Report on an unannounced inspection of

HMP & YOI Bronzefield

by HM Chief Inspector of Prisons

24 January and 31 January – 4 February 2022

Contents

Introduction

Bronzefield, the largest women's prison in the country, was badly affected by the death of a baby born to a mother in the prison in 2019. Since that tragedy and after the recent publication of the Prisons and Probation Ombudsman report into the case, there had been impressive action from leaders, particularly the deputy director, to respond to recommendations. This included setting clear standards within the prison and stronger partnership working with local maternity services.

At the time of our inspection there were 468 women held on four main house blocks. House block 1, which contained the drug treatment and detoxification wing, was noisy and unsettled, and the women housed there reported twice the levels of intimidation from their peers and abuse from staff than elsewhere in the jail.

Sodexo, which ran the prison, was also the education provider. This made for a much stronger connection than we often see, with the head of education sitting on the senior management team. Teachers had stayed on site throughout the pandemic, working on the wings when they were not allowed to open classrooms. Health care services, also run by Sodexo, needed to improve the management of medicines: it was disorganised and understaffed, which meant that some women did not get the right medication on time.

Leaders had shown impressive ambition in reopening services and increasing the amount of time women were spending out of their cells, with a recognition of the deleterious effects of protracted lockdowns on the mental health of prisoners. There remained, however, a large proportion of women who did not have jobs or attend education and were locked up for 20 hours a day, with further regime slippage at the weekend often leading to even less time out of cell.

The prison had worked hard to care for the many women with serious mental health difficulties. On the health care wing 11 of the 13 women had mental health problems and of those, three had already been assessed as requiring a place in a mental health facility and were waiting for a space. A dedicated team worked very hard to support these women, but they were not able to provide the treatment that they needed. The prison was collecting useful data on the number of women who had come to prison as a 'place of safety', either on remand or recall to custody. Many of these women should not have been in prison and were only there because there was insufficient provision in the community. This is a national problem that is worse in the women's estate and, because of its location, even more pronounced in Bronzefield.

Like all prisons that are in or close to London, Bronzefield struggled to recruit and hold on to prison officers. The director was aiming to make the selection process stronger so potential trainees had a better understanding of the job. He was also aiming to create a mentoring system that would offer support to officers in their first or second year in the job. Staff who filled out our survey, particularly those in their first year, were critical of the support they had had so

far. The prison needed to dedicate considerable time and resource to improving the officer retention rate.

Far too many women left the prison without safe and stable accommodation and this meant that some were reluctant to leave, preferring prison to the uncertainties of freedom. One had even slept in the gatehouse for two nights because she had nowhere else to go. Finding adequate housing and support for the many women with complex needs leaving Bronzefield must be a priority for the mayor of London, probation services and local authorities. Without stable, safe accommodation many women are liable to have mental health relapses, return to substance misuse and become involved in crime on release, creating more victims and, at great cost to the taxpayer, repeating the cycle and undoing the good work of the prison.

Bronzefield is a well-run prison with a strong, experienced director and leadership team who are committed to improving outcomes for women. They have shown a willingness to consider innovative ways to do this and desire to influence national policy. As COVID-19 restrictions are finally lifted, leaders will need to focus on supporting officers in front line roles to reassert clear behaviour management systems that challenge rule-breaking and provide meaningful incentives to promote good behaviour. Leaders will benefit from making better use of the data they collect to set targets and drive forward improvement. They will inevitably be disappointed with the scores in this inspection which have declined in the areas of respect and rehabilitation and release planning, but there is much to build on after a difficult two years.

Charlie Taylor
HM Chief Inspector of Prisons
March 2022

About Bronzefield

Task of the prison/establishment
Bronzefield is a women's resettlement and reception prison that also holds restricted status prisoners (those considered to require specific management arrangements). It is also the national hub for female offenders held under the Terrorism Act.

Certified normal accommodation and operational capacity (see Glossary)
Women held at the time of inspection: 468
Baseline certified normal capacity: 527
In-use certified normal capacity: 527
Operational capacity: 542

Population of the prison
- An average of 120 new women received each month.
- 118 foreign national women.
- 31% of women from black and minority ethnic backgrounds.
- 114 women released into the community each month.
- 450 women receiving support for substance misuse.
- 300 women referred for mental health assessment each month.

Prison status and key providers
Private – Sodexo

Physical health provider: Sodexo
Mental health provider: Central and North West London NHS Foundation Trust
Substance misuse treatment provider: Sodexo
Prison education framework provider: Sodexo
Escort contractor: GEOAmey and Serco

Prison department
Custodial Contracts Directorate

Brief history
Bronzefield opened in June 2004 and was the first purpose-built, privately operated prison for women. In 2016, it increased its capacity following the closure of HMP Holloway. It accepts women directly from over 90 courts.

Short description of residential units
The prison comprises four house blocks:
House block 1: drug recovery unit, including reverse cohort unit (RCU) spaces (see Glossary)
House block 2: early days in custody unit, including RCU spaces
House block 3: sentenced prisoners
House block 4: life-sentenced and enhanced level prisoners.

There are also a 12-bed mother and baby unit, an 18-bed health care inpatient facility and a 12-bed segregation unit.

Name of director and date in post
Ian Whiteside, June 2016

Leadership changes since the last inspection
Vicky Robinson, acting director, August 2019–February 2020 and August 2021–January 2022 (to cover the current director's two periods of secondment)

Prison Group Director
Neil Richards, HM Prison and Probation Service, Head of Custodial Contracts

Independent Monitoring Board chair
Alice Lean

Date of last inspection
26 November–6 December 2018

Section 1 Summary of key findings

1.1 We last inspected HMP & YOI Bronzefield in 2018 and made 27 recommendations, one of which was about an area of key concern. The prison fully accepted 20 of the recommendations and partially (or subject to resources) accepted four. It rejected two of the recommendations and did not respond to one recommendation.

1.2 Section 8 contains a full list of recommendations made at the last full inspection and the progress made against them.

Progress on key concerns and recommendations from the full inspection

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

1.4 At our last full inspection, we made one recommendation about key concerns in the area of safety. At this inspection we found that this recommendation had been achieved.

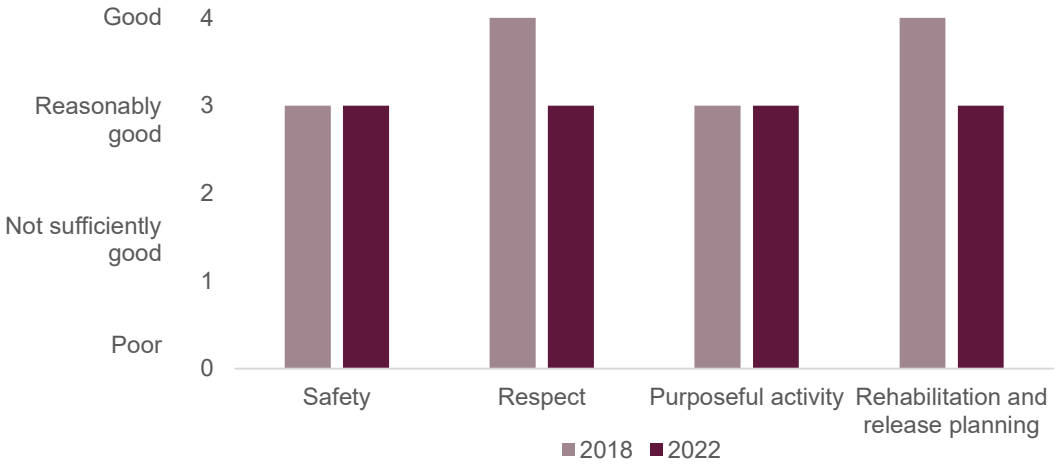
Outcomes for women prisoners

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

1.6 At this inspection of HMP & YOI Bronzefield we found that outcomes for women had stayed the same in two healthy prison areas and declined in two.

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

Figure 1: HMP & YOI Bronzefield healthy prison outcomes 2018 and 2022



Safety

At the last inspection of Bronzefield in 2018 we found that outcomes for women were reasonably good against this healthy prison test.

At this inspection we found that outcomes for women remained reasonably good.

1.8 Women arriving at the prison received good individual support and interviews were appropriately focused on safety. Peer workers provided valuable help, which continued after women had left the induction unit.

1.9 Most officers knew women in their care well and interactions were positive. However, 54% of women on house block 1 reported verbal abuse from staff compared with 25% of women living on other house blocks. We saw minor rule breaking on most house blocks, such as vaping outside cells, which staff did not challenge. Some staff seemed to have accepted that rules would be broken or chose not to cause conflict by challenging them. Many women complained about staff's lack of consistency in their application of the rules. They also felt that staff overlooked quiet and compliant women and rewarded louder and more disruptive prisoners.

1.10 Recorded rates of self-harm were 72% higher than at our previous inspection, but a small number of women accounted for almost two thirds of all incidents. Staff provided care for women at risk of self-harm proactively, appropriately focusing on enhanced support for those who repeatedly self-harmed. Data showed a reduction in the number of incidents over the previous few months.

1.11 The standard of assessment, care in custody and teamwork case management documents for prisoners at risk of suicide or self-harm was reasonably good, but the Listener scheme (in which prisoners trained by the Samaritans provide confidential emotional support to fellow prisoners) was well used, and women had good access to the

Samaritans helpline. Lessons learned from women's attempts to take their own lives were shared to inform improvements.

1.12 In the previous two years, 86 women who were acutely unwell had been sent to the prison because of a lack of appropriate mental health provision in the community. Leaders at Bronzefield collected good quality data to demonstrate the extent of the problem.

1.13 The atmosphere in the prison was calm and, in our survey, 16% said they felt unsafe at the time of the inspection. The total number of assaults on staff had reduced by 40% and assaults between prisoners had reduced by 64% since the previous inspection. However, too many women reported having been victimised by other prisoners (61%) and staff (47%). The safer custody team focused on investigating and understanding the causes of violence, but a broader range of interventions to help further promote the safety of victims and to challenge perpetrators could have been introduced.

1.14 The daily regime in the segregation unit was limited, but this was offset by prisoners being able to attend risk-assessed activities in the main prison. Reintegration planning took place, but some plans lacked detail and did not record prisoners' progress or outcomes. Quarterly meetings to monitor the use of segregation were held but were not multidisciplinary and generated little action.

1.15 The number of times force had been used in the previous year had increased by approximately 25% compared to the same period before the previous inspection. The use of force committee provided limited oversight and did not do enough to identify or implement improvements.

1.16 The availability of drugs remained a risk, and the prison did not have sufficient measures in place to detect drugs being brought in by new arrivals or staff.

Respect

At the last inspection of Bronzefield in 2022 we found that outcomes for women were good against this healthy prison test.

At this inspection we found that outcomes for women were now reasonably good.

1.17 Visiting facilities were among the best we have seen. External areas of the prison were pleasant and well maintained, but exercise yards were bare. The prison was not overcrowded, and cells were relatively spacious and well equipped. Far more women than in other prisons said their cell bell was answered promptly. Although cell bells could be answered by phone, we were not confident that women who needed to be seen face-to-face always had this opportunity. The prison council was limited. Applications and complaints were managed reasonably well.

1.18 There were no self-catering facilities. In our survey, 47% of women thought the food was good; meanwhile, only 53% said the range of products available from the prison shop catered for their needs, which was significantly lower than at similar prisons (67%).

1.19 Leaders had shown a genuine commitment to addressing Prisons and Probation Ombudsman health recommendations related to the death of a baby born at the prison – they had developed a mental health perinatal team and enhanced working links with maternity services in the community.

1.20 Women had access to an appropriate range of primary care and gender specific services, which had reasonable waiting times. However, some aspects of long-term conditions management were weak, for example, some patients were not monitored effectively.

1.21 Mental health support had improved. The number of acutely mentally unwell women arriving at the prison had led to an increase in referrals to hospital under the Mental Health Act, but some transfers took too long. The social care needs of women were met well, and women with addiction problems received good support.

1.22 Many women experienced delays in receiving their medication. There were staff shortages in the pharmacy team as well as delays in the delivery of medicines. The governance of stock management was poor.

1.23 Waiting times for routine dental appointments had been reduced to about three weeks and emergency dental care continued to be provided throughout the pandemic.

1.24 Strategic oversight of diversity and equality had declined during the pandemic and the analysis and use of data were limited. Consultation with women with each protected and minority characteristic was limited. Discrimination incident reporting forms were readily available, and responses were appropriate but too often late.

1.25 In our survey, foreign national women were significantly more negative than other prisoners when they were asked if there was a member of staff they could turn to. Hibiscus, a social justice charity, helped them with various issues, and the prison made use of professional interpreting services. Support for transgender prisoners was good and the prison was in the process of creating more adapted cells to cater for women with physical disabilities.

1.26 The chaplaincy was involved in a range of work and had forged strong links with the local community to provide support on release. Corporate worship and faith-based classes had resumed but on a smaller scale.

Purposeful activity

At the last inspection of Bronzefield in 2018 we found that outcomes for women were reasonably good against this healthy prison test.

At this inspection we found that outcomes for women remained reasonably good.

1.27 Ofsted carried out a progress monitoring visit of the prison alongside our full inspection and the purposeful activity judgement incorporates their assessment of progress. Ofsted's full findings and the recommendations arising from their visit are set out in Section 5.

1.28 Women who were involved in education, training or work had a reasonable amount of time out of their cells during the week. Unemployed women had a more negative experience as did those in the reverse cohort units (see Glossary) for whom time out of cell was poor. Weekend regimes were regularly curtailed due to staff shortages. In our survey, more women said they could go to the gym compared to those in other women's prisons, and access to the library was good.

1.29 Leaders enabled women to access purposeful activities throughout the COVID-19 restrictions and had pushed the provision as far as possible. There were sufficient education, skills and work places available for the whole population and waiting lists were very short. Most women benefited from a challenging curriculum, but attendance and punctuality at sessions was not consistently high. Peer mentors provided good support. The induction to education, skills and work was limited, as were careers advice and guidance for those due for release. Most women who took accredited courses in education and vocational training achieved them.

Rehabilitation and release planning

At the last inspection of Bronzefield in 2018 we found that outcomes for women were good against this healthy prison test.

At this inspection we found that outcomes for women were now reasonably good.

1.30 The offender management, rehabilitation and resettlement strategy was up-to-date and based on a thorough needs analysis. The impact of trauma and abuse on women was increasingly being taken into account across many aspects of the support on offer, but only one domestic abuse support adviser was in post (instead of three). The Freedom Programme for survivors of abuse had restarted and training – to make sure staff and peer workers were trauma informed – was delivered, but the Street Safe forum for those connected with the sex industry had not yet resumed.

1.31 The offender management team provided good support with practical issues relating to finance, benefits and debt, but about 65% of sentenced women did not have sustainable accommodation on release. Home detention curfew processes were efficient, but external factors delayed some releases.

1.32 Despite the government's aim to improve women's access to open prison places nearer home, HM Prison and Probation Service (HMPPS) leaders had closed Bronzefield's semi-open prison unit. Use of release on temporary licence to promote family ties had been suspended for much of the pandemic and was slow to restart.

1.33 The standard of risk-management and sentence plans developed by the offender management unit was good. However, in some cases those managed by the National Probation Service did not relate directly to prisoners' risks or progression while in prison. Offender managers had maintained good contact with women throughout the COVID-19 restrictions. Women's resettlement needs were generally assessed soon after their reception, but there were too few staff to address them.

1.34 Women, including those with restricted status and some serving long sentences, lacked the opportunity to demonstrate progression at Bronzefield. However, the Eos programme (part of the national offender personality disorder services for women with highly complex needs) supported risk reduction for some of the highest risk women. Categorisation and allocation work was up to date, although women still could not provide direct input at board level. Public protection systems were robust and multi-agency public protection arrangements were used effectively.

1.35 There was limited evidence of contact between the community offender manager and women to prepare for their release. The probation resettlement team in the prison was understaffed.

1.36 Not all community through-the-gate services were up to speed with the volume of work. However, we saw some very good practical support offered to women being released: for example, community workers walked leavers to the railway station.

Key concerns and recommendations

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

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

1.39 Key concern: In the previous two years, 86 women who were acutely mentally unwell had been sent to Bronzefield because of the lack of appropriate mental health provision in the community. The prison was

not an appropriate place for these women as it was not equipped to manage their risks or needs.

Recommendation: Acutely mentally unwell women should be able to access appropriate assessment and diversion to mental health services instead of being sent to prison.
(To the secretary of state)

1.40 Key concern: Low staffing levels within the pharmacy team were having an adverse effect on provision. The service had reverted to using stock medication instead of named-patient medicines. This, along with other issues, had caused delays in patients receiving their medication. Poor medicines stock control on the wings increased the risk of potential errors in administration. There were no reconciliation procedures for stock control, for example, the use of medicines stored in the out-of-hours cupboard was not audited. There was limited patient access to a pharmacist.

Recommendation: An adequately staffed pharmacy team should administer medicines to women on time and make sure medicines are managed safely and effectively.
(To the director)

1.41 Key concern: There was a lack of management oversight of several aspects of health care. This included responses to health care complaints, checks on emergency equipment and the management of long-term conditions. Clinical oversight of external hospital appointments was not sufficient to identify or address delays in treatment.

Recommendation: Oversight of responses to health care complaints and checks on emergency equipment should be improved, and long-term health conditions and access to external hospital appointments should be monitored to make sure women receive appropriate care.
(To the director)

1.42 Key concern: Two full-time housing workers had been withdrawn from the prison following changes in the probation service and there had been a severe reduction in the size of the resettlement team and the loss of domestic abuse support workers.

Recommendation: Women's resettlement needs, including overcoming the impact of domestic abuse, should be addressed through comprehensive support from a well-resourced team.
(To HMPPS)

1.43 Key concern: Based on the prison's data, about 65% of sentenced women did not have sustainable accommodation on release (lasting longer than 12 weeks), which was a concern, given the risks and needs of so many of the women.

Recommendation: All women should have sustainable accommodation on release.
(To HMPPS)

1.44 Key concern: Some women posing a high risk of harm to others, particularly restricted status women and those serving long or indeterminate sentences, found it difficult to progress. There was only one accredited programme available, and women found it hard to show progression by undertaking other structured interventions. Transfers to other prisons to complete interventions were not always easy to achieve.

Recommendation: Restricted status women and those serving long sentences should be able to demonstrate progression by completing accredited programmes or other structured therapeutic interventions. HMPPS should make sure that women are transferred to other prisons to complete risk-reduction work as part of an agreed progression plan.
(To HMPPS)

Notable positive practice

1.45 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 women; 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.

1.46 Inspectors found five examples of notable positive practice during this inspection.

1.47 Early days peer workers offered women good support, which continued for up to 20 days after they had finished their induction and had left the unit. Peer workers were also available in the library, while peer mentors were particularly effective in education, skills and work. They underwent rigorous training, and mentors were proud of their work. They provided excellent academic, practical and emotional support and women were extremely positively about them. (See paragraphs 3.5 and 5.19.)

1.48 A weekly complex case meeting provided frontline staff with practical support in managing women with very complex needs. (See paragraph 3.14.)

1.49 The prison had good systems in place for identifying women who had been sent to the prison because of a lack of appropriate mental health provision in the community. Data collection was much better than we have found anywhere elsewhere. (See paragraph 3.22.)

1.50 The health care service had continued to provide testing and treatment for hepatitis C throughout the pandemic and had achieved hepatitis C micro-elimination status. (See paragraph 4.36.)

1.51 Through-the-gate support for women with mental health issues provided emotional and practical assistance on the day of their release and up to three months afterwards, enabling women to establish positive links and access help in the community. (See paragraph 4.60.)

Section 2 Leadership

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

2.1 Good leadership helps to drive improvement and should result in better outcomes for women in prison. 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 Bronzefield held a large proportion of women considered by HM Prison and Probation Service (HMPPS) to have complex needs, including acute mental illness, which added to the challenges of effective leadership. The senior leadership team was generally well-established and experienced. Clear and direct leadership had been maintained throughout the previous six months when the director was working at another prison. Most staff understood the strengths and weaknesses of the prison well and there was a clear set of priorities. The vast majority of staff responding to our survey said that these had been communicated clearly.

2.3 Data gathering was good, but the information was not always analysed or used sufficiently well to help leaders embed changes in practice, such as in segregation and use of force. The systematic gathering of data about the number of women sent to prison because of a lack of places in mental health facilities was excellent and provided evidence of the extent of this problem. (See key concern and recommendation 1.39.)

2.4 The deputy director oversaw and proactively drove the implementation of Prisons and Probation Ombudsman recommendations relating to the death of a baby born in the prison. Good progress had been made towards put them into practice, and there was now better governance and strong partnership working with health services.

2.5 The rate of self-harm had increased significantly over the previous two years and leaders were exploring the reasons behind this. Joint working across departments was proactive and evidence showed a promising reduction in incidents over recent months. Leaders acted swiftly and decisively to re-establish a varied range of activities following COVID-19 restrictions to support the well-being of those in their care. They had made sure that women could access a good range of education, training and work throughout the pandemic. Sufficient places were available for the whole population and waiting lists, where they existed, were very short.

2.6 Retaining frontline officers was problematic, and many of those we spoke to said they did not receive regular one-to-one support from their

line manager. Leaders had well developed plans to improve coaching and staff training as they were not yet delivered consistently. Half of the staff responding to our survey said their morale was high or very high, but many of the frontline officers we spoke to during the inspection said their morale was low and that leaders and managers did not challenge poor staff behaviour often enough.

2.7 Weaknesses in early days work had been identified and additional resources had led to a number of improvements. Leaders had taken steps to bridge resource gaps, such as those left by the removal of community rehabilitation companies, although women's accommodation outcomes remained poor. Leaders were innovative in their approach, for example, they had introduced the 'Everyday situations made easy' (ESME) room with plans for extending it into a larger day centre. HMPPS had not supported the introduction of a semi-open unit, and it had closed, undermining the aims of the female offender strategy.

2.8 Leaders were aware of the risk posed by illicit items, such as drugs, getting into the prison, but they struggled to address it because they did not have enhanced gate security or technology, such as a body scanner, to detect secreted items. They continued to highlight to a range of other agencies some of the issues facing women in the criminal justice system, such as the prison being used as a place of safety and a high level of homelessness on release. Some women found it difficult to demonstrate a reduction in their risks while at Bronzefield, and there was only one accredited offending behaviour programme on offer. (See key concern and recommendation 1.42.)

2.9 The response to large scale outbreaks of COVID-19 had been decisive and appropriate. Leaders made every effort to deliver a purposeful regime to promote the emotional and psychological well-being of women.

Section 3 Safety

Women, particularly the most vulnerable, are held safely.

Early days in custody

Expected outcomes: Women are safe at all times throughout their transfer and early days in prison. They are treated with respect and well cared for. Individual risks and needs are identified and addressed, including care of any dependants. Women are given additional support on their first night and induction is comprehensive.

3.1 Arrangements for transferring women to the prison had improved. Far fewer women had travelled from court in the same vehicle as men and, over the six months before our inspection, just 6% of new arrivals had arrived at Bronzefield after 8pm.

3.2 The number of new arrivals was high – there were about 120 new receptions each month. Early days arrangements were good overall. Women received good individual support and, in our survey, 83% told us that they had been treated well in reception. Processes were thorough and included interviews with staff held in private. These focused appropriately on safety, and women had the opportunity to discuss any concerns they had about their caring responsibilities and to disclose any vulnerabilities. Women met with health care staff to address any concerns and complete a COVID-19 test.

3.3 The reception area was being refurbished. It was clean and provided a decent environment, where women could obtain a hot drink and food. Early days peer workers were available. They offered a good service, answering any questions women had about prison life, informing them about what to expect in their first few days, and providing reassurance.

Reception area

3.4 New arrivals moved to one of three dedicated areas in the prison depending on whether or not they had any drug recovery needs. Staff carried out additional checks on their first night. Quarantining arrangements due to COVID-19 were in place and managed well. During this time, women only mixed with the same small group of women who had arrived on the same day. The regime in the reverse cohort units (see Glossary) was very limited – women spent about 23 hours a day in their cells and could only have a shower and 30 minutes in the open air (see paragraph 5.2). Women were moved from the unit promptly following their period of isolation and after they had completed the induction programme.

3.5 A dedicated officer coordinated the delivery of the induction programme and completion was tracked. However, COVID-19 restrictions meant not all sessions took place face to face, and, as a result, women's experiences were poorer than before the pandemic.

3.6 Early days peer workers maintained contact with new arrivals throughout their time in the induction unit and continued to provide support after women had left the unit for up to 20 days (see paragraph 1.47).

Promoting positive relationships and support within the prison

Expected outcomes: Safe and healthy working relationships within the prison community foster positive behaviour and women are free from violence, bullying and victimisation. Women are safeguarded, are treated with care and respect and are encouraged to develop skills and strengths which aim to enhance their self-belief and well-being.

Safe and healthy relationships

3.7 Leaders showed a good understanding of their population. Most officers knew the women well and we saw some good examples of them managing women with complex needs. In most instances interactions between staff and women were positive and sensitive. Specialist staff, such as mental health workers, provided women with a compassionate service.

3.8 However, we saw staff failing to challenge poor behaviour and rule breaking, such as vaping outside cells. Staff seemed to have accepted some of the behaviour as normal or did not challenge women to avoid conflict. Women said staff were inconsistent in their application of the rules. Some suggested they were more likely to get what they wanted if they behaved disruptively or were challenging. They thought that better behaved women were often overlooked. The atmosphere in the recovery unit was particularly tense, which was reflected in our survey with 54% of women compared to 25% in the rest of the prison saying they had experienced verbal abuse from staff.

3.9 Key worker sessions had taken place more frequently in recent months. In most cases women had sessions with the same person and we found key workers had built a good rapport with the women. However, there was little evidence of key work sessions addressing sentence progression and many were more like enhanced well-being checks.

3.10 The prison's response to intimate relationships was appropriate and well managed. Both women and staff could consistently explain expectations and we did not see any instances of inappropriate behaviour.

Recommendation

3.11 **Staff should consistently challenge poor behaviour and rule breaking.**

Reducing self-harm and preventing suicide

3.12 The rate of self-harm had increased significantly since the previous inspection and was 72% higher than in 2018, although the prison had experienced a reduction in the number of incidents in the few months leading up to the inspection. Some women self-harmed regularly and eight women were involved in 65% of incidents in recent months. In the

previous six months, there had been a steady and consistent decrease in the rate , partly due to enhanced support for women who harmed themselves regularly. For example, one woman had harmed herself 52 times in one month, but only seven times in the following month.

3.13 The prison's objective was to reduce levels of self-harm by focusing on the most prolific women and addressing the underlying causes. The prison's action plan was reviewed regularly to support this work and a newly appointed safety analyst provided excellent data, which meant prison managers understood the reasons for self-harm. A monthly safer custody meeting chaired by a senior leader was well attended, included prisoner representatives, and enabled data analysis to be shared. The forum promoted continuous improvement by identifying learning opportunities for all staff.

3.14 The safety intervention meeting (SIM) was well-attended and multidisciplinary. Women were identified for review at a weekly complex case meeting led by psychology staff so that a care plan could be developed, and frontline staff were provided with practical support in managing the women. (See paragraph 1.48.)

3.15 Women with complex needs were managed and supported well by psychology and mental health services. The Eos programme continued to provide a small number of women with an excellent national resource as part of the personality disorder pathway for women with highly complex needs. (See paragraphs 6.14 and 6.15.)

3.16 Assessment, care in custody and teamwork (ACCT) case management documents for women at risk of suicide or self-harm were reasonably good. Assessments appropriately focused on measures to prevent the women from harming themselves and there were clearly recorded examples of meaningful interactions. However, reviews were often undermined by a lack of attendance by staff from all relevant departments.

3.17 Leaders were working towards increasing the range of support available through a planned well-being centre to provide women with a safe quiet space where they could participate in activities and interact with other women when they otherwise might struggle to do this. The 'Everyday situations made easy' (ESME) room provided this safe space to some degree on a small scale, but the women appreciated it.

ESME room

3.18 The Listener scheme (in which prisoners trained by the Samaritans provide confidential emotional support to fellow prisoners) was well used and provided 24 hours' care in addition to the Samaritans phone line that women could access from their in-cell phone. Listeners received good support from the Samaritans.

3.19 Constant supervision had been used on nine occasions in the previous six months and anti-tear clothing 12 times. They had only been used in the health care unit and were managed proportionately and with appropriate oversight.

Learning from self-inflicted deaths and attempts by women to take their own lives

3.20 There had been one death in custody since the previous inspection, but the Prisons and Probation Ombudsman had yet to investigate it.

3.21 Local investigations into women's attempts to take their own lives were thorough and lessons learnt to make sure continuous improvements took place were discussed at the monthly safer custody meeting.

Protecting women, including those at risk of abuse or neglect (see Glossary)

3.22 Leaders were very aware of the acute vulnerability of some women in their care because of mental health problems. Some were being sent to prison because of the lack of appropriate provision in the community. The prison had a good system in place for identifying these women, which was better than we have seen in other prisons (see paragraph 1.49). In the previous two years, the courts had sent 86 acutely mentally unwell women to the prison, 46 of whom had subsequently been transferred to secure hospital (see paragraph 4.56). (See key concern and recommendation 1.39.)

3.23 The prison had responded well to lessons learnt about the vulnerabilities of pregnant women and unexpected births, and excellent partnership working with health care providers made sure action had been taken in all areas.

3.24 The prison had good links with the local safeguarding adults board to make sure all appropriate action was taken to support vulnerable adults. Staff knew when support would be needed to protect women who might be vulnerable or at risk of abuse from others.

Promoting positive behaviour

Expected outcomes: Women live in a safe, well-ordered and supportive community where their positive behaviour is promoted and rewarded. Antisocial behaviour is dealt with fairly.

Supporting women's positive behaviour

3.25 Bronzefield was a calm and settled prison. In our survey only 16% said they felt unsafe at the time of the inspection. However, too many reported being victimised by other women (61%) and staff (47%). Women living on house block 1 were significantly more negative across a number of areas relating to being victimised by other prisoners and staff. Not enough had been done to determine the reasons for their views or to address the problem.

3.26 There had been 107 incidents of violence in the previous 12 months, which was lower than in similar prisons and considerably fewer than in the 12 months before the previous inspection. The vast majority of incidents were not serious, and many were related to debts or general disagreements among women.

3.27 The violence reduction strategy and data analysis were reasonably good. The well-resourced safer custody department was suitably focused on investigating and finding out the reasons for all incidents of violence, but staff recognised that a broader range of interventions would further promote the safety of victims and help manage perpetrators. The challenge, support and intervention plan process (see Glossary) had been introduced, but only three women were subject to the plans at the time of our inspection. During the week of our inspection, prisoners were being trained in the principles of restorative justice (where offenders consider the consequences of their offending for all parties and can offer an apology or reparation) so that they could act as 'restorative approach champions' who supported violence reduction.

3.28 All violent incidents were discussed at the SIM, which provided good multidisciplinary oversight of a broad range of prisoners with complex and challenging problems. Safer prisons meetings continued to be held every month, were well attended and had prisoner representation.

3.29 In our survey, only 35% of women reported being treated fairly under the incentives scheme. The local policy had been revised, but we were told more improvements were to be made. It retained a focus on positive behaviour and commendations and operated on three levels: bronze, silver and gold. At the time of our inspection about 40% of the population were on the gold level with hardly any on the bronze level. A number of additional rewards had been introduced to promote good behaviour, but not all women or staff we spoke to were aware of them.

Recommendation

3.30 **Women's experiences of victimisation, particularly on house block 1, should be addressed and more interventions to support victims and challenge perpetrators should be in place.**

Adjudications

3.31 There had been 1276 adjudications in the previous 12 months, which was approximately 25% lower than at the previous inspection. Hearings continued to be held in the segregation unit rather than in women's residential units, which would have been a trauma-responsive way of handling the process.

3.32 Women were generally subject to adjudication for appropriate reasons and sanctions were fair. However, conduct reports were sometimes too brief and did not provide a full picture of the woman's behaviour and not all the records of hearings we viewed were sufficiently detailed. In our sample, too many cases had been unnecessarily adjourned or dismissed because of 'administrative errors', which threatened to undermine the effectiveness of the system.

3.33 Adjudication standardisation meetings continued to be held, but data analysis was too limited and there was insufficient multidisciplinary attendance for discussions to be held and lessons to be identified and acted on.

Segregation

3.34 At the start of our inspection, two women were held in the segregation unit, although we were told six or seven was an average number. There were insufficient data to tell if the use of segregation and average length of stay had increased or decreased since the previous inspection.

3.35 The unit was clean, tidy and bright, although the two exercise yards were small and bleak and there was some graffiti. Cells were generally adequately equipped and had televisions and in-cell telephony.

3.36 In our survey, 84% of women who had been in the unit, described being treated well by unit staff and 65% reported being able to shower every day. We found staff-prisoner relationships to be professional but not as respectful as we saw elsewhere in the prison. Although the daily regime was limited, it was mitigated by the fact that women could leave the unit for risk-assessed activities, including work and education.

3.37 Reintegration planning was an embedded part of practice in the unit and had led to some good outcomes. However, some plans lacked detail and did not provide full updates on progression or outcomes, which would have been helpful. Quarterly segregation review meetings had continued to be held, but attendance was not multidisciplinary and data analysis and action were too limited.

3.38 We were concerned about the management of one prisoner held in the unit. While the initial reason for segregating her had been appropriate, inaction and poor internal practices had led to an unnecessarily long stay in the unit. This was raised with senior managers and acknowledged as something that could and should have been prevented.

Recommendation

3.39 **Leaders should collect and analyse a comprehensive set of data to understand better the use of segregation and provide more oversight.**

Use of force

3.40 Force had been used on 523 occasions in the previous 12 months. This was an approximate 25% increase compared to the same period before the previous inspection, which was surprising given the significant reduction in violence across the prison during this period.

3.41 The majority of incidents were spontaneous and only about a quarter involved the use of control and restraint techniques, with most involving guiding holds or personal protection. About a fifth of all incidents took place in the health care inpatient unit because many of the women located there had complex mental health problems. We identified one incident of some concern, but managers were already aware of it through internal assurance measures and had taken appropriate action.

3.42 Use of force paperwork was largely completed promptly and provided a good account of why incidents arose, and de-escalation techniques were recorded. Footage of incidents we reviewed demonstrated that staff's actions were proportionate and respectful. In many cases, staff knew their prisoners and in one case, a member of staff paid particularly attention to a prisoner's autism and used established coping mechanisms to calm the woman and manage the incident in a controlled and effective manner. This was particularly impressive.

3.43 The use of force committee provided limited oversight. Not enough was being done to improve the process or to make sure lessons learned were shared with staff to improve outcomes. The prison was aware of this and had recently hosted an external quality assurance visit, which managers were committed to building on.

Security

Expected outcomes: Security measures are proportionate to risk and are underpinned by positive relationships between staff and women. Effective measures are in place to reduce drug supply and demand.

3.44 Security arrangements were effective and there was an appropriate focus on reducing the supply of drugs and violence. However, in our survey, too many women (34%) reported that it was easy to get illegal drugs in the prison. Some steps had been taken to address this, for example, incoming mail was now being photocopied. The prison also had plans to contact senders of legal mail via telephone so they could confirm the content of their incoming mail. However, as we have seen at other female establishments, the absence of a body scanner to detect secreted items on arrival remained a significant risk.

3.45 Women were only strip-searched based on intelligence, and only six women had been strip-searched in the previous six months, which was not excessive and was justified in the cases we looked at. Staff in the security department were redeployed to other functions, which meant prison staff were not regularly searched as they entered the prison. However, random searches of staff on house blocks were providing some security assurances. Physical security arrangements were adequate, and the prison planned to have additional CCTV cameras installed.

3.46 The security department was appropriately integrated within the prison, such as the offender management unit. Approximately 245 intelligence reports were received each month, and data analysts effectively tracked and shared the intelligence, attending the weekly SIM meeting to make sure action was taken.

3.47 Bronzefield provided a reasonable day-to-day regime for restricted status women (those considered to require specific management arrangements due to their risk of harm to others) and they were integrated into the main population and able to participate in the full range of activities, such as peer working in the well-being centre. All restricted status women were reviewed each month using individual local activity management plans, which were authorised by the head of security (see also paragraph 6.10).

3.48 The risks posed by women convicted under the Terrorism Act (TACT) were managed well. Pathfinder meetings (which regularly discuss TACT prisoners and establish what action should be taken to manage the extremist risks they may present) were well attended and monitoring of these women's communications was proportionate.

Section 4 Respect

Women's relationships with children, family and support networks are central to their care in custody. A positive community ethos is evident, and all needs are met.

Relationships with children, families and other people significant to women

Expected outcomes: Women are able to develop and maintain relationships with people significant to them, including children and other family members. The prison has a well-developed strategy to promote relationships and make sure women can fulfil any caring responsibilities.

4.1 In our survey, 52% reported that staff had encouraged them to maintain contact with their family and friends, which was significantly higher than when we inspected in 2018 (36%). Women had in-cell telephones, which could be used at night. Video-calling was well used and approximately 200 calls took place each month.

4.2 Visiting facilities were among the best we have seen. The visits hall was welcoming and had excellent children's play facilities. This included a more private area, which staff said had been used in the past to provide some children, such as those on the autistic spectrum, with a more appropriate space. Tables were set up with colouring material so children could have the best possible experience.

Private area in visits hall

4.3 No family engagement worker was available during visits and, although family days were planned for the future, only one event had taken place

since the start of the pandemic for women in the mother and baby unit (MBU).

4.4 Visits staff provided a flexible service to maximise family contact wherever possible, including through using empty spaces to allow women to have more visits and the introduction of evening visits to reach as many as possible.

4.5 A family support officer provided good support and advocacy for care leavers (a person aged 25 or under, who has been looked after by a local authority) and women involved with their local authority. With a caseload of about 70, the officer helped women who were attending looked after children review meetings or child protection conferences and provided them with support to maintain contact with children being cared for by the local authority. Additionally, about 25 care leavers were receiving support to make sure contact with personal advisors in the community continued and they received support they were entitled to.

4.6 Very few women (35) had taken part in the Storybook Mums project (which allowed them to record a story to send to their children) in the previous year.

Mother and baby unit

4.7 The MBU was a pleasant clean environment with good facilities. The women could cook food for their children and there were appropriate indoor and outdoor play spaces. Mothers received good support from staff to help them with the care of their babies and young children. However, due to COVID-19, those in the unit did not always have equitable access to the wider prison regime and they were only very recently able to apply for jobs away from the unit. The women welcomed the move as they had reported at times feeling isolated in the unit. (See also paragraphs 4.43, 4.44 and 4.45.)

4.8 Much had been done to promote the welfare of babies and young children through community visits, which aimed to socialise them and encourage immediate family members to become involved in the care they received. Despite some curtailments during the prison's outbreak status and national lockdowns, children could visit the community. The nursery in the unit provided a stimulating environment. Staff had appropriate early years training. The nursery provided 'stay and play' sessions for mothers, during which nursery staff offered mothers support.

Nursery unit

Living in the prison community

Expected outcomes: Women live in a prison which promotes a community ethos. They can access all the necessary support to address day-to-day needs and understand their legal rights. Consultation with women is paramount to the prison community and a good range of peer support is used effectively.

Consultation and support within the prison community

4.9 In our survey, 42% said they were consulted about aspects of prison life such as food, the shop, health care or residential issues. Of this group, 33% said that sometimes led to changes. Some informal consultation, which discussed day-to-day issues, had taken place on individual house blocks, however the previously successful prison council, supported by charity User Voice, had not been relaunched to make sure it included the views of a greater number of women.

4.10 There was a good range of peer workers across the prison, most notably in education and the library, where 14 women were in these roles. A nominated peer lead provided support and guidance to the other peer workers, and teachers also supported learning and development through regular individual sessions. (See paragraph 1.47.)

4.11 During the week of our inspection, a peer-led prisoner advice telephone line had been introduced. It would enable women to call a peer worker and ask questions about subjects ranging from the prison regime to contacting solicitors and health care.

Applications

4.12 Women submitted applications though the electronic kiosk system on their house blocks. The applications system was reasonably effective,

and most women received a response within five days. There was a limit on the number of applications a woman could submit at any one time, which was an unnecessary rule, but leaders removed it once the issue was raised.

Complaints

4.13 Complaint forms were readily available on the house blocks and women we spoke to knew how to make a complaint. There had been 1,917 complaints in the 12 months before our inspection. Most complaints were about the regime, staff behaviour and property. Responses were mostly timely, although there had been an increase in the number of interim responses issued to women during the recent outbreak. Responses were generally polite and appropriate, and face-to-face contact with women took place when necessary. A monthly 10% quality assurance check was undertaken to identify aspects that required further improvement.

Legal rights

4.14 Provision for support with legal rights was reasonable – there was sufficient space for face-to-face and video-link legal visits. The video-link department was busy and well used. It enabled women to participate in court hearings, legal visits, inter-prison calls, as well as a range of other calls with social workers, housing providers and psychiatrists. Approximately 400 calls took place each month. The library had a suitable range of legal texts.

Living conditions

Women live in a clean, decent and comfortable environment. They are provided with all the essential basic items.

4.15 Bronzefield was modern and well maintained. External areas were pleasant, but most exercise yards were bare.

Internal courtyard between units

4.16 Cells were not overcrowded. They were clean and well equipped. Staff completed regular checks to maintain standards. Some of the in-cell toilets were not adequately screened, which meant women could be seen through the observation panel. House block 4 was more open and lighter than other house blocks. The spurs did not have gates, so women could move around more easily, and it was quieter. All women had in-cell showers.

4.17 While most of the communal showers and baths were clean, they needed some small repairs. Landings and other communal areas including sofas or seating areas, were in a good state of repair.

4.18 Women were significantly more negative about access to clean sheets and cleaning materials compared to other prisons, which was also a problem at the previous inspection. We saw a good supply of bedding and cleaning materials in the stores on the wings, but leaders had not made sure that these items were reaching the women.

4.19 Most cell bells, which had an intercom facility, were answered promptly and, in our survey, 45% of women compared with 30% in similar prisons said they were normally answered within five minutes. A quality assurance process was in place, but calls taking a long time to answer were not monitored in enough detail. We were not convinced that women needing face-to-face contact with an officer to assess the issues leading to the call always received it.

4.20 Only 47% of those responding to our survey thought the food was good. Kitchen management was responsive to popular food choices, but there was little direct consultation with women about the range and quality of the food. Women said portion sizes were small, and we found that staff did not always supervise the meal service well enough. There were no self-catering facilities, but some women made use of the communal dining facilities on the spurs.

4.21 In our survey, 53% of women said the range of products available from the prison shop catered for them, which was lower than at similar prisons (67%). No fresh produce was available, and women could not buy tinned items. Leaders had expanded the range of goods available and made changes. Women had access to a few catalogues, but some were restricted to life-sentenced women and those on the enhanced level. Most women were not aware of the full range of catalogues available, and they had to rely on family and friends to order items for them.

Recommendation

4.22 **The list of products available to buy from the prison shop should meet the diverse needs of the population.**

Health and social care

Expected outcomes: Women are cared for by services that assess and meet their health, social care and substance misuse needs and promote continuity of health and social care on release. The standard of health service provided is equivalent to that which women could expect to receive elsewhere in the community.

4.23 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 II: Further resources).

Strategy, clinical governance and partnerships

4.24 The health care teams, the prison and key stakeholders worked in partnership effectively and collaboration was good. The approach to managing COVID-19 outbreaks was proactive and there was a good range of strategic and local governance meetings.

4.25 Leaders had shown a genuine commitment to addressing the health recommendations made by the Prisons and Probation Ombudsman into the death of a baby born at the prison. They had established a mental health perinatal team and enhanced working links with midwifery and obstetric services at Ashford and St Peter's NHS Foundation Trust.

4.26 Maintaining adequate staffing levels within all health teams had been challenging particularly due to the pandemic, but most vacancies had been covered by long-term agency staff apart from in the pharmacy, where gaps were still having an adverse effect on service delivery. (See key concern and recommendation 1.40.)

4.27 Staff had access to supervision and most staff were up to date with their mandatory training. A training plan was in place to monitor staff's additional needs but too few staff had completed training to support

pregnant women, which included recognising early signs of labour, caring for pregnant women and perinatal mental health awareness.

4.28 Some aspects of governance were weak, especially in areas such as managing long-term conditions, care planning, clinical oversight of hospital appointments, complaint management and the process for checking emergency equipment (see key concern and recommendation 1.41 and paragraphs 4.49, 4.50 and 4.51).

4.29 Staff had received refresher training on how to use Datix, the web-based clinical incident reporting system. An action log had been set up and any lessons learned from incidents, near misses and serious incidents were shared with staff and monitored at governance meetings. Suggestions and issues raised at health councils run by the charity User Voice (UV) and commissioned by NHS England and NHS Improvement had been implemented by the service.

4.30 Delays in complaint responses had declined since October 2021. However, responses were inconsistent, and some did not offer an apology or details of how to further escalate the complaint. The complaint form was not health care specific, which meant there was a risk that prison staff could see confidential patient information.

4.31 Infection control audits were undertaken every three months and, where issues were identified, action was taken to make improvements. However, audits had not identified issues, such as the treatment room flooring failing to meet infection control standards.

4.32 Sealed emergency bags were available around the prison. However, we found deficits in the process for identifying the contents of the bag and expiry dates that had been exceeded. For example, an expired emergency medicine had not been identified or replenished in between monthly audits. In addition, where an emergency bag had been used, a further audit was not carried out to make sure the bag was fully stocked and ready for use.

Promoting health and well-being

4.33 There was no prison-wide health promotion strategy. However, there were good links between health care staff and the well-being centre, which helped enhance existing health services, such as the weight management clinic.

4.34 The main focus had been on managing COVID-19 and promoting the national vaccination programme. Uptake had been lower than expected, despite ongoing encouragement and education. Health information was promoted via the prison's TV channel Way Out TV and through the kiosks where women booked their appointments.

4.35 Health information was available in the health care centre, but more posters could have been displayed on the house blocks. Most information was in English, but some was available in other languages. Telephone interpreting services were available for health appointments.

4.36 Blood borne virus testing continued throughout the pandemic. The prison had achieved hepatitis C micro-elimination status – all women had been tested and those identified as positive had received treatment which was commendable. (See paragraph 1.50.)

4.37 A range of prevention screening programmes was promoted. Smoking cessation services were available, and a trained health care assistant provided support throughout the week.

Sexual and reproductive health (including mother and baby units)

4.38 On arrival health staff offered women an appropriate sexual and reproductive health screening, including pregnancy testing, which was followed up if they declined. Further appointments and interventions were available, including cervical smear tests and breast screening.

4.39 A sexual health service was provided every week. Women could access sexual health testing. While in custody and on release women had access to contraception and barrier protection, including dental dams. Most health staff had received safeguarding training, which included recognising the signs of actual or suspected female genital mutilation. Staff knew how to make safeguarding referrals.

4.40 Women could receive support for the menopause through the primary care team, however the service did not have a lead clinician and the availability of information was limited to staff printing out leaflets.

4.41 Antenatal and postnatal care, which reflected what was offered in the community, was provided. A multi-agency partnership worked well to deliver good quality care. This included a perinatal mental health service, a dedicated midwifery team, an obstetrician and health visitors. Pregnant women had access to a 24-hour midwifery advice phone line. This approach had a positive impact on the care women received.

4.42 Women who experienced loss through termination, miscarriage or separation received appropriate multi-agency support, including practical, physical and emotional care.

4.43 During the inspection, two mothers and their children were in the mother and baby unit (MBU). Prison staff told us they received additional training so they could work in the unit.

4.44 A range of professionals' meetings, including a fortnightly pregnancy review meeting, provided oversight and a coordinated approach to the care of all women in custody with pregnancy-related issues. This included focusing on pregnancy care plans, birthing plans, safeguarding, midwifery and clinical support.

4.45 Mothers and their children received help from nursery nurses and health visitors after the birth of their children, including advice on feeding and aspects of child development. Women we spoke to were positive about their experience, although improvements could have been made to the quality of the children's food.

Primary care and enhanced units (inpatients and well-being units)

4.46 A nurse and GP saw new arrivals who received a thorough screening to assess any immediate or ongoing physical and mental health needs. Referrals were made to appropriate services. This included identifying pregnant women and referring them to midwifery and specialist perinatal services.

4.47 Secondary health screenings were not always completed within seven days, but they were being closely monitored and staff implemented a new model to try to improve this.

4.48 An appropriate range of primary care services was available, which included a seven-day GP service and 24-hour nursing provision. Waiting times were reasonable and waiting lists minimal. A GP offered same day urgent appointments, and routine appointments were available within six days. Women made requests for health care appointments via the electronic kiosks on each wing and were triaged by nursing staff.

4.49 Administrative oversight of external hospital appointments showed cancellations were mainly due to patients' refusal to attend or patients who had been released. However, there was limited clinical oversight of external appointments and processes did not identify or address any delays to treatment. (See key concern and recommendation 1.41.)

4.50 The system for monitoring patients requiring a care plan for their long-term conditions was not effective and plans were not stored on the clinical system consistently. We found seven patients who had been incorrectly removed from the monitoring system before they had a care plan established. This meant there was a risk they would not receive appropriate care or treatment for their long-term condition (see key concern and recommendation 1.41).

4.51 Some patients with long-term conditions did not have a care plan. For example, 96 out of 103 patients diagnosed with asthma and 32 out of 34 patients diagnosed with chronic obstructive pulmonary disease did not have a care plan. In the absence of a lead nurse and long-term conditions training, nursing staff used a recognised template to complete basic care plans, but they were not tailored to the individual and lacked engagement with patients. However, a long-term conditions nurse had recently been employed and was being inducted at the time of the inspection (see key concern and recommendation 1.41).

4.52 The 18-bed inpatient unit mainly accommodated patients who were acutely mentally ill. Eleven of the 13 patients there at the time of the inspection were under the care of the mental health team. The unit was staffed by prison and clinical staff who were providing the best care they could within the confines of the prison setting. We observed positive interactions between patients and staff. The environment had been refurbished and a programme of social activities was available. There was a weekly ward round with excellent support from the

psychiatrist and GP, and a weekly multidisciplinary care planning meeting took place.

Recommendation

4.53 **Women should have access to secondary health screening within seven days.**

Mental health

4.54 Mental health staff from the main service and the primary service were co-located and worked well together. Referrals came through the in-reach team and were allocated at a daily referral meeting, which all teams, including the perinatal mental health team attended. Over the previous six months, there had been 851 referrals.

4.55 There was a high level of mental health need and, in our survey, 73% of women said they had mental health problems. Staffing levels within the mental health teams had improved, and mental health services were responsive and provided a good range of interventions, with further service enhancements planned.

4.56 Over the previous two years, 86 acutely mentally unwell women had been received into custody, resulting in an increase in the number of transfers to hospital under the Mental Health Act. Since January 2021, 30 patients had been referred, 17 were transferred within the 28-day guidance, but in 13 cases the transfer time exceeded this and one patient had waited five months, which was far too long. (See key concern and recommendation 1.39 and paragraph 3.22.)

4.57 The health care team supported about 85 women through a stepped model of care (mental health services that address low level anxiety and depression through to severe and enduring needs). Ten women received support through the care programme approach (mental health services for individuals diagnosed with a mental illness).

4.58 Routine assessments were carried out within five days of the team receiving the referral and more urgent referrals were usually seen within a day. The in-reach team provided a week-day service, but the primary mental health team did not yet provide a seven-day service which was a significant gap. The psychological therapies team provided good support to women with mild to moderate mental health issues through an appropriate range of groups, which had restarted, as well as one-to-one support, including cognitive behavioural therapy. The mental health team subcontracted a counselling service for child loss and separation.

4.59 Case notes were of a good standard and detailed the care given. Risks were identified, and care plans were completed. Monitoring was in place for patients prescribed mood stabilisers and antipsychotic medication.

4.60 Two staff from the charity Women in Prison provided support in the lead up to release. They also accompanied women on the day and

could provide up to three months' support in the community. (See paragraph 1.51.)

Recommendation

4.61 **Patients requiring a transfer under the Mental Health Act should be transferred within the current transfer time guidelines.** (Repeated recommendation 2.91.)

Social care

4.62 A memorandum of understanding covered several prisons in Surrey. Processes were in place to provide a local authority social worker on site every week to respond to women's care needs and there was good access to an occupational therapist. The safer custody and health care teams worked well together, but the services provided by the local authority were not advertised well enough on the house blocks.

4.63 Governance and oversight of action and waiting times were good. Assessments were expected to be completed within 28 days but were often completed sooner where an acute need was identified.

4.64 Seven women had personal care support plans, which staff from the local authority implemented. The support provided was good. Staff understood the women's needs and were well-trained and competent.

4.65 The local authority provided training for peer workers offering 'buddy' support and women spoke highly of them. Women were prioritised for a cell that was adapted for disabled prisoners depending on their level of need, which meant some did not benefit from facilities that would have improved their quality of life.

Substance misuse and dependency

4.66 The substance misuse team worked closely with other prison staff and actively supported the priorities set out in the drug strategy. Their work centred around house block 1, the recovery unit. The level of need was high, and 144 women were receiving opiate substitution treatment, some of whom were only in detention for a few weeks.

4.67 Clinical staff provided treatment and a team of recovery workers delivered psychosocial support. The team collaborated well, but joint face-to-face reviews were on hold, although evidence of effective information sharing was demonstrated in patients' records. Staff training and supervision arrangements were good. There were four vacancies in the clinical team and an over-reliance on agency staff, which did not help with continuity of care.

4.68 Support plans for women who were drug- and alcohol-dependent on arrival were in place and included regular monitoring and observation. Access to a GP meant appropriate first night treatment was provided. Stabilisation and maintenance were prioritised, which was appropriate given the level of need. Prescribing was safe, flexible and treatment reviews took place in line with best practice. However, significant

nursing time was taken up administering medicines, which meant staff did not have enough time to spend with patients to make sure care was tailored to the individual. Pregnant women had access to specialist staff through a multidisciplinary complex care approach.

4.69 The psychosocial team saw every new arrival during induction. They received harm reduction advice and information on the services available. The range of face-to-face support available was impressive and included group work. There were plans to reintroduce peer support and other activities once COVID-19 restrictions had been eased and most women we talked to appreciated the help provided.

4.70 Release planning started early to make sure women received continuing support and access to ongoing treatment. The assistance they received was good and included harm minimisation advice and providing naloxone (a drug to manage a substance misuse overdose) where appropriate.

Medicines and pharmacy services

4.71 The lack of staff had a negative effect on pharmacy services. A system enabling women to receive named patient medicines had been introduced, but the service had reverted to using stock medication due to the time it took to dispense and label named patient items. Many women told us about delays in receiving their medication (see key concern and recommendation 1.40).

4.72 In-possession medicines were being supplied by an external provider which contributed to the delays. In-possession risk assessments were undertaken appropriately.

4.73 About 58% of the population had their medicines in-possession, but not all cells had lockable storage facilities and there were no regular cell checks to confirm women complied with their medication regime.

4.74 Nurses administered medicines from the wings four times a day, including at night-time. Staff spoke to patients who did not take their medicines but, when asked, nurses did not always know what action should be taken after that. We saw medicine queues being well supervised, which helped with confidentiality and reduced the risk of diversion.

4.75 Poor medicines management on the wings increased the risk of errors. The prison did not have a stock list against which to check levels. Both nurses and the pharmacy team could order stock, which led to excessive quantities. There were no reconciliation procedures that could have provided assurances on the safe management of medicines (see key concern and recommendation 1.40).

4.76 A significant number of loose blisters of tablets not in their original packaging were seen on medicine trolleys, and some did not have expiry dates. Inspectors saw in-possession medicines for patients who

had left the prison, which added to the excessive number of tablets stored on the house blocks.

4.77 Prescribing and administration were recorded on SystmOne (the electronic clinical information system). A pharmacist clinically reviewed all medicines, but the formulary (a list of medications used to inform prescribing) was under review. The pharmacist targeted patients with complex needs, but there were no pharmacy-led clinics.

4.78 Women should have had access to medicines without the need to see a doctor through a minor ailments policy and patient group directions (PGDs) (which authorise appropriate health care professionals to supply and administer prescription-only medicine), but staff said they were not implemented in full. We observed a patient going without pain relief because it was unavailable.

4.79 Medicines were available out of hours, but their use was not audited. Procedures for patients to receive a prescription or medicines on release were adequate.

4.80 Medicine errors were recorded and reviewed. Written procedures and protocols were in place, and some changes had recently been made, but no evidence was provided to support them. There were well-attended monthly medicines and therapeutics meetings. The prescribing of abusable and high-cost medicines was monitored.

Dental and oral health

4.81 A full range of NHS dental treatments was available and six sessions per week were held. Health care staff referred patients who required urgent dental support out of hours to an algorithm to determine the most appropriate course of action to take.

4.82 The dental team triaged patients on waiting lists to make sure urgent cases were prioritised. The dental waiting list had been reduced since September 2021. Currently the longest wait for a non-urgent dental appointment was two weeks and four days.

4.83 The dental team continued to provide urgent dental care throughout the pandemic and aerosol-generating procedures had been reintroduced in 2021 after an air purification unit had been installed. Oral health advice was offered to women during appointments.

4.84 The dental suite met infection control standards – equipment was well maintained and there was a separate decontamination room. When equipment had been damaged or required an update, it was replaced promptly.

Equality, diversity and faith

Expected outcomes: There is a clear approach to promoting equality of opportunity, eliminating discrimination and fostering good relationships. The distinct needs of women with protected and minority characteristics (see

Glossary) are addressed. Women are able to practise their religion and the chaplaincy plays a full part in prison life, contributing to women's overall care, support and rehabilitation.

Strategic management

4.85 The diversity action plan was not based on a comprehensive analysis of women's need. Strategic oversight of equality and diversity had declined in the months leading up to our inspection. There had only been three diversity and equality action team meetings in the previous 10 months and many senior leaders' attendance was poor, while prisoners' attendance was good. The prison collected data, but the analysis was too limited and could not be used to determine the needs of the population or inform its work.

4.86 Good information about equality and diversity was displayed around the prison. Consultation with women with each protected and minority characteristic had been limited because of COVID-19 restrictions, and focus groups did not take place. There was only diversity peer worker in post, but the prison was in the process of employing more. Cultural events were celebrated, including the Notting Hill Carnival and Chinese New Year.

4.87 Discrimination incident reporting forms (DIRFs) were readily available on all house blocks. In the previous six months, Bronzefield had the largest number of DIRFs submitted of all women's prisons. Most of the recent DIRF complaints related to race and the responses we looked at were appropriate but too often delayed. The prison had internal and external quality assurance processes in place, but they were frequently implemented too late.

Recommendation

4.88 **The diversity action plan should be based on a comprehensive analysis of need and regular consultation with women with each protected and minority characteristic.**

Protected and minority characteristics

4.89 Most women we spoke to said they were receiving support and there were few areas in our survey where women in protected and minority characteristic groups were significantly more negative than others. However, more women with mental health problems and those who had been in the care of the local authority said they had been victimised by others.

4.90 Prison data showed that 31% of women at Bronzefield came from a minority ethnic background, which was much higher than at other local prisons inspected since May 2021. In our survey, only 37% said the shop catered for their needs and most of the women we spoke to said they would have liked a wider range of more affordable items. The prison was reviewing the shop list and had begun to make improvements.

4.91 Foreign national women made up 24% of the population at Bronzefield. In our survey, this group was significantly more negative than British nationals about having a member of staff they could turn to (43% compared to 84%) and several told us they found it difficult to get even very basic help. The prison used professional interpreting services and had a list of bilingual staff and prisoners who could interpret if needed. Professional interpreting services were used for formal meetings such as assessment, care in custody and teamwork (ACCT) case management reviews for prisoners at risk of suicide or self-harm. However, women struggled with everyday tasks, such as ordering food through the electronic kiosk because of the language barrier. Staff from Hibiscus, a social justice charity, visited the prison once a week and provided help with practical issues, such as helping women to make contact with their family and finding accommodation on release. They also offered immigration advice.

4.92 Support for women with physical disabilities was adequate but not all of them could have a fully adapted cell (see paragraph 4.65). One had an in-cell shower and toilet and was fully wheelchair accessible, while others had some adaptations. Leaders had recognised the lack of provision and had secured funding to increase the number of accessible cells. Trained peer workers helped these prisoners, but they needed to be more robustly supervised. Personal emergency evacuation plans were detailed, but not all house block staff knew where they were or what was in them.

4.93 Support for transgender prisoners was good and staff understood their everyday requirements. Some prisoners said they wanted to meet other transgender prisoners or a peer support worker so they could share experiences. The prison offered transgender clothing packs, staff arranged private showers for these prisoners and both staff and prisoners used the correct pronouns. However, prisoners in this group wanted a wider variety of shop items, such as male grooming products.

4.94 There was little acknowledgement of age as a protected and minority characteristic and no targeted work took place to make sure that the needs of younger or older women were met. A family worker made sure that care leavers (a person aged 25 or under, who has been looked after by a local authority) were identified and received the local authority support they were entitled to.

Faith and religion

4.95 The chaplaincy was involved in many aspects of prison life, for example, the team provided a free clothing service and bereavement counselling. It also managed the cosmetics catalogue and was involved in organising wing activities for women at weekends (see paragraph 5.4).

4.96 Corporate worship and faith-based classes had resumed, but capacity was limited, so women would attend on a rota basis.

4.97 The smaller faith groups only had a chaplain who attended once a week, which meant women could find it difficult to see someone of their own faith. In our survey, 58% of Muslim women told us they could see a chaplain of their faith in private if they wanted to.

4.98 The chaplaincy had forged strong links with the local community. A 'through-the-gate' chaplaincy service made sure women were accompanied to the local station on their release (see paragraph 6.25). Chaplains had also worked with a local church and a charity to find two accommodation places for up to two years for women on release.

Section 5 Purposeful activity

Women are able and expected to engage in activity that is likely to benefit them, including a positive range of recreational and social activities.

Time out of cell, recreational and social activities

Expected outcomes: All women have sufficient time out of cell (see Glossary) and are encouraged to engage in recreational and social activities which support their well-being and promote effective rehabilitation.

5.1 We found about a third of women locked up during the core working day and another third in purposeful activity at any one time. During our inspection, the prison was recovering from a recent COVID-19 outbreak, and restrictions meant that most women only attended off-wing activities on a part-time basis, either in the morning or afternoon. For the other half of the day, women could associate, shower or complete any personal tasks.

5.2 Women who were involved in education, training or work had about seven hours out of their cell during the week. Unemployed women had about half of this time, and the amount of time those in the reverse cohort units (see Glossary) spent out of their cells was poor (see paragraph 3.4).

5.3 Time out of cell was not always delivered in line with the schedule and there had been regular curtailments at weekends. For example, staff shortages over seven out of nine of the weekends leading up to our inspection had led to a reduction in time out of cell.

5.4 The prison had tried to reintroduce social and recreational activities, but they had not yet been embedded. A chess club had recently been introduced and house blocks had access to a variety of board games. The chaplaincy had set up a range of activities that peer workers would run over the weekend, but they too had not been embedded because of the curtailments.

5.5 In our survey, 61% of women said they could go to the gym or play sports twice a week or more often, more than at other female prisons (36%). The indoor facilities were impressive. There was a sports hall for circuits and badminton as well as a well-equipped gym.

Sports hall

5.6 Prisoners' attendance at the gym was beginning to increase again following the recent outbreak. Gym staff offered one accredited programme 'Active IQ', a healthy living programme that took place every week day for six weeks, and six prisoners were taking part during our inspection. There was also an appropriate range of exercise sessions for different groups of women. For example, staff delivered morning yoga for prisoners in the shielding unit and 'buggy fit' classes for mothers in the mother and baby unit.

5.7 Access to the library was good and the provision was excellent. Our survey showed that more women than at other prisons inspected recently had a positive view of the library. For example, 44% said they were able to use the library once a week or more and 57% said that they could have library materials delivered to them regularly compared with 21% and 26% respectively at other prisons. Prison data showed that in November 2021 alone, 412 women visited the library and 111 had used the mobile library service.

5.8 The library team collected and analysed data well, which had helped to make sure that an adequate range of books and texts was available for women from different ethnicities and in different languages. The prison had swiftly re-opened the library and gym following the recent outbreak of COVID-19.

Library

Education, skills and work activities

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

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

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

Overall effectiveness: Good

Quality of education: Good

Behaviour and attitudes: Good

Personal development: Good

Leadership and management: Good

5.10 Leaders had a clear and ambitious vision for an inclusive education, work and skills provision that focused on improving the lives of the women both while they were in custody and on release. Leaders had made sure there were sufficient purposeful activity places available, either part- or full-time, and waiting lists were short.

5.11 Leaders were extremely proactive in making sure women had access to a purposeful regime during the COVID-19 lockdown periods. At each stage they pushed the opportunities as far as they could to open as much activity as possible.

5.12 Education and training leaders had a well-considered rationale for the curriculum offered and how it related to the needs of the women. They considered local and regional priorities and designed the vocational curriculum around the employment opportunities that women were likely to have on release. For example, the hospitality preparation and cooking curriculum provided women with the knowledge and skills they would need for future careers in line with national employment and training priorities. This combined with real work experience in the Vita Nova staff café, which prepared women well for employment on release. Leaders considered the diversity of the curriculum and worked with the women to ensure it was not based on gender stereotypes.

5.13 Leaders had established effective links with a range of employers, charities and community groups locally, regionally and nationally. They recognised the value these links brought to the women through visits, guest speakers, workshops and opportunities for skills development and employment on release. For example, they were exploring the possibilities of delivering training in the skills needed by a large national waste recycling and management company, such as heavy goods vehicle driving, as a stepping stone to employment.

5.14 Leaders were fully committed to using release on temporary licence (ROTL) as a way of enhancing women's skills and developing opportunities for employment on release. Very few women were undertaking ROTL due to Bronzefield being a local reception prison, but where they had participated, they had been successful in gaining employment on release.

5.15 Leaders made sure that staff had good access to a wide range of appropriate training and professional development programmes that focused on their role and their subject specialism. Tutors had access to specialist courses and conferences to ensure they were keeping their own professional and vocational skills and knowledge up to date and their practice current. Leaders encouraged staff to undertake

professional development. Tutors who did not have teaching qualifications received funding to complete them. They had good subject knowledge and experience and mostly used them well to plan and teach women effectively.

5.16 Tutors knew the women well – the majority planned for their needs and personalised the curriculum appropriately. Most tutors considered what women knew and could do, so they could tailor their teaching and support. Tutors had considered carefully how they ordered the curriculum across courses and vocational training. Most women benefited from a challenging curriculum and made good progress. For example, at the start of the course for women who spoke English as an additional language (English for speakers of other languages (ESOL)), tutors thought it was important for women to understand the right terminology to use in the prison and be able to ask key questions which would help them settle. As a result, women improved their English speaking and reading skills. In catering, tutors challenged women to use other ingredients to diversify their recipes for vegans. The vast majority of women who took accredited courses in education and vocational training achieved them.

5.17 Tutors used assessment effectively. In sessions, they used recall and repetition frequently to check the women's understanding. Most tutors gave women constructive and informative feedback that helped them to improve their work. They set personal goals in individual learning plans and encouraged women to reflect on specific areas of their learning. However, this was not consistent in all areas, and the weekly feedback sections on individual learning plans were not always completed. Not all women had clear or precise targets that related to their specific needs.

5.18 Attendance and punctuality in education, skills and work activities were not consistently high, although staff knew the reasons for non-attendance and provided follow up where appropriate. In addition, since the most recent COVID-19 lockdown, many women had been anxious about returning to education and work following restrictions being eased. Staff had worked hard to address their anxieties, but it had taken a while to reassure them. However, the vast majority were starting to attend classes again, although leaders recognised there was still work to do. A small minority of women did not benefit from the full learning time that had been planned, mostly due to poor punctuality because they were being unlocked late.

5.19 Peer mentors worked very well with tutors and with the women (see paragraph 1.47). They gave women very good academic, practical and emotional support and developed very positive working relationships with the women. They had a significant impact on the women they worked with and were integral in many sessions. The broad range of peer mentor opportunities helped women build confidence and enabled them to contribute to a positive and purposeful environment. The mentors learnt the advantages of helping other women.

5.20 Women with additional learning needs and complex needs received good support from tutors and peer workers. Those in dedicated classes benefited from one-to-one support and the continual repetition of topics, which helped them progress. For example, women undertook frequent phonics work to help them improve their spelling. They appreciated the support they received and recognised the progress they were making.

5.21 A dedicated staff member provided effective support to those undertaking Open University (OU) courses and courses through the Prison Education Trust (PET). Women studied at levels 2 and 3, pre-university entry level and at degree level in a range of subjects including business administration, science, fisheries management, dog grooming, creative writing and event management. Women on OU and PET courses had priority access to the library and could use technology to type up their assignment work.

5.22 Women's behaviour was good – they were clear about expectations around behaviour. Women were motivated and had a positive attitude towards their learning and took pride in their work. There was a calm, orderly working and learning environment in education and in the business centre, which supported women to learn and work.

5.23 Staff understood the needs of the women very well and the women received effective support to help them in their personal development. Fundamental values of tolerance and respect were promoted clearly in corridors and classrooms, and tutors wove elements of life in modern Britain into their teaching and activities. For example, in ESOL classes, tutors taught women how to access services in the UK, such as health care, and they put in place activities to promote democracy and freedom of speech. Women were able to explain how they had learned to do certain things differently, such as waiting for an appropriate time to speak instead of interrupting. Learning in small groups provided women with opportunities to improve aspects of their thinking and behaviour. For example, they recognised that there could be negative and positive consequences of what they said or did.

5.24 Tutors in the Jailbirds business enterprise session encouraged women to build an awareness of social responsibility by manufacturing products to raise money for Sodexo's Stop Hunger Foundation. Although the development of products for sale was on hold due to the COVID-19 restrictions, women continued to learn business enterprise skills. The Koestler awards for art encouraged women to gain achievements in extra-curricular activities. A meditation group Breaditation helped women to keep mentally healthy by providing calming activities in arts, crafts and breadmaking.

5.25 Pre-release support was limited and only a few women received it. The careers information, advice and guidance offered to the few women who were released directly into the community was not of a consistently high standard because of the restrictions placed on external specialists entering the prison to deliver this service. Leaders

had plans to reinstate the previous programme, which had been effective as soon as earlier restrictions were lifted.

5.26 Induction arrangements for education, work and skills were adequate but had also been less effective because of the restrictions. The information, advice and guidance women received when they arrived was not good enough to enable them to make informed choices about their options. The women's interests, aspirations, prior learning and sentence plan targets were not always taken into account when they were allocated to activities. However, all women undertook an initial assessment to establish their English and mathematics skills and those who required support to develop them were immediately allocated to education. Women who spoke English as an additional language were swiftly allocated to specialist lessons to support their needs.

Recommendations

5.27 **Leaders should make sure that women receive good quality information, advice and guidance on arrival so that they can make informed choices about their education, skills and work activities.**

5.28 **Staff should take account of the women's interests and aspirations, prior learning and sentence plan targets to allocate women to the most appropriate activities.**

5.29 **Women due for release should receive high quality careers support and guidance so that they are prepared for their next steps.**

Section 6 Rehabilitation and release planning

Planning to address the rehabilitation needs of women starts on their arrival at the prison and they are actively engaged in the delivery and review of their own progression plan. The public are kept safe and release plans are thorough and well delivered.

Reducing reoffending

Expected outcomes: Planning for and help with rehabilitation and resettlement starts on arrival at the prison. Opportunities are provided for women to access help and support aimed at developing individual strengths and providing opportunities to reduce their likelihood of reoffending.

6.1 A needs analysis had been conducted and it included data from offender assessment system (OASys) reports and the HM Prison and Probation Service (HMPPS) IT systems. There was an up-to-date offender management, rehabilitation and resettlement strategy, which provided a coherent and comprehensive basis for moving forward. A strategic meeting was held every month, bringing together departmental heads and partner organisations.

6.2 Increasingly, with training and support from experienced professionals, the impact of trauma and abuse were being taken into account across many aspects of work to reduce reoffending and address harmful patterns of behaviour. Unfortunately, three domestic abuse support advisers had been withdrawn from the prison since the community rehabilitation company had stopped providing resettlement services, and there was now only one adviser, whom the prison was employing directly. This domestic abuse support adviser did excellent work, talking with a large number of women and helping them to recognise and begin to address patterns of abuse and coercive control in the past and present. Twelve women were 'trauma-informed champions' across the establishment. (See key concern and recommendation 1.42.)

6.3 The Freedom Programme (for survivors of abuse) had been paused during COVID-19 but had now restarted. The Street Safe monthly forum, which worked with women involved in the sex industry, remained suspended. Two of the offender management team had been trained in modern slavery, and two managers were designated as first points of contact for the national referral mechanism (put in place in the UK in April 2009 to identify, protect and support victims of trafficking).

6.4 The prison's data showed that about 65% of sentenced women did not have sustainable accommodation on release. This was defined as that which could reasonably be predicted to be available for 12 weeks or more. National changes in the way probation services were commissioned in mid-2021 led to the withdrawal of two full-time housing workers, and a severe reduction in the size of the resettlement

team. The four workers who remained, were doing the work formerly carried out by a team of 10. Managers had taken steps to obtain input from staff experienced in housing provision, but they could not fill the gap. (See key concern and recommendation 1.43.)

6.5 A pilot programme provided homeless women in Kent, Surrey and Sussex with free accommodation for up to 84 days, but 90% of the women in the prison came from London so it would have been better if the pilot had been extended to cover the London boroughs.

6.6 A new partnership with St Hilda's Parish Church and the Hope in Action charity was very promising – a small house belonging to the church was being used as short-term release accommodation, with a part-time support worker funded by the prison also in place.

6.7 Prison offender managers (POMs) continued to offer women help with setting up bank accounts. They also provided support with issues such as debt consolidation, court fines, referrals to debt support agencies and obtaining evidence required by Jobcentre Plus. Jobcentre Plus workers had not been visiting the establishment during COVID-19, but they kept in close contact and made themselves available to help. The education department gave women some useful pointers on financial issues, including directing them to advice lines.

6.8 Home detention curfew processes were efficient, but about 15% of women were released after their eligibility date. A key factor in this was women being very near or beyond their HDC eligibility date at the point of sentence due to being held on remand for longer during the pandemic which meant the prison had little time to complete the necessary checks prior to release on HDC. The lack of available Bail Accommodation and Support Services accommodation in London was another factor.

6.9 Use of release on temporary licence (ROTL) to promote family ties had been suspended for much of the pandemic, apart from for special purposes, such as medical treatment, and was slow to restart. HMPPS had closed the promising Phoenix House, a semi-open unit within the prison perimeter for up to 10 women. Women benefited because it was close to their home area and networks were available through a partnership with the Antz charity, which provided London-based employment mentors and good external work placements. Without the unit, the scope for work-related ROTL was likely to be very limited.

Motivation, engagement and progression

Expected outcomes: Women are fully engaged to progress throughout the custodial sentence.

6.10 Screening to determine women's resettlement needs was undertaken on arrival, despite staffing pressures. The understaffing of the resettlement team meant it was not possible for all women's needs to be met, even where they had been identified. (See paragraph 6.2.)

6.11 There were far fewer POMs than in 2018. There were only 1.5 full-time equivalent probation officers, which meant half of the high-risk women were managed by a prison officer POM. However, good arrangements were in place for probation staff to support them with these cases. All women on remand were allocated a POM, as well as a key worker. Caseloads were large but manageable, and there was very little redeployment of POMs to other duties.

6.12 OASys reports were up to date. Most sentence plans were appropriate and of a good standard, and most of the women had made sufficient or good progress against their targets. Risk management plans were in place, and most were good.

6.13 Prisoners could name their POM, were aware they had a sentence plan, and knew their objectives and why each had been set. They spoke positively about their POM and described them as responsive and helpful. In our case sample, POMs were working with the women, and there was evidence that motivational techniques were being used to encourage them to make progress, even those who were resistant or had refused to be involved. Good use had been made during COVID-19 of in-cell phones, and POMs had devised work packs to keep women occupied. As soon as restrictions had been lifted, the POMs had immediately resumed face-to-face contact. The POMs were also involved in other areas, such as behaviour management reviews.

6.14 The small number of restricted status prisoners received good day-to-day support, and the Eos programme (part of the national offender personality disorder services for women with highly complex needs), which used gender-appropriate approaches to reducing risks, did excellent work with some of them as well as with others on the offender personality disorder pathway. However, some restricted status women and those serving long or indefinite prison sentences found it hard to demonstrate a reduction in their risk of harm. Only four of the 12 women's prisons accommodated restricted status women, and Bronzefield only had one accredited programme that was aimed at those convicted of offences under the Terrorism Act. Women found it difficult to move on from Bronzefield to do other programmes, and the re-categorisation process managed by HMPPS was too focused on completing these programmes and failed to acknowledge the role that other interventions, such as Eos, could have in reducing women's risks. As a result, some women retained their restricted status for many years and often felt stuck at Bronzefield. (See key concern and recommendation 1.44.)

6.15 The Eos staff and the small forensic psychology team shared their expertise to inform management of women with complex patterns of behaviour. They also provided training and support to staff on developing and maintaining trauma-responsive and therapeutic styles of interaction with the women.

6.16 Women who had been recalled to prison each had a POM who kept in touch with them, although they were the responsibility of a community offender manager (COM). In these cases, the OASys reports

(undertaken by the COM) were mainly community-focused and had limited, if any, specific reference to the women's objectives and actions in custody.

6.17 Those serving long and indeterminate sentences received reasonable support, were housed in a settled and well-equipped location on house block 4. Regular forums had been paused, but a probation officer continued to hold monthly one-to-one meetings with each of them throughout the COVID-19 period.

6.18 Categorisation processes were completed on time and each case was considered thoroughly. The women were not directly involved in the process – the POM spoke with her and reported her representations either in person or in writing to the decision-making board.

Protecting the public from harm

Expected outcomes: The public are protected from harm during the custodial phase and on release.

6.19 The monthly public protection meeting continued to focus on release planning for high-risk women and all aspects of risks on release were looked at. The meeting also reviewed those being monitored and subject to child contact restrictions. However, attendance by staff from some departments was poor.

6.20 The handover process from POMs to COMs took place well before women's release, which meant their risks and needs could be managed robustly. Online meetings were held, where key information could be shared. However, the multi-agency public protection arrangement (MAPPA) management level of a prisoner was still not always confirmed sufficiently well in advance of their release.

6.21 Mail and phone call monitoring was undertaken promptly and was reasonably well up to date throughout the pandemic. Members of the offender management unit administration team, who undertook this work, had adequate training and support. During the inspection, information picked up through monitoring had led to one case being reviewed and allocated to a higher MAPPA management level because of the risks identified.

Preparation for release

Expected outcomes: The specific reintegration needs of women are met through individualised multi-agency plans to maximise the likelihood of successful resettlement.

6.22 There was very limited evidence of contact between the COM and the woman to prepare for release. Each prisoner being released received a resettlement pack, a well-presented 20-page booklet, that included

COVID-19 advice and information about all aspects of resettlement. They were also given local contact details for support organisations across the region.

6.23 'Early days in community' meetings were held every week, bringing together those involved in each woman's resettlement plan. The meeting supplemented the normal release preparation system, which was too stretched to be completely reliable. The lack of staff in the resettlement team meant outcomes for women were being negatively affected, despite the best efforts of the workers.

6.24 Prison managers were working with community agencies to provide practical 'through-the-gate' support before and after release. However, these groups had been slow to start. Staff from the groups did sometimes meet women on release, but they did not go into the prison to meet women beforehand. Plans for a weekly drop-in service for women to prepare them for their release had not materialised. The prison had taken steps to mitigate the situation, by employing a POM with housing expertise who spent much of her time supporting this aspect of resettlement, but accommodation outcomes remained far too poor (see key concern and recommendation 1.43 and paragraphs 6.4, 6.5 and 6.6).

6.25 Women received very good support on the morning of their release from reception staff and a through-the-gate worker with a team of community volunteers. They met the women in reception and accompanied them from the gate to the railway station, helping with small practical needs along the way (see paragraph 4.98). (See also paragraphs 1.51 and 4.60.)

Section 7 Recommendations in this report

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

Key concerns and recommendations

7.1 Key concern (1.39): In the previous two years, 86 women who were acutely mentally unwell had been sent to Bronzefield because of the lack of appropriate mental health provision in the community. The prison was not an appropriate place for these women as it was not equipped to manage their risks or needs.

Key recommendation: Acutely mentally unwell women should be able to access appropriate assessment and diversion to mental health services instead of being sent to prison. (To the secretary of state.)

7.2 Key concern (1.40): Low staffing levels within the pharmacy team were having an adverse effect on provision. The service had reverted to using stock medication instead of named-patient medicines. This, along with other issues, had caused delays in patients receiving their medication. Poor medicines stock control on the wings increased the risk of potential errors in administration. There were no reconciliation procedures for stock control, for example, the use of medicines stored in the out-of-hours cupboard was not audited. There was limited patient access to a pharmacist.

Key recommendation: An adequately staffed pharmacy team should administer medicines to women on time and make sure medicines are managed safely and effectively. (To the director)

7.3 Key concern (1.41): There was a lack of management oversight of several aspects of health care. This included oversight of responses to health care complaints, checks on emergency equipment and the management of long-term conditions. Clinical oversight of external hospital appointments was not sufficient to identify or address delays in treatment.

Key recommendation: Oversight of responses to health care complaints and checks on emergency equipment should be improved, and long-term health conditions and access to external hospital appointments should be monitored to make sure women receive appropriate care. (To the director)

7.4 Key concern (1.42): Two full-time housing workers had been withdrawn from the prison following changes in the probation service and there had been a severe reduction in the size of the resettlement team and the loss of domestic abuse support workers.

Key recommendation: Women's resettlement needs, including overcoming the impact of domestic abuse, should be addressed through comprehensive support from a confident and well-resourced team. (To HMPPS)

7.5 Key concern (1.43): Based on the prison's data, about 65% of sentenced women did not have sustainable accommodation on release (lasting longer than 12 weeks), which was a concern, given the risks and needs of so many of the women.

Key recommendation: All women should have sustainable accommodation on release. (To HMPPS)

7.6 Key concern (1.44): Some women posing a high risk of harm to others, particularly restricted status women and those serving long or indeterminate sentences, found it difficult to progress. There was only one accredited programme available, and women found it hard to show progression by undertaking other structured interventions. Transfers to other prisons to complete interventions were not always easy to achieve.

Key recommendation: Restricted status women and those serving long sentences should be able to demonstrate progression by completing accredited programmes or other structured therapeutic interventions. HMPPS should make sure that women are transferred to other prisons to complete risk-reduction work as part of an agreed progression plan. (To HMPPS)

Recommendations

7.7 Recommendation (3.11): Staff should consistently challenge poor behaviour and rule breaking. (To the director)

7.8 Recommendation (3.30): Women's experiences of victimisation, particularly on house block 1, should be addressed and more interventions to support victims and challenge perpetrators should be in place. (To the director)

7.9 Recommendation (3.39): Leaders should collect and analyse a comprehensive set of data to better understand the use of segregation and provide more oversight. (To the director)

7.10 Recommendation (4.22): The list of products available to buy from the prison shop should meet the diverse needs of the population. (To the director)

7.11 Recommendation (4.53): Women should have access to secondary health screening within seven days. (To the director)

7.12 Recommendation (4.61): Patients requiring a transfer under the Mental Health Act should be transferred within the current transfer time guidelines. (To the director)

7.13 Recommendation (4.88): The diversity action plan should be based on a comprehensive analysis of need and regular consultation with women with each protected and minority characteristic. (To the director)

7.14 Recommendation (5.27): Leaders should make sure that women receive good quality information, advice and guidance on arrival so that they can make informed choices about their education, skills and work activities. (To the director)

7.15 Recommendation (5.28): Staff should take account of the women's interests and aspirations, prior learning and sentence plan targets to allocate women to the most appropriate activities. (To the director)

7.16 Recommendation (5.29): Women due for release should receive high quality careers support and guidance so that they are prepared for their next steps. (To the director)

Section 8 Progress on recommendations from the last full inspection report

Recommendations from the last full inspection

The following is a summary of the main findings from the last full inspection report and a list of all the recommendations made, organised under the four tests of a healthy prison. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2018, reception was welcoming and prisoners received a good first night service but many arrived too late in the evening, which limited the opportunity to settle in before being locked up for the night. Support during prisoners' early days was reasonably good. The number of violent incidents had increased significantly, although not many were serious. The prison remained safe for the vast majority, but formal support for victims was weak. Good progress had been made in addressing the Prisons and Probation Ombudsman (PPO) findings following a death in custody in 2016. Levels of self-harm were high and assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm was very good. A small number of prisoners with the most complex needs was very well supported. Security remained proportionate and, although use of force had increased, it was managed well. The segregation unit provided positive support. Substance use treatment was reasonably good. Outcomes for women were reasonably good against this healthy prison test.

Key recommendation

All violent incidents should be investigated thoroughly and formal action should be taken to support victims and challenge perpetrators. The effectiveness of this action should be evaluated over time to see if there has been a reduction in violence. (S49)
Achieved

Recommendations

Female prisoners should not be escorted in the same vans as males. (1.4)
Partially achieved

Women should be transferred from court to the prison as soon as possible following their hearing so they have enough time to settle in at the prison. (1.5)
Partially achieved

Additional first night safety checks on those new to the prison should always be undertaken. (1.15)
Achieved

Clinical substance use services should be sufficient to meet demand and have effective managerial oversight. (1.53)
Partially achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2018, living conditions were good. Staff-prisoner relationships continued to be a real strength, providing many prisoners with positive support and good care. Equality and diversity work was good and faith provision was positive. Complaints were well managed. Health services were reasonable overall and medication was generally administered appropriately. Catering and the shop provision were disappointing. Outcomes for women were good against this healthy prison test.

Recommendations

Prisoners should have access to clean bedding every week. (2.6)
Partially achieved

All calls through the in-cell bell should be answered within five minutes. (2.7)
Achieved

Staff answering call bells should ensure they fully address the reason for the call. (2.8)
Not achieved

The number of female operational staff should be increased. (2.20)
Achieved

All PEEPs should contain sufficient detail and staff based on the house blocks should always be familiar with them. (2.33)
Partially achieved

The MBU should not be supervised overnight by a lone male member of staff. (2.34)
Achieved

All clinical areas should comply with national standards for infection prevention and control. (2.56)
Not achieved

Barrier protection should be well advertised and widely available. (2.57)
Achieved

Stock medicines should be stored appropriately and audited regularly so that supplied stock can be reconciled against prescriptions issued. (2.77)
Not achieved

Prisoners referred to primary mental health care services should be assessed within two weeks. (2.90)
Achieved

Patients requiring a transfer under the Mental Health Act should be transferred within the current transfer time guidelines. (2.91)
Not achieved (recommendation repeated, 4.61)

The quality and quantity of the food provided should be improved and better consultation with prisoners should inform improvements. (2.96)
Not achieved

The range and prices of goods sold in the shop should be reviewed and improved. (2.100)
Partially achieved

Prisoners should be able to buy items from catalogues. (2.101)
Partially achieved

Purposeful activity

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

At the last inspection, in 2018, most prisoners had a reasonable amount of time out of their cell but outdoor exercise time was too short. A sufficient number of activity places was available for the population and Ofsted judged the learning and skills provision to be good overall with some outstanding aspects. Peer mentors were used extremely well. Achievement of qualifications, especially functional skills was exceptionally high. Access to the library was not sufficient. Physical education (PE) provision had been reviewed to promote prisoners' well-being but some places were not being used. Outcomes for women were reasonably good against this healthy prison test.

Recommendations

Tutors should share information on prisoners' preferences and progress from individual learning plans when they move to other courses. (3.13)
Partially achieved

Those with limited or no English language skills should have prompt access to English language classes. (3.28)
Achieved

Library staff should collect data on women's use of the service to identify under-represented groups and ensure the provision is meeting all women's needs. (3.44)
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 2018, the prison's strategic focus on resettlement was good, but the needs analysis was not comprehensive enough. Joint working with community rehabilitation companies (CRCs) was better than at our previous inspection. Release on temporary licence (ROTL) was used in a very small number of suitable cases and there were plans to extend it. Offender management was good and public protection was generally robust. Casework with indeterminate sentence prisoners was good, but practical support had deteriorated. Resettlement planning was good. Pathways were mostly good and included excellent support for those who were at further risk of trauma and abuse. Despite good support, too many prisoners were released homeless or to very short-term accommodation. Outcomes for women were good against this healthy prison test.

Recommendations

The needs analysis should be more comprehensive by making use of information from OASys and other systems. (4.7)
Achieved

Sufficient BASS accommodation places should be available to support HDC. (4.12)
Not achieved

Information exchange and risk management planning with community offender managers should be comprehensive and take place regularly in the months leading up to release. It should include confirmation of the MAPPA management level where relevant. (4.18)
Achieved

The number of prisoners being released without accommodation should be monitored and should include those going to temporary accommodation that cannot be sustained. (4.47)
Partially achieved

Prison managers should use the CRC's employment data to make sure the training they provide helps prisoners to gain employment on release and to determine if alternative education and training are required. (4.51)
No longer relevant

Appendix I About our inspections and reports

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

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

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

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

Respect
Women's relationships with children, family and their support networks are central to their care in custody. A positive community ethos is evident, and all needs are met.

Purposeful activity
Women are able and expected to engage in activity that is likely to benefit them, including a positive range of recreational and social activities.

Rehabilitation and release planning
Planning to address the rehabilitation needs of women starts on their arrival at the prison and they are actively engaged in the delivery and review of their own progression plan. The public are kept safe and release plans are thorough and well delivered.

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

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

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

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

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

Our assessments might result in one of the following:

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

Recommendations: will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections.

Examples of notable positive practice: innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for women; 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; surveys of women in prison and prison staff; discussions with women in prison; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

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

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

This report

This report provides a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for women in prison* (Version 2, 2021) (available on our website at https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/womens-prison-expectations/). The reference numbers at the end of some recommendations indicate that they are repeated and provide the paragraph location of the previous recommendation in the last report. Section 7 lists all recommendations made in the report. Section 8 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

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

Inspection team

This inspection was carried out by:

Charlie Taylor	Chief inspector
Sandra Fieldhouse	Team leader
Sumayyah Hassam	Inspector
Martin Kettle	Inspector
Kam Sarai	Inspector
Rebecca Stanbury	Inspector
Caroline Wright	Inspector
Charlotte Betts	Researcher
Alec Martin	Researcher
Helen Ranns	Researcher
Isabella Raucci	Researcher
Maureen Jamieson	Lead health and social care inspector
Steve Eley	Health and social care inspector
Karen Wilson	Health and social care inspector
Richard Chapman	Pharmacist
Jenna Green	Care Quality Commission inspector
Jo White	Care Quality Commission inspector
Mary Devane	Ofsted inspector
Dan Grant	Ofsted inspector
Jane Hughes	Ofsted inspector
Judy Lye-Forster	Ofsted inspector
Dionne Walker	Offender management 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 women 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.

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

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

Protecting women, including those at risk of abuse or neglect
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).

Reverse cohort unit (RCU)
Unit where newly arrived women are held in quarantine for between seven and 10 days.

Time out of cell
Time out of cell, in addition to formal 'purposeful activity', includes any time women 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 & YOI Bronzefield 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, which is published on our website.

Requirement Notices

Provider

Sodexo Limited

Location

HMP & YOI Bronzefield

Location ID

1-1320997680

Regulated activities

Treatment of disease, disorder, or injury

Action we have told the provider to take

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

Regulation 9 (1) (a) (b) (c), (2) (a) (b) (c) (d)

The care and treatment of service users must be appropriate, meet their needs and reflect their preferences.

Furthermore, the things which a registered person must do to comply includes –
carrying out, collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the service user;
designing care or treatment with a view to achieving service users' preferences and ensuring their needs are met;
enabling and supporting relevant persons to understand the care or treatment choices available to the service user and to discuss, with a competent health care professional or other competent person, the balance of risks and benefits involved in any particular course of treatment; and
enabling and supporting relevant persons to make, or participate in making, decisions relating to the service user's care or treatment to the maximum extent possible.

How the regulation was not being met

- Patients with long term conditions did not always have a care plan in place or receive a timely review of their condition with an appropriately skilled member of staff.
- There was no clinical lead for long term conditions and nursing staff had not completed any relevant training on long term conditions.
- Staff used a recognised template to complete basic care plans for some patients, but these lacked personalisation and engagement with patients.

Regulation 17 (1) (2) (a) (b)

Systems and processes must be established and operated effectively to ensure compliance with the requirements in this Part.

Such systems or processes must enable the registered person to –

assess, monitor and improve the quality and safety of services provided in the carrying on of the regulated activity; and

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

How the regulation was not being met

- The audits carried out were not always effective in assessing, monitoring and improving the quality and safety of services. In particular:

  Infection control audits had not identified or resolved issues such as treatment room flooring not meeting infection control standards.

  Systems to check emergency bags was not effective because there was a lack of monitoring of contents in between monthly audits. An expired emergency medicine had not been identified or replenished in between monthly checks.

- No system was in place to monitor and account for out of hours medicine supply and medicine stock on houseblocks. Excessive quantities of medicine stock was seen on houseblocks and loose blister packs were seen on medicine trolleys without expiration dates.

- There was a lack of oversight of patient group directives (PGD) and a PGD expired during the inspection. This meant patients were not able to access pain relief during that time.

- Complaints responses were inconsistent and often did not offer an apology or details of how to escalate the complaint further.

- Complaints forms were not healthcare specific and there was a risk that operational staff could have sight of confidential healthcare information about a patient.

- There was a lack of clinical oversight of external hospital appointments which meant delays to treatment had not always been identified and actioned.

- The system in place to monitor patients who required a care plan for long term conditions was not effective as we found seven patients had been incorrectly removed from the monitoring report before they had a care plan in place.

- Storage of care plans on the clinical system was not consistent amongst healthcare staff, meaning we were not assured that there was proper oversight of the care planning process.

Regulation 18 (1) (2) (a)
Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part.
Persons employed by the service provider in the provision of a regulated activity must –
receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

How the regulation was not being met

- Not all staff had received training for early signs of pregnancy, perinatal mental health awareness and caring for pregnant women, which was relevant to their role.

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 copies 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 women in the prison 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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