their sentence under immigration legislation, including one who had been at the prison since his custodial sentence ended in 2021. These prisoners did not always receive their entitlements and the Home Office was taking too long to process their cases.

If Risley is to prepare prisoners adequately for their eventual release, it must provide far more purposeful activity that gives prisoners the skills and experience they need to settle successfully on release. The prison must also make sure that its critical public protection function is being met, particularly for the large population of prisoners convicted of sexual offences.

Charlie Taylor
HM Chief Inspector of Prisons
June 2023

What needs to improve at HMP Risley

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. **Recorded levels of self-harm among prisoners were high and too often support ended without the underlying causes having been addressed.**

2. **Living conditions had deteriorated across many wings and showers were in a particularly poor state.**

3. **Health care provision was undermined by a lack of onsite dental services and weak management of long-term conditions.**

4. **The regime did not provide sufficient time out of cell for a category C resettlement prison.**

5. **Leaders did not provide a broad enough range of education, skills or work activities to meet prisoners' needs.**

6. **Far too many prisoners convicted of sexual offences were released without having completed offending behaviour work specific to their risks.**

Key concerns

7. **Data were not used well and so leaders had not identified that recorded levels of violence, excluding the large population of prisoners convicted of sexual offences, were higher than similar prisons.** Violence and self-harm were often related to prisoners being in debt to others. There was little constructive help for these prisoners and their situation was worsened by low wages.

8. **Conditions in the segregation unit were poor and the regime was very limited.**

9. **Prisoners from some protected characteristic groups reported far more negative outcomes in some important areas.** Far more disabled prisoners than those who did not have a disability felt unsafe, while some from a minority ethnic and Muslim background said they had experienced racism.

10. **Oversight of education, skills and work did not drive improvements quickly enough.**

11. **Careers education, information, advice and guidance were not effective and did not promote prisoners' progression fully.**

12. **Prisoners accessing vocational training in industries did not have enough opportunities to achieve a qualification or have their employment skills recorded.**

13. **The application of some public protection measures was weak.**

Care Quality Commission regulatory recommendations

Care and treatment must be provided safely.

Systems or processes must be established and operated effectively to ensure compliance.

About HMP Risley

Task of the prison/establishment
A category C men's resettlement prison based in the Northwest of England.

Certified normal accommodation and operational capacity (see Glossary)
Prisoners held at the time of inspection: 1,032
Baseline certified normal capacity: 1,036
In-use certified normal capacity: 1,061
Operational capacity: 1,061

Population of the prison
- About 137 new arrivals each month.
- 200 were foreign national prisoners.
- 404 prisoners had been convicted of sexual offences.
- 20% of prisoners were from a black or minority ethnic background.
- 297 prisoners were receiving support from the psychosocial team and 97 were receiving opiate substitution treatment.
- On average, 114 prisoners were released into the community each month.

Prison status and key providers
Public

Physical and mental health provider: Greater Manchester Mental Health NHS Foundation Trust
Substance misuse treatment provider: Change Grow Live
Dental health provider: Time for Teeth
Prison education framework provider: Novus
Escort contractor: GEOAmey

Prison group
Greater Manchester, Merseyside and Cheshire

Prison group director
Paul Holland (acting)

Brief history
Risley opened in 1964 as a men's and women's remand centre. In 1989, it became a training prison for men, and women on remand were removed at a later date. In 2003, a new wing was added and in 2009, Risley became a site for up to 200 foreign national prisoners and is now a category C resettlement prison.

Short description of residential units
A wing – foreign national prisoners and those subject to immigration rules
B wing – first night centre and the Ravensmoor unit (a semi-independent living unit for enhanced level prisoners)
C wing – substance misuse support unit
D wing – Discovery programme wing**,** providing resettlement help
E and G wings – Prisoners convicted of sexual offences

F wing – prisoners convicted of sexual offences living on an enhanced semi-independent living unit
Segregation unit

Name of governor and date in post
Adam Dobson (acting), October 2022

Changes of governor since the last inspection
Nicki Smith, March – October 2022
Dan Cooper (acting), June 2021 – March 2022
Nicki Smith, January 2018 – June 2021
Pia Sinha, August 2016 – November 2017
Gerry Spencer, January 2012 – April 2016

Independent Monitoring Board chair
Maggie Maudsley

Date of last inspection
13–24 June 2016

Section 1 Summary of key findings

Outcomes for prisoners

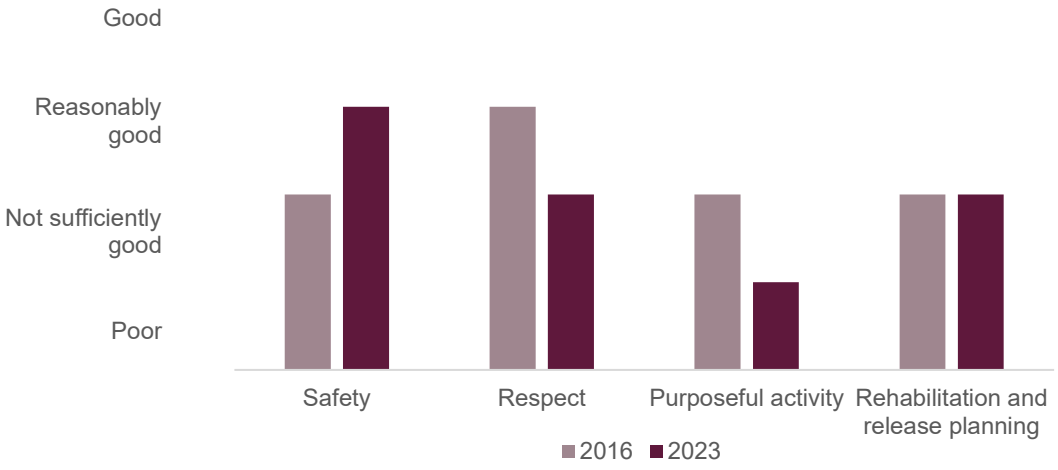
1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and rehabilitation and release planning (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

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

- reasonably good for safety
- not sufficiently good for respect
- poor for purposeful activity
- not sufficiently good for rehabilitation and release planning.

1.3 We last inspected HMP Risley in 2016. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Risley prisoner outcomes by healthy prison area, 2016 and 2023



Progress on key concerns and recommendations from the full inspection

1.4 At our last inspection in 2016 we made 55 recommendations, four of which were about areas of key concern. The prison fully accepted 50 of the recommendations and partially (or subject to resources) accepted three. It rejected two of the recommendations.

1.5 At this inspection we found that one of our recommendations about areas of key concern had been achieved and three had not been achieved. The recommendation made in the area of safety had been achieved but the recommendations made in each of the other healthy

prison areas had not been achieved. For a full list of the progress against the recommendations, please see Section 7.

Progress on recommendations from the scrutiny visit

1.6 In November 2020, during the COVID-19 pandemic, we conducted a scrutiny visit at the prison. Scrutiny visits (SVs) focused on individual establishments and how they were recovering from the challenges of the COVID-19 pandemic. They were shorter than full inspections and looked at key areas based on our existing human rights-based *Expectations*. For more information on SVs, visit https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/covid-19/scrutiny-visits/.

1.7 At the SV we made five recommendations about areas of key concern. At this inspection we found that two of the recommendations had been achieved and three had not been achieved.

Notable positive practice

1.8 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.

1.9 Inspectors found two examples of notable positive practice during this inspection.

1.10 Prisoners in the semi-independent living units could order fresh food items from a high street supermarket and could cook it themselves. (See paragraph 4.13.)

1.11 The lead nurse promoted and trained others in the benefits and use of nasal naloxone (a drug to prevent an opiate overdose), which had led to an HM Prison and Probation Service partners regional award. (See paragraph 4.75.)

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 Despite temporary leadership having been in place for much of the previous two years, the acting governor had maintained stability and was supported by an experienced team. Leaders were receptive to feedback during the inspection and responded proactively to resolve or explore immediate issues raised. However, over half of the recommendations we made at our 2016 inspection had not been achieved.

2.3 There was a strong culture of collaboration with examples of positive partnerships, such as with the local police and within the health care department. However, partnership working with the Probation Service was undermined by a shortage of probation officers in the offender management unit. Despite efforts, this was unlikely to improve in the near future.

2.4 As noted at our 2016 inspection, leaders struggled to implement the core functions of a category C prison. For example, there were not enough education, skills or work opportunities, which left a quarter of prisoners unemployed and too many of these placements were part time. Those that were full time, mainly consisted of work on the wings, which was not challenging enough and failed to provide realistic employment conditions. Prison and education managers understood the weaknesses in education, skills and work, but they had not made improvements swiftly enough.

2.5 Leaders had not provided sufficient time out of cell for prisoners and too many spent 22 hours a day locked up. Attendance at education, skills and work activities was also too low. This was unacceptable for a category C resettlement prison that should have been focused on developing skills and preparing prisoners for release. A staff re-profiling exercise had been undertaken to make better use of existing resources, but the new model had not yet been implemented.

2.6 Despite the increase in prisoners convicted of sexual offences, who now made up 40% of the population, leaders had failed to provide a suitable accredited offending behaviour programme to meet their needs and reduce their risk. Attempts had been made to secure a programme but this had not yet been successful. Some prisoners, including those presenting a high risk of harm, would have been released without having undertaken offence-focused work.

2.7 The prison's self-assessment report set appropriate and sensible priorities, but the risks posed by weaknesses in offender management and the application of some public protection measures were not well defined. This meant that, at the time of this inspection, leaders were not fully aware of the scale of improvements needed. Despite efforts to communicate the prison's priorities across the establishment, too few officers we spoke to knew what they were.

2.8 General cleanliness had improved. However, leaders were not visible enough around the prison and despite decency being a priority, they were not sighted on just how bad the conditions of some of the showers had become. Although there was a successful bid for funding to replace the showers, there had not been enough large-scale HM Prison and Probation Service investment to bring living conditions up to an acceptable standard across the site, and some units were now beyond basic repair.

2.9 Leaders had put in place weekly performance management meetings to hold middle managers to account. This had led to some changes, such as more frequent use of body-worn video cameras, but the lack of senior leader presence on the wings undermined their ability to hold others to account for decency standards. Management oversight had been increased across several departments, for example, the safety team benefited from supervising officers to promote consistency, and governance of the use of force had improved significantly.

2.10 Opportunities to promote positive behaviour were limited, but leaders had introduced two semi-independent living units, where employed and enhanced status prisoners had far more time out of cell (see Glossary) and access to self-catering facilities. The approach to managing some who were challenging and complex relied too much on punishment, and there were not enough interventions to help prisoners address their poor behaviour.

2.11 Leaders' analysis of data was not useful as it did not consider outcomes for the different populations or compare performance to other category C prisons, such as, those with a large population of prisoners convicted of sexual offences.

2.12 Officer recruitment had been successful but, at the time of the inspection, just over a quarter were not available to carry out operational duties, which affected the delivery of a full regime. Many officers were relatively new and just under 40% had less than two years' experience, but those we spoke to were positive about the support they received, and the attrition rate was not excessive.

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 Managers had developed sensible arrangements for the arrival of prisoners convicted of sexual offences. They often came on different days from the general population, which allowed for safe and dedicated reception processes, and they now had their own first night centre.

3.2 Many prisoners in our survey reported that they had problems such as health concerns, money or housing worries when they arrived at Risley. We found that the overall support for new arrivals was reasonably good and those we spoke to were largely happy with the help they received. Staff were friendly, and prisoners received a positive welcome.

3.3 The reception area was spacious, and processes were completed without delay. Security arrangements were proportionate, for example, prisoners were not handcuffed as they walked from the escort vehicle, and the level of searching required was based on an assessment of the risks posed by the individual. Each prisoner had a comprehensive safety interview with an officer, which was held in private. Prisoners could buy a limited selection of items from the prison shop for delivery the next day to help them avoid getting into debt in their first few days.

3.4 Prisoners' initial contact with families was good. The officer conducting the safety interview arranged an immediate phone call if appropriate, and prisoners could buy £2 in phone credit to spend on their first night. Phone numbers already approved at previous public sector prisons were generally available on the following day, but there were significant delays in adding any new numbers (see paragraph 6.1).

3.5 Peer workers were available in reception and in the first night centres. Although most were Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), they typically did not fulfil that role, focusing instead on practical tasks, like offering a hot meal and a cup of tea. It was nonetheless positive to see the scheme promoted among new arrivals. (See also paragraph 3.41.)

3.6 New arrivals were locked in their cells in the first night centres straight away, although those we observed were later let out so they could have a shower. Prisoners sometimes arrived later in the evening, and

in our survey, only 17% said that they had been able to have a shower on their first night, far fewer than at similar prisons (39%).

3.7 B wing, the first night centre for the general population, was in poor condition. Cells for new prisoners were bleak and needed decorating. They were on the top landing, far away from the wing office, which restricted the support and supervision staff could offer. Cells for newly arrived prisoners convicted of sexual offences were more sensibly located on the ground floor of E wing, and in our survey, these prisoners were far more positive about their first night accommodation. All new prisoners were checked three times during their first night.

3.8 Induction was delivered over the following three working days. The general population received it in a dedicated centre, where peer workers and agency staff could meet them. It was useful and lively, and a prisoner delivered it, with good oversight from staff. The induction for prisoners convicted of sexual offences was less well developed. Their induction area was shabby and only one peer worker instead of the intended four attended the session we watched. The information provided was not as useful as that provided to others.

Managing behaviour

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

Encouraging positive behaviour

3.9 In our survey, 21% of prisoners told us that they felt unsafe at the time of this inspection, which was similar to 2016. However, those reporting a disability were far more negative, with 30% feeling unsafe, compared with 13% of those who did not.

3.10 Levels of violence were lower than the comparator for other category C prisons. However, the rate among the general population was considerably higher than for those convicted of a sexual offence and was above the average for similar prisons. There had been 140 assaults in the 12 months before the inspection and 10% had resulted in the victim needing treatment at hospital. Data analysis was poor as it did not routinely consider the higher rate of violence in the general population, nor did it compare Risley to other category C prisons, such as those with a similar population.

3.11 The safety strategy was out of date, and managers were not using an up-to-date, measurable action plan to improve outcomes. Monthly safer custody meetings considered lots of information but did not focus on a set of priorities, and we could not see any evidence of action being taken.

3.12 The safety team was well resourced, but staff were regularly redeployed to other operational duties. This meant investigations into incidents were often delayed, hindering the effectiveness of the response.

3.13 Some challenge, support and intervention plans (CSIPs) (see Glossary) had helped perpetrators and victims to access useful support, which addressed the some of the causes of their behaviour, such as previous trauma or bereavement (see paragraph 3.40). However, other plans were not meaningful and only amounted to moving the prisoner to a different wing. Staff in the safer custody team developed the CSIPs, and wing staff we spoke to were not always aware of them or the detail included in them.

3.14 During the inspection, we identified 11 prisoners who were self-isolating or who had very recently self-isolated, often because they feared others due to debt they had acquired. Many did not have a support plan to help them address their problems, which meant their situation rarely improved. They received a very poor regime with hardly any time out of their cell. Meals were taken to the cell door, and they had no time in the exercise yard.

3.15 There was little constructive help available to prisoners to address their debt problems. Wages were low and many prisoners had little or no income to help them stay debt-free. For example, full-time wing workers earned just £10.20 a week. About a quarter of the population was unemployed or refused to work, which meant they were living on as little as £2.50 a week. Accessing vapes from other prisoners was one of the main causes of debt and associated violence.

3.16 Semi-independent living units on both sides of the prison provided about 60 prisoners with a genuine incentive to behave well. They could order additional food from a local supermarket to cook themselves, which was impressive (see paragraph 4.13). However, not enough was done to encourage other prisoners to behave well. The incentives scheme was largely ineffective – there had been no entries for three quarters of prisoners in the previous 28 days, and only a quarter of comments for the others were positive. Basic incentives scheme reviews did not set meaningful targets to support progression or improve behaviour.

Adjudications

3.17 The number of adjudications had decreased since our last inspection. There had been 2000 hearings over the previous 12 months, compared with about 1500 in the six months before the last inspection. However, of these, many were for minor rule breaches, which could have been dealt with less formally, and in some cases prevented, by simply discussing the issues with the prisoner.

3.18 The number of adjourned charges was not excessive, and the reasons were appropriate. However, several cases relating to serious

allegations, including assaults against staff, had remained with the police for too long, waiting to be investigated.

3.19 During the inspection, we identified several prisoners whose punishment was to lose privileges, which often included the loss of wages. This left some impoverished, vulnerable to further debt and unable to break the cycle of poor behaviour.

3.20 Quarterly meetings considered a useful range of data, but little action was taken forward to improve outcomes. Quality assurance was in place but did not always lead to improvements. For example, records of hearings often lacked sufficient detail to determine prisoners' experiences or make sure they had had a reasonable opportunity to present their case.

Use of force

3.21 There had been 397 incidents of force in the previous 12 months, which was similar to the last inspection and other category C prisons. Most incidents (85%) were spontaneous and low level, such as staff using guiding holds to return prisoners to their cells.

3.22 Rigid bar handcuffs had been used in just over half of all incidents to help staff de-escalate situations and prevent a full restraint. While we understood their use in some circumstances, for example, when escorting prisoners through open grounds, we were not confident that they had been necessary in all incidents we reviewed. We could not understand why they were used to stop the prisoner from self-harming when other techniques could have been more supportive.

3.23 In the previous 12 months, PAVA incapacitant spray had been drawn 19 times and used 11 times. In most cases, its use had been justified but in one case we reviewed, it had been used on a prisoner who was at risk of self-harm but was no longer presenting a danger to himself, which was not acceptable. Leaders (see Glossary) had identified these concerns and had taken appropriate action to prevent similar incidents occurring.

3.24 Governance had improved since 2016. Leaders had appointed a full-time coordinator to review serious incidents, such as those involving the use of PAVA, and all other incidents were reviewed by a scrutiny panel. A monthly meeting analysed a wide range of data, which showed disproportionality, locations, and reasons for the use of force, highlighting good practice and identifying lessons to be learned.

3.25 Body-worn video cameras were used to good effect. Leaders had identified that they were not always switched on soon enough and had addressed this through further training for staff.

Segregation

3.26 There had been little effort to improve conditions in the segregation unit, and the environment remained poor. Cells were grubby and toilets were heavily stained. During the inspection, there was a prisoner in

distress whose cell had stained walls and rubbish strewn across the floor. The communal shower area needed refurbishment or replacement and the two small exercise yards, although cleaned daily, were grim.

Segregation exercise yard

3.27 The average number of prisoners in the unit was low at about six, and most stays were relatively short at about 12 days. The daily regime was very poor – prisoners could only have 30 minutes of outside exercise and time for a shower each day. While it was positive that the unit had in-cell phones, this further reduced time out of cell (see Glossary) as prisoners no longer needed to access the telephone on the landing. Prisoners could not maintain their involvement in activities away from the unit, and access to other activities, such as distraction packs or reading material, was limited.

3.28 Prisoners had their cases discussed at the safety intervention meeting and a weekly multidisciplinary meeting. Nevertheless, reintegration plans were weak and not tailored to the individual to promote positive behaviour. A prisoner exit survey was available, but it was not clear how it was used, as neither staff nor leaders were aware of it. Quarterly governance meetings considered a range of data, but there was little evidence to show that they were used to improve outcomes.

3.29 Despite these shortcomings, prisoners spoke positively about their treatment, and we observed respectful relationships, underpinned by staff having a good knowledge of those in their care.

Security

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

3.30 The availability of illicit items including drugs and mobile phones remained a significant threat to stability. In our survey, 35% of respondents said it was easy to get hold of drugs and, while this was similar to other category C prisons, it was too high.

3.31 There had been a spike in drug use in late 2022, which had increased the positive mandatory drug rate from about 6.7% to 13.4%. Leaders had taken several effective steps to address the problem. For example, the body scanner was used for all new arrivals from prisons that had been identified as high risk for the supply of drugs. Processes for authenticating legal mail and photocopying personal correspondence were used well. A dedicated drug strategy lead manager had recently been appointed who worked closely with the security department. The action plan had been revised to address the drug supply and demand.

3.32 Collaborative partnership working was a real strength of the security department. There were strong links with Cheshire Police, who provided external support to prevent illicit items from being thrown over the prison wall. The prison received regular support from external HM Prison and Probation Service search teams, and security managers informed nearby residents of current issues that might affect them, benefiting the prison and local community.

3.33 Intelligence reports were analysed promptly to inform weekly security meetings, while the monthly strategic meeting established objectives appropriate to current risks. Action was monitored, and staff received regular newsletter briefings that included important information, such as on current objectives, concerns raised in other prisons and how they could contribute to future assessments.

3.34 The threat of staff corruption was taken very seriously, and effective procedures were in place, leading to imprisonment in one case. The prison had also improved gate security, for example, by searching all staff on entry.

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 Levels of recorded self-harm were high and higher than at most other category C prisons. There had been 630 incidents in the previous 12 months, which included a persistent number of serious incidents. Despite this, strategic work was weak – there was no up-to-date measurable action plan and data analysis was limited (see paragraph 3.11).

3.36 Prisons and Probation Ombudsman (PPO) records showed there had been eight self-inflicted deaths in the seven years since our last full inspection. Half had been linked to the use of psychoactive substances. There was a reasonably good focus on implementing action to address recommendations from the PPO, and the proposed unification of the monthly safety, security and drug strategy meetings seemed a sensible approach to promoting more joined-up working.

3.37 Investigations into the most serious acts of self-harm were not sufficiently analytical for lessons to be learned. For example, where prisoners had already been subject to formal assessment, care in custody and teamwork (ACCT) case management support for those at risk of suicide or self-harm, the investigator did not consider whether the care plan had been effective, whether case reviews had failed to spot heightened risks or whether the level of observation had been appropriate.

3.38 We looked at prisoners receiving ACCT support during the inspection. Too often, it had ended without the issues having been fully addressed, which meant support subsequently had to be offered again. For some men, this happened repeatedly. In these instances, case managers typically continued to use the original care plan without updating it, which meant no up-to-date action would be taken to promote the individual's care. In the worst example, the care plan had been set up in July 2021, but no action was implemented at all in 2023. Some other, more recent care plans did not adequately address the causes of self-harm and failed to pick up on issues identified during the assessment interview.

3.39 The approach to managing some of the most challenging, complex and vulnerable prisoners was too often punitive. Sometimes, as well as self-harming, these men behaved poorly, were often in debt and were occasionally self-isolating. Adjudication hearings sometimes failed to take into account the impact of further punishment (see paragraph

3.19). Some men had far too little to distract them – their television had been removed, they were unemployed, their association time had been curtailed and they had run out of phone credit and vapes.

3.40 Some very vulnerable men had benefited from useful interventions. We Are Survivors (a charity for male survivors of rape and abuse) alongside NHS England provided the OUT Spoken talking therapy service. Three part-time therapists delivered either 10 or 20 weekly individual sessions to men who had experienced childhood abuse or trauma. Prisoners were very positive about the help they had received to address one of the main causes of their self-harm and antisocial behaviour. (See paragraph 4.63.)

3.41 The number of Listeners had recently declined, but managers were addressing this and a new group from the population of prisoners convicted of a sexual offence were being trained. However, there were no Listeners living on any of the wings for the general population. There were hardly any dedicated Listener rooms, and sessions were almost always conducted in a cell, which was far from ideal.

3.42 Prisoners had not been able to phone the Samaritans from their cells during the night. Many prisons turn off in-cell phones during the night but keep the Samaritans number active. This safeguard had been overlooked, but the problem was dealt with as soon as we raised it.

Protection of adults at risk (see Glossary)

3.43 Arrangements to identify and support those most vulnerable to exploitation, neglect or abuse had a better focus than we often see. The head of safer custody had recognised that historically this part of the team's remit was underdeveloped and had sought expertise and guidance. She had built a good working relationship with the adult safeguarding team at Warrington Borough Council. There were plans for her and her counterpart at the council to shadow each other's roles.

3.44 During the inspection, one prisoner was identified as especially vulnerable, and his case was being overseen by a multidisciplinary team. Over the previous 12 months, a few other prisoners had been referred to the safer custody team, but not all wing staff were aware of the range of risks to look out for, and more training was needed.

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, 68% of prisoners said staff treated them with respect, which was similar to other category C prisons. However, some groups were much more negative. For example, only 42% of Muslim prisoners and 40% of those from minority ethnic groups said that staff treated them with respect compared to 72% of non-Muslim prisoners and 76% of white prisoners respectively.

4.2 We found relationships were positive on the wings for those convicted of a sexual offence and prisoners on enhanced status – there most prisoners described staff as friendly and approachable, and we observed some patient and positive care. However, prisoners on some other wings described a few officers as dismissive and unhelpful, and they tended to gather in groups or offices rather than interacting with prisoners to support and encourage them. We also saw minor rule breaking, such as prisoners vaping in communal areas, which officers did not challenge.

4.3 Staff in specialist roles, such as in health care, and some probation offender managers, were supportive of prisoners, promoting good behaviour and encouraging progression through their work. Of the prisoners who said they had a key worker (see Glossary), 66% said they were very or quite helpful, which was better than at similar prisons (52%). A very small number of prisoners received good support from their key worker, and those we spoke to could give examples of how they had helped them, for example, by reading through paperwork or finding them a job. However, most prisoners did not receive regular or consistent help.

4.4 The range of peer work roles was limited for a category C site, but the Discovery programme was a very promising initiative, which involved the extensive use of peer mentoring. (See paragraphs 4.35 and 6.23.)

Daily life

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

Living conditions

4.5 The cleanliness of outside areas had improved significantly since the last inspection and the state of communal areas, such as landings and stairwells were reasonable. The cleanest wings were those where prisoners convicted of a sexual offence lived. Leaders (see Glossary) had achieved this by setting up a 'clean, rehabilitative, enabling and decent' team on each wing.

Communal areas including landings and stairwells

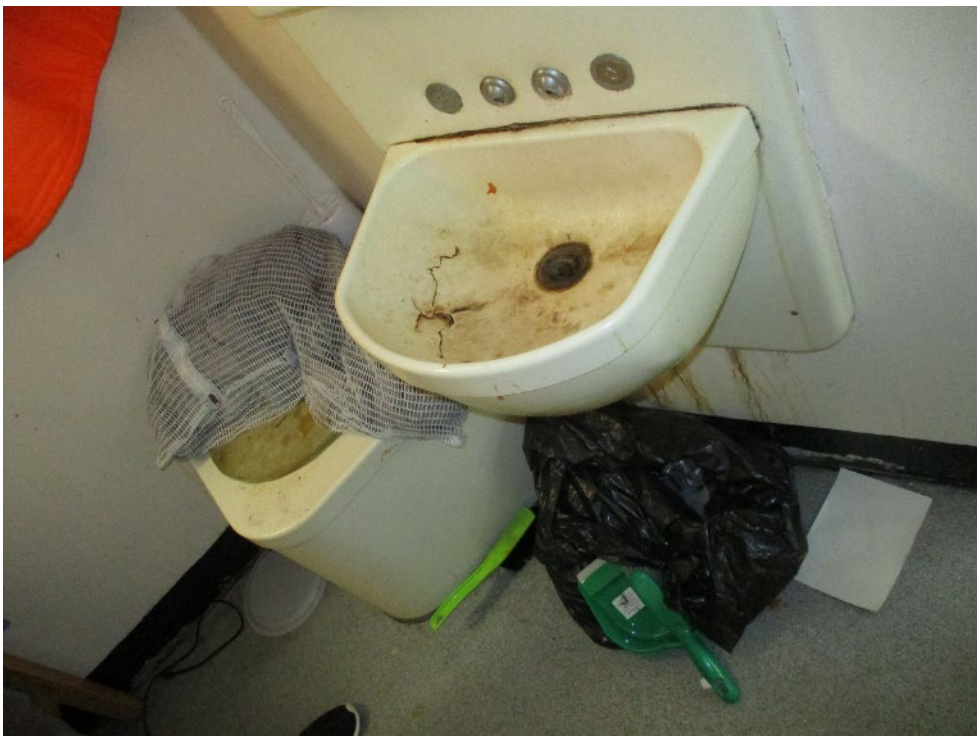
4.6 However, following our last inspection in 2016, living conditions across many wings had continued to deteriorate. Despite many bids for funding, there had been a lack of large-scale investment from HM Prison and Probation Service and some units were now beyond any basic repair. Ventilation problems in most showers had created mould and those on A and C wings were appalling. In our survey, less than one third (30%) of prisoners on A wing said the communal or shared areas (including wing showers), were normally very or quite clean, compared with 62% of the remaining population. A shower refurbishment programme to replace all showers had just started on C

wing. Decency checks in the units did not always identify the poor conditions.

Showers in a poor state on C and A wing

4.7 About 13% of prisoners lived in overcrowded cells with two sharing a cell originally designed for one. The cells were cramped, and most toilet areas were poorly screened – many prisoners had to use bedsheets to provide some privacy.

4.8 Some cells were poorly maintained, too many had damaged flooring and some essential repairs were not carried out promptly enough. Most were reasonably well equipped, but too many did not have curtains or lockable cupboards.



Cell with broken sink

4.9 Access to prison issue clothing and bedding was good and most laundry facilities were in working order. In our survey, prisoners' perceptions of their access to showers, clean sheets and clothes were all better than at the last inspection and were now similar or better than at other category C prisons.

4.10 In our survey, 29% of prisoners said their cell call bell was normally answered within five minutes. There was no central system for monitoring the timeliness of responses and our observations during the inspection week found that some went unanswered for too long, which was a concern, given the high rates of self-harm.

Residential services

4.11 In our survey, 40% of prisoners said the food was very or quite good. Prisoners could have hot food twice a day, but most had to eat in their cells rather than communally.

4.12 The catering department ran a food survey, but more consultation needed to take place with prisoners, particularly those from protected groups, about their menu preferences.

4.13 Most prisoners did not have access to any self-catering equipment except toasters. Those in the semi-independent unit could access appliances, such as air fryers and mini ovens, which were well used and valued. They could also order fresh products from a high street supermarket, which was a positive initiative. (See paragraph 1.10.)

4.14 Staff supervision of the meal service was limited, and we saw poor portion control. Some servery workers behaved poorly, which went unchallenged.

4.15 In our survey, 62% of prisoners said they could buy what they needed from the prison shop, which was higher than at our last inspection (47%). Prisoners were consulted regularly about the product list and had access to a wide range of catalogues. The prison had partnered with a charity called Rebuild with Hope, which enabled family members visiting the prison to buy underwear for prisoners and those who did not receive social visits could buy their own.

4.16 Prices had increased and had left some prisoners struggling, particularly as wages were low meaning some got into debt.

Prisoner consultation, applications and redress

4.17 Overall, consultation with prisoners was not effective and more needed to be done to make sure all prisoners, even the most marginalised, were included. Prison information desk workers were useful points of contact for sharing information and helping others. Council meetings were held regularly, chaired by the governor, and attended by a range of departments. Despite this, many prisoners we spoke to were not aware of the council and others were frustrated by the lack of change following consultation.

4.18 The paper-based application system was not working well. Despite the introduction of a tracking system and quality assurance to improve accountability and the standard of responses, many prisoners waited far too long for a reply.

4.19 Most complaints were about the regime, other prisoners and residential issues. Data analysis was too limited and did not consider trends over time. In our survey, only 30% of prisoners felt that complaints were dealt with fairly. Responses we reviewed were timely, but the quality was variable – some were too brief and would have benefited from additional follow-up action. Many related to issues that could have been resolved if the application system had been more effective, for example, in getting prisoners' phone numbers onto their accounts.

4.20 Leaders had introduced a positive initiative whereby those who were employed as equality representatives quality assured a sample of redacted complaint responses and gave feedback to the person who had responded.

4.21 Capacity for legal visits was adequate and there were different slots for those convicted of a sexual offence and the general population, but they lacked privacy. Immigration detainees were provided with up-to-date lists of local solicitors whom they could contact, and they had access to the freephone number for Bail for Immigration Detainees.

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 Leaders liaised with numerous external organisations that had expertise in working with minority groups, for example the Irish Council for Prisoners Overseas, Manchester Immigration Detainee Support Team (MIDST) and Care after Combat. Leaders had also invested in an equality manager to raise the profile of the work, but there was evidence of some unmet needs among the population (see section on protected characteristics).

4.23 The commitment to regular consultative forums with protected groups was good and most took place at least every two months, which meant that leaders had some insight into prisoners' experiences. However, the young adult forum no longer ran, and attendance at others was disappointing. The combined forum for older and disabled prisoners meant disabled prisoners who were younger had little access to consultation. Equality peer workers were in post and could offer another opportunity for consultation.

4.24 Prisoners we spoke to had little confidence in the discrimination incident reporting form (DIRF) process and only 20 DIRFs had been submitted in the previous 12 months. Most of the complaints were related to issues relating to race. The responses we saw were often late and the quality was too variable. Some had been investigated thoroughly, but others needed to involve prisoners more so staff could better understand the issues raised.

4.25 There was a comprehensive equality policy and action plan, but there was no needs analysis to inform priorities. The use of data was far too limited as it relied too much on the Prison Service's equality monitoring tool, which only explored a narrow range of indicators and did not look at trends over time. Even where data had been collected, it was not always clear how it was used to improve outcomes.

Protected characteristics

4.26 Half of prisoners we surveyed identified as disabled, and they were more negative about safety compared to those who did not identify as disabled – for example, 30% compared to 13% respectively felt unsafe at the time of our inspection. Those we spoke to said their needs were not always considered or understood, but leaders had begun to explore these problems during our visit.

4.27 The semi-independent living unit for those convicted of sexual offences was not accessible for those using a wheelchair or unable to climb stairs. While personal emergency evacuation plans (PEEPs) were in place when needed, not all wing staff could find them. Some night staff who did not necessarily know prisoners very well, were not always aware of who had a PEEP and what their evacuation plan entailed. A buddy system was in place for prisoners with disabilities, but buddies did not receive suitable training or staff oversight.

4.28 Support for older prisoners was limited. There had been a 12-week rolling programme delivered by Age UK, but it was not running at the time of the inspection. There were no tailored gym sessions and not all retired men said they spent time out of their cell during the core day. The Choices for Change programme for young adults was not running and little else was on offer for them.

4.29 About 20% of prisoners were from a minority ethnic background. In our survey, far fewer said staff treated them with respect compared to their white counterparts (see paragraph 4.1). Many of those we spoke to described racist attitudes and behaviour, as did some Muslim and foreign national prisoners. A cultural awareness training package had been delivered to some staff and was to be rolled out to all. Race consultative forums were not usually well attended, and there was no specific forum for faith groups outside the chaplaincy.

4.30 About one fifth of prisoners were foreign nationals. One wing had been designated for them, which allowed for some more tailored provision. A team of immigration officers was based there. Immigration surgeries were also held on other wings, where some foreign national prisoners were held. However, some prisoners said they had difficulty accessing them. Staff from the MIDST attended some foreign national forums and provided support to a few individuals. Living conditions on the foreign nationals wing were some of the worst in the jail.

4.31 There were 20 immigration detainees who were being held past their release date – one had been detained since his custodial sentence ended in 2021. Wing staff were not aware of their detainee status and, while they received the additional phone credit they were entitled to, they did not receive additional time out of cell.

4.32 Wing staff rarely used professional interpreting services. We came across prisoners interpreting for their peers, such as during key worker sessions, which was inappropriate. We also found a prisoner, whom staff had neglected to speak to in their own language, leaving them feeling isolated and with many unresolved issues.

4.33 The LGBT forum was the best attended of the forums. It was chaired by a prisoner and sometimes involved guest speakers. The prison also contributed artwork for Manchester Pride and efforts were made to mark events and key dates.

4.34 Transgender prisoners said they generally felt well supported, could obtain the basic items they required and were positive about the provision.

4.35 The prison had identified 58 veterans and 89 care leavers. The Discovery resettlement programme involved care leavers and veterans, providing tailored support for this cohort. (See paragraph 6.23.)

Faith and religion

4.36 Our survey showed that 65% of prisoners said their religious beliefs were respected, and 67% stated they could speak to a chaplain of their faith in private.

4.37 Members of the small chaplaincy team were visible across the prison. All faith groups were able to access a chaplain of their religion, except for Rastafarian prisoners – the prison found it a challenge to find a suitable minister, but these prisoners could spend time in the chapel in lieu of this. Corporate worship was reliably delivered for other faiths. Those convicted of a sexual offence were in separate congregations from main prisoners.

4.38 In addition to their statutory duties, the chaplaincy played a key role in running the Sycamore Tree victim awareness course, working with MIDST and providing pastoral support, such as bereavement counselling. (See paragraph 6.23.)

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.

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

Strategy, clinical governance and partnerships

4.40 Partnership working was effective, and relationships were professional and well-established. Governance and reporting structures were in place, but direct monitoring of some local clinical activity needed strengthening to make sure patients had the best outcomes.

4.41 Incident management reporting arrangements were good and there was evidence of staff learning from investigations, including from deaths in custody. Leadership was effective, and arrangements were working well, particularly in substance misuse and mental health.

4.42 There was a health care presence around the clock, seven days a week, and although there were some vacancies, cover arrangements were effective and made regular use of dependable agency staff. The health care team had a good cross-section of skills, and training conformed to expected standards and included access to good supervision and professional development opportunities for staff.

4.43 The recording and ongoing management of long-term conditions was not consistent and could have led to gaps in care, but most other clinical records we sampled were sound and met professional standards. Some patients convicted of sexual offences stated they waited longer in the health care waiting room than other patients, but we saw no evidence to support this. We did find one case where a patient whose first language was not English was not consulted using professional interpreting services, which meant important information was not communicated effectively, but overall, we saw patients being treated with decency and respect by a professional and committed staff group.

4.44 The health care centre was spacious and there were three separate waiting rooms, and treatment facilities were well equipped and compliant with infection control standards. All medical devices were maintained regularly. Resuscitation equipment was appropriate, strategically placed around the prison and regularly checked, with all registered nurses trained to Immediate Life Support (ILS) level.

4.45 Patients could raise concerns and make formal complaints about health care. We saw some evidence of problems being resolved through face-to-face discussion, but staff training in the investigation and management of complaints was limited, and we saw some examples where responses were inadequate or did not deal fully with the concern raised.

Promoting health and well-being

4.46 The approach to health promotion was limited and recruitment was due to start for a nurse lead staff member. Some information was displayed in the health care centre and on wings, but it was not linked to national campaigns.

4.47 Professional telephone interpretation services were available for health appointments when needed, but there was no audit trail for the use of these services. Health information was available in alternative languages. The prison did not have any health champions.

4.48 Blood-borne virus screening was offered routinely during the reception screening, and immunisations, vaccinations and NHS health checks were available. A range of age-appropriate prevention screening programmes were offered, including for bowel cancer.

4.49 Smoking cessation was not routinely offered or advertised but was available if requested. Condoms were available on request and on

release, but their availability was not advertised. Visiting specialists attended the prison to provide sexual health services.

Primary care and inpatient services

4.50 A registered nurse gave all new arrivals an initial health screening in reception and made referrals to other clinical teams. Secondary health screening questions were combined with the initial screening, which could have compromised standards if time was limited by a large number of new receptions.

4.51 A good range of primary health care services was available and waiting times were reasonable. Patients could see a GP for a routine appointment within three weeks, and urgent referrals were prioritised. Nursing cover was provided 24 hours a day and nurses could access out-of-hours' GPs if required.

4.52 Health appointments were made through paper applications, collected every day from the wings, and triaged by the nursing team to make sure clinical needs were prioritised appropriately. Daily nurse triage clinics meant that access to see a nurse was prompt.

4.53 The service monitored non-attendance rates, which had improved in recent months, but remained relatively high.

4.54 A skilled advanced clinical practitioner and competent senior nursing team had undertaken work to identify and review patients with long-term conditions. Chronic disease clinics were scheduled four days a week to make sure new arrivals or patients requiring a review could be seen, and nurses had recently attended a training course on long-term conditions. However, patient records we reviewed did not reflect personalised care or progress, care plans were not tailored to the individual patient and there was no evidence of patients being involved in their development. We found some patients had waited several months since arriving at the prison before receiving a care plan, which created significant risks.

4.55 The administration team managed the scheduling of external hospital appointments and referred any cancellations to nurses who provided clinical oversight, but the non-attendance rate was high, and had risen in the two months before the inspection. Some patients refused to attend, and some appointments were rearranged by the hospital. However, a high proportion were cancelled by the prison due to the lack of escorting officers or unavailability of wheelchair transportation, which was unacceptable. The prison was aware of the issue and was trying to obtain more accessible transport.

4.56 Pre-release arrangements were coordinated through daily discharge clinics. On release, prisoners had their cases reviewed by a nurse. They received a summary of their care and 28 days' supply of any prescribed medication.

Social care

4.57 There was an up-to-date signed memorandum of understanding between Warrington Borough Council and HMP Risley outlining social care responsibilities and three men were receiving a social care package (see Glossary).

4.58 Partnership working was good, but meetings to discuss service delivery did not occur consistently. The prison did not sufficiently monitor referrals, assessments or reviews to make sure oversight was effective. An external care agency provided by the local authority supported men who had social care needs, and prisoners we spoke to were happy with their care, although none had access to copies of their care plans.

4.59 Self-referrals to the local authority were not advertised or promoted, although prison staff knew whom to contact if they felt a prisoner needed support.

4.60 A buddy system was in place to help men collect meals and clean their cells. However, they were not formally recruited and did not receive any training or supervision, which was unsatisfactory and posed a risk.

4.61 Equipment, such as wheelchairs and grab rails, was in place, and personal alarms were available for men to call for assistance in an emergency. There was evidence of partnership working to support patients leaving the prison who required ongoing care.

Mental health care

4.62 New prisoners with mental health needs were brought to the attention of the specialist mental health team following an initial health screening. In addition, the team saw all new arrivals individually within 48 hours to notify prisoners of the services available.

4.63 The team was well-led and recent service improvements included enhancements in the neurodevelopmental pathway, such as support for prisoners with attention deficit hyperactivity disorder. A good skills mix made sure a range of low-intensity and specialist psychological support was available, including trauma-informed support from the OUT Spoken team (see paragraph 3.40). Those needing such specialist assessment and treatment had timely access to regular psychiatry sessions. There were mental health nurse vacancies in the team, but regular agency support meant this pressure was somewhat alleviated.

4.64 The team dealt with acute and urgent care needs through a duty worker system, which made sure support and access to initial assessment, care in custody and teamwork reviews for prisoners at risk of suicide or self-harm were timely. Referrals were reviewed and triaged every day, after which the wider team considered them to determine how they should be allocated and any requirements for a full clinical assessment. A weekly multidisciplinary team meeting oversaw and reviewed all care arrangements, which made sure support was

allocated on a clinical need and risk-informed basis. Support offered included guided self-help, one-to-one support and group work. Prisoners with severe and enduring mental health needs received good support through the care programme approach. In addition, an effective dual diagnosis pathway was established alongside the Change Grow Live (CGL) substance misuse team. We saw detailed care plans that were reviewed and audited regularly. Patients received regular prescribing reviews and a dedicated nurse undertook routine physical health checks.

4.65 Overall, we saw effective joint working with prison departments and other health professionals, and active involvement in several workstreams. Prison officers did not routinely receive mental health awareness training, but several seminars had been well received, with bespoke support provided for officers working in the segregation unit.

4.66 The team worked hard to make sure discharge planning arrangements were effective in providing continuity of specialist post-release care and we saw evidence of this in several case files. Most prisoners who required specialist care and treatment in hospital under the Mental Health Act over the previous 12 months were assessed and transferred within the agreed timescales, but in two cases they had been breached.

Substance misuse treatment

4.67 CGL delivered a good, integrated clinical and psychosocial substance misuse service for prisoners. Managers provided strong leadership to a highly motivated and caring team. There was an up-to-date drug strategy in place with collaborative partnership working evident between the service and prison.

4.68 Ninety-seven patients were receiving opiate substitution treatment (OST) medication and 297 men were supported by the psychosocial team. Patients we spoke to were very complimentary about staff and we observed caring interactions between them and the team.

4.69 New arrivals were stabilised before arriving at the prison and there was a clear pathway of care. Regular reviews were undertaken jointly by a GP or non-medical prescriber and the clinical and psychosocial team, which was commendable. Men found to be under the influence of illicit substances were prioritised for a review.

4.70 Flexible prescribing was in place, and patients who had been on Buvidal (a slow-release opiate substitute injection) before arriving at the prison could continue their treatment.

4.71 A welfare check booklet was used, outlining a pathway of care that included health care attendance and regular observations, which was positive. The psychosocial team carried out targeted work.

4.72 Most work was centred on C wing, which operated as a recovery hub, and the development of an incentivised substance free living wing was

planned. All prisoners could refer themselves to the service, which was well advertised throughout the prison. Patients were assessed and support was developed based on individual goals. However, clinical care plans were not consistently updated.

4.73 One-to-one psychosocial work was delivered, but staffing pressures meant support had to be prioritised according to patients' needs and risks. A good range of support for harm reduction was available and peer workers provided additional information. Service user feedback was used to improve the service.

4.74 Regular group sessions were offered, with an equitable service available to all men at the prison. Family days had taken place to share information about the service, and musicians and theatre groups visited to help prisoners to explore their recovery journey through a range of constructive activities. External mutual aid groups did not attend the prison.

4.75 Joint work between the prison and community services meant men could receive support on release. Nasal naloxone (a drug to prevent an opiate overdose) was available. The CGL lead nurse promoted and trained partner agencies in the benefits of the drug. (See paragraph 1.11.)

Medicines optimisation and pharmacy services

4.76 Medicines were dispensed in a timely fashion and labelled appropriately. They were transported, stored, and managed safely within the prison, but the response to drug alerts and out-of-range fridge temperatures was not sufficient.

4.77 Medicines that were not in possession were administered twice a day at 7.45am and 5pm. Medicines requiring administration at a later time could be considered for in-possession (IP) supply, but if this was not achievable, patients taking certain medicines with sedative effects, such as mirtazapine, would receive their medication at 5pm, which was not appropriate.

4.78 Officers did not supervise medicine queues consistently, leading to the potential for the diversion of medication, and regime delays meant some patients were brought to the medication hatch in the health care centre much later than anticipated, which meant other health care clinics did not start on time. ID cards were routinely requested, but several patients had been provided with temporary ID cards that were inadequate.

4.79 Prescribing and administration was recorded on SystmOne (the electronic clinical information system), and a pharmacist clinically screened all medicines. IP risk assessments and medicine reconciliation were carried out at reception, but reassessments for IP medication did not occur in line with trust policy and the pharmacy could not fully identify how many patients had IP status. Health care leaders had not fully considered whether some highly tradable

medicines, such as mirtazapine, should have tighter controls, and decisions were passed back to prescribers for action.

4.80 Few medicines were available to purchase from the shop, but a range of over-the-counter remedies was available during routine medicine administration. After three doses had been supplied, patients were promptly reviewed by a clinician. Several patient group directions (which authorise appropriate health care professionals to supply and administer prescription-only medicine) were available for urgent treatment and routine vaccinations. An out-of-hours' cupboard was suitably stocked with a range of medicines, but audits were not sufficiently robust to identify who had opened the cupboard and why.

4.81 Pharmacy services included pharmacy technician-led medicine use reviews and in-cell compliance checks. The pharmacist also completed some ad hoc medicine use reviews, but there was insufficient pharmacist cover, which meant routine clinical input could not be provided. Suitable processes for patients being transferred or released made sure patients continued to receive their medicines safely.

4.82 The pharmacy team was well integrated with the rest of the health care department. There were regular medicine management meetings, which had identified action and lessons to be learned. Audits for different classes of medicines had been carried out, such as for anticoagulants and antidepressants, but there was a lack of strategic response to the increased prescribing of some tradeable medicines.

Dental services and oral health

4.83 The dental environment was not suitable and there were multiple infection control issues, and no dental treatment had been provided at the prison for 17 weeks before the inspection.

4.84 Patients requiring urgent dental treatment could be escorted to a dental surgery at a nearby prison, but the facility had not been routinely used and, during the inspection, about 250 patients had waited up to six months for dental treatment. The provider agreed a plan with the prison during the inspection to provide four escorts per week for treatment, which would start to address the backlog.

4.85 A mobile dental suite had been commissioned as a temporary measure, but it had also proved inappropriate and was removed during the inspection. The governor was currently awaiting approval for funding to refurbish the existing suite.

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 The regime did not provide sufficient time out of cell for a category C resettlement prison. Our roll checks found that about one in five (22%) were locked up during the core working day with only a quarter involved in purposeful activity away from the wing. About a quarter were unemployed and their time out of cell was poor at just two hours each day.

5.2 The small number of prisoners who lived in the segregation unit, as well as those who were self-isolating or on the basic regime had hardly any time out of their cells. Those on the wings for enhanced level prisoners had far more time - around 12 hours a day during the week because they tended to be in full-time employment and also received evening association time. The weekend regime was very poor and prisoners could only spend two hours out of their cell each day.

5.3 Despite being too limited for many prisoners, the day-to-day regime was delivered reasonably reliably. Our survey showed that 67% said unlocking times were usually kept to, which was better than in similar prisons (53%).

5.4 Access to the library was good. Data showed that about 58% of the population visited regularly and, in our survey, 69% said they could visit once a week or more, which was better than similar prisons (41%) and a huge improvement since the last inspection (37%). The library team was enthusiastic and made sure that prisoners felt welcome.

5.5 There was a good stock of books and DVDs, as well as material in a range of languages and suitable for prisoners who needed to develop their reading skills. Study space available for prisoners to sit and read or for any group work to take place was limited. Instead, visits to the library were mostly short and there were no other activities to promote reading, or any peer-led book groups. Leaders (see Glossary) were invested in re-establishing Shannon Trust mentors to help develop more prisoners' reading abilities.

5.6 Only one third (30%) of the population used the gym and, in our survey, just 33% said they typically went to the gym or played sports twice a

week or more. The facilities were reasonable, and the equipment was in a good condition, but there was no outdoor sports pitch.

5.7 Access to the gym varied across different wings. For example, the few prisoners living in the Ravensmoor unit could go to the gym four times a week, while others in the main population had less frequent access at about once a week. Evening sessions were available for the small number of prisoners who worked full time. There were also sessions for those involved with the substance misuse service and others with dietary or physical rehabilitative needs. There were no dedicated sessions for older prisoners.

5.8 Leaders had developed community links through a twinning project with Salford Football Club. Although this was only available to about 36 prisoners a year, the project was positive and allowed those participating to complete most of their level 1 sports coaching qualification in the prison, with the remaining modules available in the community.

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: Inadequate

Quality of education: Inadequate

Behaviour and attitudes: Requires improvement

Personal development: Inadequate

Leadership and management: Inadequate

5.10 Too few prisoners were engaged in purposeful activity. Not enough education, skills and work places had been provided, which meant a quarter of prisoners were unemployed. Attendance at activities was low and too many places were part time, which did not fully occupy prisoners throughout the day. Full-time activities mainly consisted of work on the wings, which was not challenging enough and did not provide opportunities for skills development or realistic employment conditions.

5.11 Prisoners did not receive high-quality or well-timed careers advice and guidance. The service did take not routinely take into account sentence plan targets and during induction, staff did not explain well enough available options. As a consequence, prisoners did not have sufficient information to make informed choices. Personal development plans lacked detail and relevance, which meant that prisoners did not have clear or meaningful information on what next steps to take to support their career development. Advisers did not monitor the progress made nor did they provide further guidance.

5.12 Leaders had not made sure that prisoners' allocation to education, skills and work activities took account of their employment goals. The process was better at induction, but, following that, the great majority of prisoners were allocated to activities on a 'first come, first served' basis rather than by any priority of need. Prisoners often applied for a number of roles to increase their chances of selection. Despite the high number of applications, about one in 10 spaces were vacant at the time of our inspection.

5.13 The local pay policy did not encourage prisoners to study subjects, such as mathematics and English. The differences in pay for prisoners attending education or industries did not incentivise them to take up these activities as they considered working on the wings to be easier than other work so as a result, many chose to apply for those roles.

5.14 Most of the work the prisoners were engaged in on wings, in workshops and other work areas was low skilled. In about half of industries, the work was mundane and repetitive. Prisoners did not access a curriculum that developed the skills or knowledge that would have benefited them when seeking employment on release. There were few accredited qualifications in these work areas.

5.15 The vocational skills curriculum was effective in developing skills needed to increase the chances of employment on release. It had been developed in response to employer feedback on sector and industry needs. For example, in construction, employers had identified skills gaps in drylining and fire cladding. As a result, the curriculum had been revised to incorporate these specific skills. In industrial cleaning, the resurgence in demand for specialist cleaning as a result of COVID-19 infections had resulted in training focused on these skills to match employers' needs.

5.16 Teachers, trainers and instructors rarely used assessments of prisoners' prior knowledge or skills when planning learning.

Consequently, in education, prisoners generally all worked on the same activity, with outcomes focused on completing the task rather than developing knowledge or skills. For example, in information technology, prisoners who had previously successfully completed relevant training courses were not set appropriately challenging targets that extended previous learning.

5.17 In skills workshops, teachers assessed prisoners' prior knowledge and understanding using carefully prepared workbooks. However, they did not use this information to plan learning or set individual targets. In industries, many prisoners had wide-ranging prior knowledge and skills, for example in electrical engineering, gardening, catering and sewing, but instructors did not assess their starting points. As a result, their existing skills and knowledge did not inform individual planning and skills development, which limited the progress of many prisoners.

5.18 Almost all prisoners had the standardised neurodiversity screening during induction, but only those who attended education undertook a more in-depth assessment of their needs. These prisoners received effective support and achieved as well as their peers. Prisoners with learning difficulties or disabilities who were in industries and work rarely received specialist help for them to fulfil their potential. Leaders and managers recognised this weakness and were actively seeking staff to give prisoners outside education the support they needed to make the best progress.

5.19 The prison education framework provider Novus had selected the content and structure of the education and vocational courses they provided to match the prison's curriculum. Teachers started by introducing basic concepts and increased the complexity of tasks as prisoners became more confident in their skills and knowledge. As a result, they learned new topics in a logical and sensible order. Teachers were experienced and appropriately qualified for their roles, but they were not skilled at explaining new concepts effectively or checking prisoners' understanding. In some cases, teachers did not support prisoners in recognising how to apply their learning beyond the course or assessment objectives. As a result, the quality of prisoners' work and their achievements were not consistently good across all courses.

5.20 Leaders and managers understood the weaknesses in education, skills and work, but had not made improvements quickly enough. For example, prisoners' progress in work and industries was not recorded consistently. Quality assurance measures to address this weakness had only recently been put in place. Managers had introduced a number of new vocational qualifications within industrial workshops, for example in warehousing, waste management and cycle repair to enhance prisoners' chances of employment on release. However, too many work areas had no useful vocational qualification. The recommendations from the previous inspection had not been fully achieved.

5.21 Leaders had not provided a personal development curriculum across education, skills and work. Too few prisoners had access to high-quality timetabled enrichment activity that developed their confidence, resilience or character. The prison had provided a small number of extra-curricular activities, for example an art-based workshop and a creative writing group, but only a very small proportion of the prison population had access to them. Prisoners were not given opportunities to develop everyday living skills, such as cooking, budgeting, debt management or healthy living.

5.22 Staff did not sufficiently explain what they expected of prisoners when it came to values of tolerance and respect during induction or in industries and work areas. Other than in education, they had very little understanding of what they meant. Leaders did not do enough to develop prisoners' understanding of equality, diversity and difference.

5.23 The majority of prisoners in education, skills and work were well behaved, polite, and had respectful relationships with their peers and staff. Workshops and classrooms were calm, well-ordered and conducive to learning and work. However, a small number of prisoners vaped during sessions, which was not always challenged. In a few industries, for example packing and laundry, the development of a positive work ethic was hindered because there was not enough work for prisoners to do.

5.24 Most prisoners did not receive sufficient careers information and advice before release, but the small number who participated in the Discovery programme achieved very high employment outcomes on release. (See paragraph 4.35.)

5.25 Leaders and managers had developed a comprehensive, prison-wide reading strategy and employed specialist staff to deliver it. This had already had a beneficial effect on the reading habits of prisoners, for example, they shared their own books, and some training workshops and industries had 'drop everything and read' time at the end of a session. Staff had been trained in implementing reading assessments and new arrivals were to be assessed at induction.

'20 minute' reading area in the activity room

5.26 Managers had ambitious plans to develop prisoners' reading skills. For example, they intended to introduce e-readers as an alternative way to access books.

5.27 Teachers used the virtual campus (prisoner access to community education, training and employment opportunities via the internet) effectively to support learning, but it was not used for job searches and neither staff nor prisoners who used the employment hub for resettlement activities had access to it.

Section 6 Rehabilitation and release planning

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

Children and families and contact with the outside world

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

6.1 All prisoners now had phones in their cells which was a significant improvement since the last inspection and almost all said they could make a call every day if they had credit. However, prisoners were frustrated by long delays in getting phone numbers added to their account (see paragraph 3.4).

6.2 Prisoners were more positive than those in similar prisons about being able to see friends and family, both in person and through video calling. However, over half did not receive social visits and there was no family engagement worker during the inspection to support them. The Official Prison Visiting Scheme was also unavailable.

6.3 Family and friends could book a social visit via telephone and email. The visitors' centre was very small and did not have enough seating for the number of visitors attending, many of whom spent a long time waiting there. Visitors could only begin to enter the prison for searches to be undertaken at the time visits were advertised to begin, which reduced their overall visiting time.

6.4 The visits hall was spacious, it included a small play area, including age-appropriate activity boxes for children. Themed family days were available and were valued by prisoners.

6.5 The Storytime video recording was a positive initiative that had been well received and had good take up. It involved prisoners recording a video message, which was shared with families. It was easily accessible. Prisoners also made good use of the Email a Prisoner scheme to keep in touch with family and friends.

6.6 Despite the large number of foreign national prisoners, leaders (see Glossary) did not routinely collect data on the number of international video calls to see how well they were used and if more could be done to promote them. We came across a foreign national prisoner who had not had any interactions with staff using professional interpretation

services. He wanted to set up a video call, but neither he nor his partner knew how to do so. (See paragraph 4.32.)

Reducing risk, rehabilitation and progression

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

6.7 Since our last inspection, the proportion of prisoners convicted of sexual offences had increased significantly, and they now represented 40% of the total population. Despite efforts, leaders had not been able to introduce an accredited programme for them, which meant this group could not show they had reduced their risks. Some of the prisoners convicted of sexual offences and those serving long sentences reported feeling 'stuck' because of the lack of programmes and difficulties transferring to another prison (see paragraph 6.19 and 6.20).

6.8 There was a severe shortage of probation officers, which undermined the delivery of offender management work. There were only 5.5 out of 10.5 probation officers in post at the time of the inspection and it was unlikely that this shortfall would be addressed in the near future. Leaders had tried to bridge this gap by allocating some additional officers to the offender management unit (OMU), but they were limited in the type of tasks they could carry out and could not hold a full caseload. They and other prison-employed prison offender managers (POMs) were regularly redeployed to operational duties and the delivery of the key worker scheme (see Glossary) was also limited.

6.9 As a result, there was too little contact with prisoners, which meant that there was hardly any one-to-one work taking place. When it did take place, we found some examples of excellent work by probation POMs, which was among the best we have seen.

6.10 Not all prisoners had an up-to-date assessment of their risks or needs and many we spoke to did not know if they had a sentence plan or what it said. This was supported by the survey findings – only 36% said they had a plan, which was lower than in similar prisons (54%). In the cases we looked at, the quality of assessments and sentence plans was mixed. Some were best practice examples, while others lacked analysis or had few meaningful targets.

6.11 One hundred and eighty-eight prisoners had been released on home detention curfew in the previous 12 months, but nearly a quarter were after their earliest eligibility date. Leaders had good oversight of the process and could show that most delays were out of their control, for example, some prisoners were transferred to the prison very near or after their eligibility date.

Public protection

6.12 Some public protection measures had not been applied properly. Over half the population had restrictions placed on whom they could contact, for example, they were not allowed to contact children or had a restraining order in place. However, we were not confident that the restrictions were applied robustly. For example, postroom staff were not always aware of which prisoners were subject to restrictions and had allowed a prisoner to receive a photograph of children, which he was not permitted to have. The prison was unable to assure us that children's services were being contacted when making child contact decisions, and restrictions applied were not being reviewed annually.

6.13 During the inspection, only 14 prisoners required mail and telephone monitoring but, despite such low numbers, the prison failed to manage this process effectively. There was a long list of calls waiting to be listened to. In addition, not all monitoring staff were suitably trained, and we found an example of one prisoner threatening a partner on the telephone, but little action was taken to offer protection.

6.14 The OMU had reasonable oversight of high-risk prisoners and those subject to multi-agency public protection arrangements (MAPPA) who were coming up for release. All MAPPA prisoners had their cases discussed seven months before their release at the interdepartmental risk management meeting, but attendance by those other than probation officers was poor. This meant there was limited information sharing, hindering the development of a robust risk management plan in the lead up to release.

6.15 Some high-risk prisoners, including those convicted of sexual offences who were due to be released in the following seven days, did not have a robust risk management plan. As a result, some were sent to very temporary placements or simply directed to report as homeless to the council on the day of their release, which was poor.

6.16 Reports written by POMs concerning the most complex prisoners subject to MAPPA were good and we saw some examples of best practice.

Categorisation and transfers

6.17 HM Prison and Probation Service introduced the temporary presumptive recategorisation scheme (TPRS) in January 2023 to increase the number of prisoners moving to open prisons. However, we had concerns that prisoners within the last 12 weeks of their sentence were automatically transferred to open conditions with a very limited assessment, few appropriate safeguards and little consideration of their recent behaviour. This could have presented risks to the public and disrupted a prisoner's current resettlement plan.

6.18 The categorisation reviews we looked at outside the TPRS were generally sound and involved the prisoner, but more detail could have

been included to explain the decisions and set targets for the prisoner to achieve.

6.19 Leaders did not have sufficient oversight of prisoners moving to other closed prisons. They had a list of those waiting to move but struggled to provide evidence of what they had done to progress or what was causing the delay.

Interventions

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

6.20 The prison had completed a needs analysis of the sex offender population in 2022. This showed that three quarters (75%) met the criteria for either Kaizen or Horizon which are both suitable programmes for this group. Despite these high levels of need, there was no provision available at all. This meant that most prisoners convicted of sexual offences would be released without having the opportunity to undertake any accredited offending behaviour work (see paragraphs 6.7 and 6.28).

6.21 The offending behaviour needs of the general population had not been assessed so leaders could not show whether the Thinking Skills Programme (TSP), which was available at the prison, was the most appropriate intervention for them.

6.22 The programmes team screened all new arrivals to decide whether they were suitable for TSP and the waiting list was managed well with places prioritised appropriately.

6.23 Some non-accredited programmes were available, such as the Sycamore Tree victim awareness course (see paragraph 4.38). The Discovery programme was a promising resettlement intervention. It provided help to those without family support, as well as to care leavers and those on short sentences. Veterans took on the role of peer mentors, offering a range of resettlement support, such as job interview skills training, money management help and mental health awareness. Since July 2022, 54 prisoners had fully or partially completed the programme and another 45 were undertaking it during the inspection. (See also paragraph 4.35.)

6.24 Finance, benefit and debt support was reasonable. Staff from the Department for Work and Pensions (DWP) were on site and met prisoners on arrival and 12 weeks before their release (see paragraph 6.27). A dedicated worker could help prisoners apply for ID and bank accounts.

6.25 Most high-risk prisoners went to a probation-approved premises on release so the demand for housing support was lower than in some other prisons. Two housing support workers covered different areas of

the north-west of England, but other staff did not always know when they were available or who they worked with.

6.26 Data used to monitor prisoners' accommodation on release was poor as it only captured arrangements for their first night out of prison and not the longer-term outcomes.

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.

6.27 Release planning was reasonable – a resettlement team assessed the needs of new arrivals and reviewed them 12 weeks before their release. Prisoners could receive a range of assistance through a 'one-stop shop', including help from the DWP team, the CGL team offering support and advice around drugs and alcohol, and information on gaining access to mental health services. Resettlement needs were reviewed again two weeks before release.

6.28 The prison-based resettlement team was only contracted to provide advice and support to prisoners assessed as being low- and medium-risk. High-risk prisoners were dependent on their community offender manager to complete referrals for them so they could access help. This was often undertaken late because there were several changes in the offender manager in the community, which meant these prisoners did not get the help they needed.

6.29 Foreign national prisoners did not receive the same release planning support because most services were only available for those with the right to work in the UK. In addition, some were held beyond their release date because they did not have suitable accommodation and were dependent on securing a place in a Home Office-approved housing scheme. However, there was often a long wait for the accommodation.

6.30 A new prison employment project provided some useful support, which had shown some promising initial results. One in five prisoners were still in employment six weeks following release, which was higher than we have seen in similar prisons. The prison held a job fair, which prisoners described as useful.

Section 7 Progress on recommendations from the last full inspection and scrutiny visit reports

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.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2016, reception staff were courteous, but the reception process was slow and first night arrangements varied. Levels of violence were no higher than at other prisons, but about a fifth of prisoners said they felt unsafe. There were high levels of new psychoactive substance (NPS) use, and many prisoners became frustrated at the limited regime. Support for those at risk of self-harm was adequate, but conditions for some prisoners on constant supervision were very poor. Security was proportionate and information flow was good. Work had started to address the problems of NPS use. Use of force had risen markedly, and governance was poor. Most documentation was incomplete or missing. The segregation unit remained a depressing environment, but levels of segregation were not high and relationships between segregation staff and prisoners were reasonably good. Most prisoners said that the incentives and earned privileges scheme had not helped them to change their behaviour. Substance misuse services were good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendation

Managers should ensure that all staff complete necessary records accurately and comprehensively following every use of force. All baton incidents should also be fully investigated to ensure proportionality, and the outcome should be recorded.
Achieved

Recommendations

Prisoners should be given sufficient notice of planned transfers to enable them to telephone their family and/or legal adviser subject to evidence of security considerations.
Achieved

First night arrangements should be applied consistently throughout the prison to ensure that the needs of all new prisoners are met.
Achieved

On arrival, prisoners should be given written information in a language they understand about prison rules and procedures and what will happen during their first few days at Risley.
Achieved

A comprehensive strategic approach to addressing antisocial behaviour should include timely and thorough investigations and individually targeted work.
Partially achieved

Staff should explore with prisoners why they feel unsafe and violence investigations should be carried out promptly.
Not achieved

Constant watch cells should provide a clean and decent environment for prisoners in crisis.
Achieved

Prisoners should have access to Listeners at all times, including after evening lock up.
Achieved

Strategic oversight of the IEP scheme should be strengthened to ensure that it is used effectively to address violence and other antisocial behaviour.
Not achieved

The segregation unit should be refurbished and kept clean.
Not achieved

Segregated prisoners should have reintegration plans and receive systematic support to return to residential units.
Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2016, the standard of maintenance and cleanliness of residential units varied widely, and some showers were in a particularly poor state. Staff-prisoner relationships were reasonable overall. The strategic management of equality work was underdeveloped but outcomes for most diverse groups were reasonably good. Faith provision was excellent. Responses to complaints were generally good, although too many should have been dealt with informally. Health services were reasonably good. The quality of food was reasonable. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendation

Prison cells, showers and communal areas should provide clean, hygienic and well-maintained conditions for all prisoners.
Not achieved

Recommendations

Applications should be responded to on time and managers should carry out regular quality checks of staff responses.
Not achieved

Staff should engage regularly with prisoners during the core day and periods of association.
Not achieved

Equality and diversity work should include effective action planning, purposeful meetings, prompt investigation of adverse equality monitoring data and good consultation arrangements with each protected group.
Partially achieved

Foreign national prisoners should be supported through forums, good access to information and advice about their status and use of professional interpreting. Prisoners should have at least a few weeks' notice of a decision to detain them.
Partially achieved

All prisoners with disabilities should be identified, a regular review of their needs should be conducted and additional support implemented promptly. Prisoners unfit to work through disability should not be locked in their cell during the core day.
Not achieved

Provision for older prisoners should be developed, including activities.
Partially achieved

Managers should ensure that low-level domestic issues are promptly resolved by residential staff on the wings and explore with prisoners why they have limited confidence in the complaints system.
Not achieved

Prisoners should be able to see their legal representatives in private.
Not achieved

There should be robust local clinical governance arrangements, including adequate staffing and information systems. Clinical audits and prisoner engagement should drive service improvement.
Partially achieved

Prison staff should have basic life support skills and easy access to automated external defibrillators located on the wings. Ambulance services should be called promptly in a medical emergency using the agreed codes.
Achieved

Health applications should result in timely access for prisoners to the GP for routine and urgent care.
Achieved

Pharmacist-led clinics/formal medicine use reviews should be implemented.
Not achieved

The planned changes in medicine administration arrangements should be implemented as soon as possible to preserve prisoners' dignity and confidentiality.
No longer relevant

There should be a regular oversight of medicines management arrangements to ensure risk is clinically identified, addressed and routinely reviewed, including limiting prisoner access to tradable medicines. This should be led by the medicines management committee, which a pharmacy representative should routinely attend.
Achieved

Prisoners should have access to a full range of therapeutic interventions, including low intensity psychosocial interventions.
Achieved

The skill mix of the mental health team should ensure an appropriate range of professional skills, particularly psychology and psychiatry.
Achieved

All prisoners identified as requiring enhanced input through the care programme approach should have comprehensive CPA plans.
Achieved

Prisoners should be transferred to external health care beds within Department of Health target timescales.
Not achieved

Wing serveries should be clean and properly supervised by staff. Servery workers should wear appropriate protective clothing and receive basic food hygiene training.
Not achieved

Prisoners should be able to receive a full canteen order within 72 hours of arrival and not be charged an administration fee for items ordered through catalogues.
Not achieved

Purposeful activity

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

At the last inspection, in 2016, time out of cell was poor. About a third of prisoners were locked behind their doors during the working day and there were too few activity places for the population. Management of the learning and skills provision (OLASS), including achievement of qualifications, was good. Prison management of activities was much less effective. Library provision was reasonable, but many prisoners had limited access. PE provision was good, and prisoners could attain accredited qualifications. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendation

Prisoners should be unlocked during the core day and be able to engage in full-time purposeful activity. Managers should ensure consistent participation, attendance and punctuality in all areas.
Not achieved

Recommendations

Prison managers should ensure that the provider contracted to deliver vocational qualifications in prison workshops and industries is rigorously performance managed.
Partially achieved

There should be a robust observation process for prison workshops and industries, producing an evaluative self-assessment report. The achievement of improvement actions should be closely monitored.
Not achieved

Novus managers should ensure that all teachers plan lessons effectively by making better use of initial assessments and integrating mathematics and English in lessons.
Not achieved

Prison managers should ensure that prisoners receive more instruction and can engage in more challenging work in industry and work areas to enable them to develop their skills and achieve qualifications.
Not achieved

More prisoners should benefit from vocational training courses delivered by the contracted private training company.
No longer relevant

The library should stock more information and resources to help with job search and training opportunities.
Achieved

Prisoners working full time in prison industries should have sufficient access to the library. Data on library use should be analysed to identify and address inequitable access or use of the library services by any group.
Partially achieved

The use of sports and fitness facilities should be analysed to determine if all groups of prisoners participate in gym activities.
Not achieved

PE staff should develop links with local sports teams and employers to enhance the development of prisoners' health and fitness and improve their prospects of employment in the sector.
Achieved

Resettlement

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

At the last inspection, in 2016, the establishment did not have a proper grasp of the resettlement needs of the population. Offender supervision was reactive and did not support prisoners through their sentence. Too many prisoners arrived and left without an up-to-date OASys assessment. There were some weaknesses in public protection work. Many prisoners did not have a basic custody screen. Accommodation needs were well met. Visits provision was adequate, although work to promote family ties was underdeveloped. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendation

Managers should drive, monitor and support an integrated approach to resettlement that includes an up-to-date reducing reoffending strategy, an associated action plan, and regular cross-departmental meetings. Each prisoner should receive a comprehensive assessment of risks and needs on arrival, and an offender supervisor should ensure that timely and well-coordinated interventions and support are part of a coherent plan for best use of the sentence.
Not achieved

Recommendations

A needs analysis of the whole population should be carried out, to ensure that the interventions delivered address the real needs and support the function of a resettlement prison effectively.
Not achieved

All prisoners sentenced to 12 months or more should have an up-to-date OASys assessment before they are transferred to Risley.
Not achieved

A resettlement information strategy should lay out a clear path towards an integrated system of record-keeping and information handling.
Achieved

Preparations for the release of levels 2 and 3 MAPPA cases should be carried out in accordance with MAPPA guidance. Managers and the interdepartmental risk management team should ensure that this is done in every case.
Achieved

Categorisation reviews and home detention curfew assessments should be carried out on time following a risk assessment based on an up-to-date OASys.
Not achieved

Additional support should be available to indeterminate sentence prisoners, based on reported needs, to reflect the nature of their sentence and the impact on them and their families.
Not achieved

A robust system of reintegration planning should identify needs on arrival and deliver timely, coordinated and well informed pre-release resettlement planning to ensure prisoners are released in as safe a manner as possible.
Not achieved

The number of prisoners progressing into education, training or employment should be increased, for example by cultivating better links with local employers, introducing a pre-release course and developing the virtual campus to help with job search.
Not achieved

Prisoners should be able to open bank accounts before their release date.
Achieved

All prisoners should have access to a family support worker and a range of courses to support and strengthen family ties.
Not achieved

The visits booking line should be answered promptly.
Achieved

The portfolio of programmes delivered should be reviewed in the light of a full needs assessment, to ensure that as many prisoners as possible can address their offending behaviour meaningfully.
Not achieved

Recommendations from the scrutiny visit

The following is a list of the recommendations made in the scrutiny visit report from 2020.

Dental treatment should be provided promptly and be equivalent to that delivered in the community.
Not achieved

Prisoners should be able to attend health care appointments on time and to receive their medicines at the prescribed time.
Achieved

Time out of cell for prisoners should be increased, to enable more purposeful activity and more time in the open air.
Not achieved

Prisoners should have telephone in their cells to be able to have regular and frequent telephone contact with their families.
Achieved

The backlog in telephone monitoring should be eliminated as a matter of urgency.
Not 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.

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

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

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Emma King	Researcher
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Mary Devane	Ofsted inspector
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Allan Shaw	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.

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

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

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

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).

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

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

Appendix III 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 Risley 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

Greater Manchester Mental Health NHS Foundation Trust

Location

HMP Risley

Location ID

RXVU4

Regulated activities

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

Action we have told the provider to take

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

Regulation 12 Safe care and treatment, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

12(1) Care and treatment must be provided in a safe way for service users.

How the regulation was not being met

Patients with long term conditions did not have care plans to address the risks of their condition or their individual needs. 13 patient records were reviewed and we found that:

- 1 patient with asthma had been at the prison for 3 weeks but did not have a care plan to manage this and was not on the asthma register.
- 11 patients had a care plan template, but this was not tailored to their individual needs.
- 1 patient had a person-centred care plan which stated monthly blood pressure readings were required, however, this was not being followed.
- 1 patient had a falls risk care plan from a previous prison, but this had not been updated by the provider for 4 months after he arrived at HMP Risley.

Regulation 17 Good governance, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

17(1) Systems or processes must be established and operated effectively to ensure compliance.

How the regulation was not being met

There was no quality assurance process in place for reviewing responses to complaints. 1 complaint response reviewed had not addressed the main issue raised and had not been quality reviewed prior to sending to the complainant.

There was no system to monitor the use of out of hours medicines.

Fridge temperatures had been out of range in one treatment room for 3 days with no escalation to the pharmacist in line with the provider's policy.

There were no audits in place of clinical records or patients' care plans.

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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