Report on an unannounced inspection of

HMP/YOI Portland

by HM Chief Inspector of Prisons

25 July and 1–5 August 2022

Contents

Introduction

Portland is a medium sized category C training and resettlement prison in South Dorset, which at the time of our inspection held 512 prisoners. The jail had a young population of which 14% were under 21, and nearly half were under 30.

When HMI Prisons last inspected Portland in 2019, we found a prison that had lost its way, struggling with high levels of violence, poor living conditions and a lack of purposeful activity. The current governor, who took over in 2020, had begun an impressive transformation. He and his senior team were visible around the jail and comments in our staff survey were positive about the changes they had made. This was reflected in the prison's excellent self-assessment report (SAR), which showed that the senior team had a very good understanding of the prison's strengths and weakness alongside credible and impressive plans to make improvements.

Leaders had successfully challenged and begun to change the culture at Portland, improving consultation with the staff team and addressing negative behaviour. There had also been a concerted effort to improve recruitment, defying the national trend with almost all officer posts full at Portland.

There had however, been problems with recruiting sufficient mental health staff and this was a particularly serious issue in Portland, where a greater proportion of prisoners than usual told us they have mental health difficulties. This may in part have led to levels of self-harm that had increased since the last inspection and were higher than similar jails.

Although leaders had worked hard to reduce levels of violence which had, in the past had been particularly high, there was more work to be done to continue to bear down on the causes. Specifically, the accrual of debt appeared to be the source of many incidents. Staff had worked hard to ramp up purposeful activity and it was good to see that all but a few prisoners were able to work or attend education. Many, however, were frustrated by the levels of pay which, at £11 per week, was low, particularly as almost all work was part time. The prison served a particularly deprived population of which nearly 39% were care leavers, many of whom did not get money sent in and were reliant on what they could earn in prison. Frustration over low wages had been compounded by recent increases in the prices of canteen goods. For many of these prisoners, Portland was a long way from home, making visits difficult and adding to their sense of isolation. Progress towards opening up workshops and classrooms was hampered by staff shortages, leaving some of the good facilities in the jail were underused.

We were particularly impressed by many of the middle leaders and custody managers, who had been given responsibility for making improvements and who were encouraged to innovate by the senior leadership team.

Portland has come a long way since our last inspection and the staff team should be proud of the progress they have made. Leaders will need to maintain focus on the prison's primary role as a training and resettlement jail, in which men are working on or learning the skills and habits that they need to be

successful when they are released. This means a much larger proportion in full-time education or work in a regime that better prepares prisoners for eventual release. In turn, this could lead to less debt, fewer incidents of violence and improved mental health, particularly if the prison can overcome difficulties recruiting enough mental health staff.

Charlie Taylor
HM Chief Inspector of Prisons
September 2022

What needs to improve at HMP/YOI Portland

During this inspection we identified 15 key concerns, of which six should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

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

Priority concerns

1. **The level of assaults on other prisoners was too high.** Although lower than in 2019, it was increasing, and leaders did not sufficiently understand what was driving violence.

2. **Rates of self-harm were too high and increasing. They were among the highest compared with similar prisons**. The reasons had not been investigated sufficiently, nor was there a data-informed action plan to reduce self-harm.

3. **Not enough was being done to meet the needs of younger prisoners.** The young adults strategy was not based on a thorough needs analysis and there was no clear plan of action.

4. **Mental health services were seriously understaffed and overstretched.** Support was largely confined to providing acute and urgent care and there were no specialist psychological interventions.

5. **Leaders did not make sure that there was sufficient resource [to support the English and mathematics needs of prisoners**. Too few spaces were available or outreach support for those with the lowest levels. There was no ESOL provision.

6. **Leaders and staff did not prepare prisoners effectively for employment on release**. Almost all work was part-time, prisoners could not access essential safety qualifications and too few could access ROTL.

Key concerns

7. **Key work was not sufficient and still operating only on a priority basis.**

8. **Prisoners found the cost of basic items from the shop too high. Low incomes, rising shop prices and poor food left many prisoners frustrated.** Many told us this made issues around debt worse.

9. **The needs of foreign national prisoners were not identified or met.** The strategy for foreign national prisoners was mainly limited to immigration detainees.

10. **Provision for neurodivergent prisoners was limited.**

11. **Many prisoners spent too little time unlocked – about five hours a day – which was inadequate for a training prison.**

12. **Leaders did not ensure that prisoners could access activities or education promptly enough.** Too many qualifications and courses were not running owing to staff vacancies. Waiting lists for vocational training were too long.

13. **Instructors did not use progress trackers effectively to support prisoners in gaining transferable employment-related skills or personal development**. Prisoners were not aware of the progress they had made in these areas.

14. **Sentence planning and offending behaviour work did not sufficiently support prisoners to make progress through their sentence**.

15. **Resettlement planning arrangements were inconsistent and too many prisoners did not receive suitable support for their upcoming release.**

About HMP/YOI Portland

Task of the prison/establishment
Portland is a category C male resettlement and training prison for adults and young adults from age 18 upwards.

Certified normal accommodation and operational capacity (see Glossary of terms)
Prisoners held at the time of inspection: 512
Baseline certified normal capacity: 463
In-use certified normal capacity: 458
Operational capacity: 530

Population of the prison
- 14% were under 21 and 46% were under 30.
- 39% of prisoners had less than six months left to serve.
- 434 new prisoners were received each year (around 36 per month). Most came from Bristol, Exeter or Winchester prisons.
- 28 foreign national prisoners were held at time of inspection.
- 19% of prisoners were from black and minority ethnic backgrounds.
- On average 46 prisoners were released into the community each month.
- 200 prisoners were receiving support for substance misuse.

Prison status and key providers
Public

Physical and mental health provider: Practice Plus Group
Substance misuse treatment provider: Exeter Drugs Project
Prison education framework provider: Weston College
Escort contractor: Serco

Prison group
Avon, South Dorset and Wiltshire

Brief history
Portland was originally built in 1848 to hold convicted prisoners and has a long history as a prison holding young offenders – it was a borstal from 1921 and a young offender institution from 1988. In April 2011 it began taking adult prisoners.

Short description of residential units
Collingwood – first night and induction wing.
Benbow, Drake, Grenville, Nelson and Raleigh – general population.
Beaufort – enhanced incentive level prisoners.

Name of governor and date in post
Robert Luxford, July 2020

Changes of governor since the last inspection
Steve Hodson, April 2017–July 2020

Prison group director
Paul Woods

Independent Monitoring Board chair
Margaret Adams

Date of last inspection
August 2019

Section 1 Summary of key findings

1.1 We last inspected HMP/YOI Portland in 2019 and made 31 recommendations, 15 of which were about areas of key concern. The prison fully accepted 29 of the recommendations and partially (or subject to resources) accepted two.

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

Progress on key concerns and recommendations from the full inspection

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

1.4 At our last full inspection, we made 15 recommendations about key concerns. At this inspection we found that nine of those recommendations had been achieved, two had been partially achieved and four had not been achieved. At this inspection we found that two of the four recommendations made in safety had been achieved, one had been partially achieved, and one had not been achieved. All five recommendations made in respect had been achieved. Of the four recommendations made in purposeful activity, two had been achieved and two had not been achieved. In rehabilitation and release planning, one recommendation had been partially achieved and one had not been achieved. For a full summary of the recommendations achieved, partially achieved and not achieved, please see Section 8.

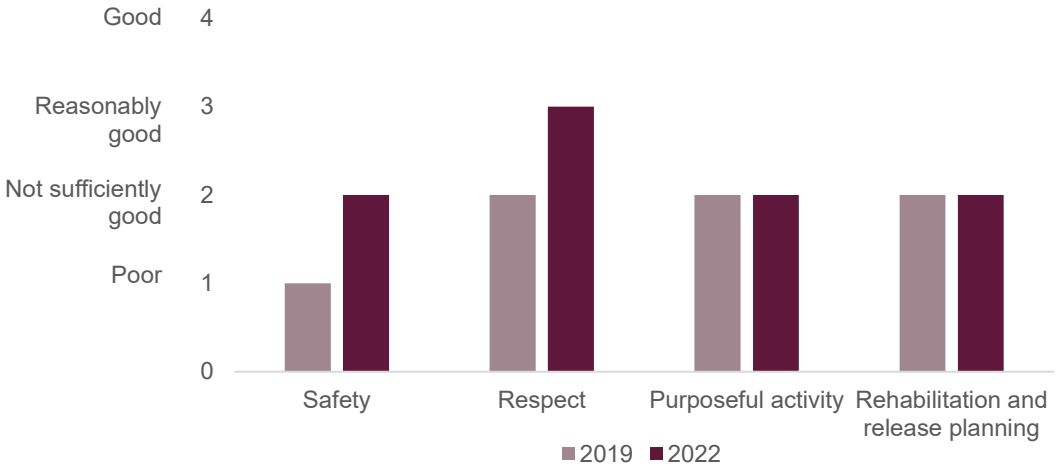
Outcomes for prisoners

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

1.6 At this inspection of HMP/YOI Portland we found that outcomes for prisoners had improved in two healthy prison areas and stayed the same in two areas.

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 Portland healthy prison outcomes 2019 and 2022



Safety

At the last inspection of Portland in 2019 we found that outcomes for prisoners were poor against this healthy prison test.

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

1.8 Reception was welcoming and the process efficient, but some tasks were inappropriately delegated to peer workers. In our survey, prisoners were more positive than those in similar prisons about their first night experience and their induction.

1.9 Levels of violence between prisoners were higher than at most category C prisons, but lower than at the last visit, despite having increased in the months before this inspection. Young adults carried out about half of violent incidents. However, in our survey, fewer prisoners than at the last inspection and at comparable prisons, said they had felt unsafe. Data collection had improved, but was not used to investigate key factors driving violence or to support action planning. Promising work was under way to support young adults involved in violence, but there was insufficient provision for the high number with neurodiverse conditions or mental health issues. Prisoners felt more motivated by the incentives policy than at the last inspection.

1.10 The number of adjudications had declined considerably, and governance was better. Cellular confinement was no longer used as a punishment. The number of incidents involving force had decreased and was lower than at our last inspection. Governance had much improved.

1.11 Segregation was used relatively infrequently, and in-cell facilities had improved. Reintegration planning included flexible arrangements between segregation and residential units.

1.12 Security was generally proportionate, and strip-searching was now only carried out in response to intelligence, but prisoners' ability to move freely around the prison was still more restricted than we often see in a category C prison. In our survey, significantly fewer prisoners than in similar prisons and at the last inspection said it was easy to get illicit drugs. Cross-departmental cooperation on the implementation of the drug strategy was good.

1.13 There had been two self-inflicted deaths since the last inspection, and the Prisons and Probation Ombudsman recommendation on providing an effective mental health service for all had still not been fully achieved. Recorded levels of self-harm had increased by 15% since our last inspection and were among the highest compared with most similar prisons. The number of incidents was on a gradual upward trajectory.

1.14 Debt had been identified as a key trigger, but in general not enough had been done to determine what other factors drove the prison's high levels of self-harm. While the number of serious self-harm incidents was low, there was a lack of thorough investigation. There were good examples of multidisciplinary individual case management, but assessment, care in custody and teamwork documentation for prisoners at risk of suicide or self-harm too often lacked effective care plans. Constant supervision was used frequently.

Respect

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

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

1.15 Significantly more prisoners in our survey said staff treated them with respect than at the last inspection, and more also reported having staff to turn to if they had a problem. Interactions we observed were friendly and helpful and we saw staff challenging most low-level poor behaviour. There were few recorded key work (see Glossary of terms) sessions, but this had begun to increase.

1.16 In our survey, prisoners were more positive about a range of residential issues than those in similar prisons and compared with our last inspection. The standard of accommodation had improved and it was much cleaner. Some showers had been refurbished to a good standard, but others were in a poor state.

1.17 Kitchen and servery workers had not taken basic food safety courses, and halal food was not being handled properly – separate utensils were not being used and servery workers were not aware of the correct protocols. Many prisoners told us they could no longer afford the increased cost of shop items.

1.18 New application processes were being introduced to address weaknesses, and replies to complaints were well-considered, but action in response to consultation was often too slow.

1.19 Oversight of equality work was good, and the prison was responding to a wide range of equality data. Staff arranged a full programme of consultation for those with different protected characteristics (see Glossary of terms) and issues raised were incorporated into the equality action plan. The number of discrimination incident reporting forms submitted had increased since our last inspection, and prisoners had more confidence in the process than previously. Quality assurance was robust.

1.20 Many black prisoners told us they were treated less favourably than others, and more needed to be done to determine the reasons for these negative perceptions. Responding to the needs of younger prisoners and care leavers had rightly been identified as priorities.

1.21 There were serious staffing shortages in primary care and mental health, although strategic partnership working provided good oversight. Although staff shortfalls meant essential care had to be prioritised, our survey found prisoners more positive about health provision than in similar prisons.

1.22 However, mental health services had severe staffing shortfalls There were significant gaps, especially in support for those with anxiety and mood disorders who were struggling to cope with prison life. Patients received good psychosocial support to help address addiction problems, and clinical treatment was individually tailored. Only a third of patients could have their medication in possession, which was unusually low for a category C prison. An enthusiastic and committed dentist made sure that the dental service was good. The availability of prison officer escorts had contributed to a significant improvement in attendance.

Purposeful activity

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

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

1.23 We found 20% of the population locked up during the working day, which was still too high for a training prison. Except for those on the enhanced wing or in full-time work, prisoners spent too little time unlocked. The regime routinely ran on time and provided a predictable core day.

1.24 The library was good – it supported education and staff organised a range of initiatives. In our survey, prisoners reported much better access to the gym than those in similar prisons, and facilities were very

good. A rugby academy provided good links to sports clubs on prisoners' release.

1.25 Leaders made sure there were sufficient education and part-time work opportunities for all the population, and very few were unemployed. They made sure that the education, skills and work available met the varying needs of the population. However, many activities were not running because of difficulties in recruiting staff to vacant positions.

1.26 Most activity places were part time, which did not reflect realistic work or prepare prisoners effectively for employment on their release. Not enough prisoners who were eligible could participate in release on temporary licence. Leaders put in place useful outreach English and mathematics provision to support those who were hard to reach, but too many waited too long to access it.

1.27 Teachers and instructors structured and planned the curriculum sensibly, and made sure that learning built on existing knowledge and skills effectively. They also knew prisoners' support needs very well.

1.28 Instructors did not use progress trackers effectively to support prisoners with their practical skills or personal development. This meant prisoners were unsure about the progress they had made or how they could improve the standard of their work.

1.29 Prisoners received useful careers advice and guidance as part of their induction, but many waited too long to take courses that would help them make progress towards their career goals.

Rehabilitation and release planning

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

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

1.30 The prison's remote location made it difficult for families to visit the prison, but recently reintroduced family days were very popular, and staff from children's charity Barnardo's were doing useful work supporting prisoners to maintain family contact. However, more needed to be done to increase the uptake of video calls.

1.31 There was a comprehensive and well-informed strategy to reduce reoffending, underpinned by good use of data. Most prisoners were serving sentences of over one year, and nearly half of those were serving long sentences of four years or more, but about 63% of the population had less than one year left to serve.

1.32 Staff recruitment and retention in the offender management unit was an ongoing challenge but was adequate and caseloads were manageable.

However, too many prisoners were arriving at the prison without an initial offender assessment system report and sentence plans varied.

1.33 The frequency of contact between prisoners and prison offender managers (POMs) had improved, but some prisoners were frustrated by the lack of response to their requests, which was exacerbated by the lack of key work. The standard of POM sessions was mixed, and most prisoners in our case sample had not made sufficient progress towards their sentence plan targets.

1.34 Community offender managers took too long to share information with POMs, despite prison efforts. Risk management plans and the prison's written contributions for multi-agency public protection arrangement panels varied in standard. Public protection monitoring arrangements were managed reasonably well, but there were some gaps in oversight for those with child contact restrictions.

1.35 The prison managed home detention curfew well, but some prisoners were released beyond their eligibility date because of a lack of accommodation, and transfers to other establishments were not always timely.

1.36 An accredited programme was available for larger groups, and some low-level one-to-one interventions were offered, but only on a small scale.

1.37 The Department for Work and Pensions helped prisoners with their entitlements and benefit claims. Over 40 prisoners were released each month and, on average, 85% had an address to go to on their first night. Support to help prisoners with their accommodation needs was understaffed, but the prison worked hard to address some of the shortfalls, and the recent reintroduction of the multi-agency pre-release board was positive.

Notable positive practice

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

1.39 Inspectors found four examples of notable positive practice during this inspection.

1.40 The use of cellular confinement as a punishment had ceased altogether. Leaders used other available sanctions instead. (See paragraph 3.22.)

1.41 Consultation on the shop provision had led to leaders driving a national change to the product list so that suppliers increased the range of items catering for black prisoners from 13 to 30. (See paragraph 4.19.)

1.42 Leaders monitored how many prisoners were subject to the regime that had the shortest amount of time out of cell and took remedial action to reduce the time prisoners remained unemployed. (See paragraph 5.2.)

1.43 The rugby academy programme enabled prisoners to make contact with community sports teams in their home areas before their release. (See paragraph 5.14.)

Section 2 Leadership

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

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

2.2 Strong, visible leadership from the governor and the senior team had set a clear direction for the prison, which included a well communicated 'PRIDE' mission focusing on People, Resettlement, Improvement, Decency, Equality. In our survey, 41% of staff who responded said the priorities were communicated very clearly and 35% said they were quite clearly communicated.

'PRIDE' sign

2.3 The prison's excellent self-assessment appropriately identified strengths and weaknesses, and each of its six priorities had an action plan with time-bound targets, measures of success and named accountable leaders.

2.4 Impressive progress had been delivered in some key areas since our last inspection, and the governor's robust approach to tackling unacceptable behaviour and promotion of equality had driven a shift towards a more positive staff culture. Further work was needed to

make sure that the prison fulfilled its core purpose as a resettlement and training establishment. Leaders had rightly prioritised giving all prisoners access to some purposeful activity and very few were unemployed. However, the mostly part-time activities did not prepare prisoners effectively for employment when they were released, and Ofsted judged education, skills and work to require improvement.

2.5 Staff involvement had improved through a staff council and a 'people plan', which aimed to promote leadership, retention, well-being, inclusion and development. At the suggestion of the staff council, a monthly 'well-being hour' had been introduced to support team building and other engagement activities.

2.6 Leaders had successfully recruited the full quota of prison officers through advertising campaigns and incentives, and shift patterns were being redesigned to help improve retention. However, acute staffing shortfalls remained in key areas of the prison, particularly health care and education.

2.7 We saw many examples of committed and enthusiastic functional leadership across the prison. Leaders were very responsive to our emerging findings during the inspection, addressing identified weaknesses immediately.

2.8 We also found many custodial managers and supervisory officers to be visible and effective on residential wings. Senior leaders involved middle managers in meetings to develop their skills and knowledge, and held them to account at a weekly review of the prison's performance.

2.9 Leaders had upgraded living conditions since our last inspection, and the prisoner workforce had been involved in much of the improvement through participating in a painting programme, refurbishing cells and laying new carpets in the visits hall and chapel. The outside environment also benefited from flower beds and well-designed signage.

2.10 Prison leaders had strong, collaborative partnerships with the education provider and health care managers, but severe shortages in mental health staff were a considerable challenge. Health care managers were regularly called on to undertake operational activities, such as medication administration, because of staffing shortfalls, weakening their leadership role and ability to provide direction.

2.11 Although data analysis was a strength, the information had not been used sufficiently well to identify ways of improving safety and reducing self-harm. However, a comprehensive needs analysis had informed a good strategy for reducing reoffending.

2.12 A comprehensive governance framework, which included three layers of assurance checks and a weekly performance meeting, was driving continuous improvement.

Section 3 Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

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

3.1 The arrivals process had been streamlined and was more efficient, so that prisoners spent relatively little time in the well-refurbished reception area.

3.2 An officer from the induction wing conducted initial safety interviews in a private space. These were thorough, exploring any potential vulnerabilities and collecting a lot of information, but it was not clear how well it was communicated to relevant departments.

3.3 Prisoners had their property screened on arrival if there were not many prisoners waiting. There were two reception peer workers, but some of the tasks they were carrying were not appropriate. For example, they were photocopying cell-sharing risk assessments and helping to process prisoners' property on arrival. They also had access to sensitive documentation. There was insufficient oversight of their role.

3.4 Prisoners could buy basic groceries or vapes in reception and they received £1 in phone credit if they needed it. The cost could be advanced to the prisoner if they did not have the funds, but not all reception staff were aware of this. Steps were taken to address this during the inspection.

3.5 To minimise the amount of time prisoners spent in reception, they were escorted to the induction wing where they were seen by health care staff and shown to their cell. However, the room being used for the health care screening was not suitable (see paragraph 4.57). Prisoners were left unlocked for the evening and could have a shower and an evening meal.

3.6 The small induction wing holding up to 35 prisoners provided a calm environment. Cells were clean and well equipped. In our survey, 67% of prisoners said they found their cell clean, compared to 45% in similar prisons. There were some communal seating areas and information was on display. Officers on the wing were friendly and interactions we saw between staff and prisoners were positive and helpful. Prisoners described staff going out of their way to help them.

First night centre

3.7 Those responding to our survey were more positive than prisoners at similar prisons about their first night experience. They reported better access to the basics, such as showers, toiletries, food and Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). One of the reception peer workers was a trained and experienced Listener.

3.8 About 54% of all new arrivals during the previous 12 months had a history of self-harm. Night staff carried out three additional, documented checks on new arrivals during their first night. In our survey, 90% of prisoners said they felt safe on their first night, better than similar prisons (77%).

3.9 A prison officer and peer mentors delivered the core prison induction and staff from the chaplaincy, offender management unit and substance misuse services were scheduled to meet all new arrivals. The sessions were timetabled well to make sure prisoners received all parts of their induction. Prisoners separately attended a three-part induction with the education, skills and work department. In our survey, 90% said they received an induction and 67% said it covered everything they needed to know, compared with 46% in similar prisons.

3.10 Those on the induction wing were unlocked for at least two hours a day, with an additional hour if there were no new arrivals in the afternoon. There was little for prisoners to do when they had finished the induction process – there were no recreational facilities, and they could not participate in work or education while living there. They spent about two weeks on the wing, but some had been there longer and had been subject to this limited regime for a prolonged period.

Managing behaviour

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

Encouraging positive behaviour

3.11 The level of assaults on other prisoners was currently higher than at all but three of a comparator group of 25 category C prisons, with a rate of 199 per 1000 prisoners in the past year. The number of assaults fluctuated from month to month, but it had been increasing in 2022, although it remained lower than throughout 2019.

3.12 The rate of assaults on staff had declined since the last inspection, and was continuing to do so. There had been three serious assaults on staff in the last year.

3.13 About half of all violence was carried out by young adults. To date in 2022, 38% of all assaults had been carried out by under-21s (an age group making up 14% of the population), and 39% by prisoners aged 21-24. Promising work was under way to support young adults who were involved in violence (see paragraph 4.32).

3.14 In our survey, 27% said that they had felt unsafe at some point during their stay, which was lower than at the previous inspection (43%) and compared with similar prisons (40%). However, 66% of respondents said they had mental health problems, 19% of whom said they felt unsafe at the time of the inspection, compared with 2% who said they did not. There was insufficient provision for the relatively high number with neurodiverse conditions or mental health issues (see paragraph 4.68.)

3.15 The challenge, support and intervention plan (CSIP) system (see Glossary of terms) was better used than at the previous inspection. Thirty were being managed under a CSIP at the time of the inspection, and all had their cases reviewed at the weekly safety intervention meeting (SIM). The SIM was effective – a wide range of managers attended and they had a well-informed discussion about every individual, reviewing progress and agreeing action in each case. Prisoners at risk of causing harm to others or at risk of harm themselves and those self-isolating also received support through CSIPs.

3.16 Managers provided individual support to those whose cases were discussed at the SIM. For example, debt management support, led and delivered mainly by the head of safety, was offered. However, officers on the wings did not find that they could offer daily support through the CSIP process, partly because it was an online system. They said their access to IT was limited and the system was often unreliable or slow.

3.17 There had been some improvement in the collection and analysis of data on violence. For example, managers had been able to link some spikes in violence to the arrival of groups of young adults from areas such as Bristol, Liverpool or London, and had taken action accordingly. But in general, data were not used sufficiently to investigate the key factors behind violence or to support action planning.

3.18 The prison's approach to violence reduction relied on keeping certain prisoners apart from others, which the split regime and phased movement to and from activities supported.

3.19 In our survey, 47% said that the prison's incentives policy encouraged them to behave well, which was better than at the previous inspection (32%). Reviews were being administered more fairly and thoroughly, and those on the enhanced level had more benefits, especially if they were on the Beaufort wing, where extra facilities for independent living, self-catering and community life were being developed. Enhanced level prisoners also had more time out of cell at weekends and would shortly receive this benefit on weekdays as well. Those on the basic level (19 at the time of inspection) had a review after seven days and were no longer automatically deprived of a TV.

Adjudications

3.20 Our 2019 report recorded a significant reduction in adjudications and there had been a further substantial drop. Staff readily used the incentives process rather than taking disciplinary action. Most adjudication records showed adjudicating governors carried out adequate enquiries, and the process focused on helping the prisoner to do better in future, paying attention to proper processes.

3.21 The adjudication process was subject to regular thorough oversight. The deputy governor checked 10% of records and adjudicators met regularly. A weekly check was carried out on remand hearings and on charges referred to the police, and the backlog of cases was small.

3.22 Cellular confinement was no longer used to punish prisoners. Leaders believed that it served no positive purpose and used other available sanctions instead. There was no evidence that the removal of the threat of punitive solitary confinement had increased the prevalence of violence or other rule-breaking behaviour. (See paragraph 1.40.)

Use of force

3.23 Use of force remained lower than in 2019. Recording and oversight had improved since the last inspection. Managers made sure staff promptly wrote up records in full, almost all within 72 hours and usually within 24.

3.24 Almost half of incidents involving force (47%) in the first six months of 2022 had involved a prisoner with a self-declared disability or mental health issues. In June, the proportion was 74%.

3.25 Recordings showed planned interventions were handled competently and calmly. Not all staff were up to date with their training, and a level of inexperience sometimes showed in incident scene management when there was unexpected violence in a communal area.

3.26 All use of force was reviewed – footage was compared with written records at a weekly panel led by a senior manager. Action followed as a result of the meetings and staff and managers received prompt feedback. A further monthly meeting, attended by a limited number of senior managers, but chaired by the governor or deputy governor, considered very detailed analyses of incidents and of a wide range of variables, including protected characteristics (see Glossary of terms). Participants were working purposefully to reduce the level of use of force.

3.27 In our survey, 75% of those who had been restrained in the previous six months said that someone had talked to them about it afterwards, better than at the last inspection (22%) and in comparable prisons (36%). A debriefing session with the prisoner was held and recorded after every incident involving force.

3.28 Body-worn cameras were used in only a third of instances of force, partly because of defective cameras, due to be replaced within the following year. There had been very little use of batons and there had been no use of special accommodation in the previous two years, while PAVA (an incapacitant spray) had only been used once.

Segregation

3.29 Segregation was used relatively infrequently – there had been 87 occupants in the previous 12 months. Stays were not unduly long, except in the case of one prisoner for whom segregation was justified. A special regime was in place for this man, who was able to undertake paid employment within the grounds of the unit.

3.30 In-cell facilities had improved considerably with the addition of electrical and TV sockets and in-cell phones, new furnishings and toilets, and upgraded cell windows.

3.31 A basic regime was offered and prisoners had sufficient time in the open air. There was a lack of input from education, library and gym staff, but flexible arrangements were made for certain prisoners to move between segregation and the normal prison location to manage specific risks.

3.32 Reintegration plans were in place for all segregated prisoners at the time of inspection, and they were always on a CSIP (see paragraph 3.15) so they received consistent support.

3.33 The was better internal scrutiny of segregation than at the last inspection – monthly review meetings considered data, including all individual cases, broken down by age, religion and ethnicity.

Security

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

3.34 Security arrangements were generally proportionate. Physical security had been modified by the removal of 15 internal gates, but prisoners' freedom to move around the prison was still more restricted than we often see in a category C prison. Strip-searching was now only carried out in response to intelligence.

3.35 The flow of intelligence was lower than at the last inspection, but it was still good. Information reports were analysed promptly, and action was carried out reliably. The amount of suspicion-based cell searching had been reduced by targeting prisoners on whom there were several pieces of intelligence; these had a 28% success rate.

3.36 The security department managed well the shifting profile of gangs, organised crime groups and local allegiances among the prisoner population, as well as more traditional risk factors. Communication between the security department and other staff was good, and officers around the prison were aware of current security concerns and priorities. Dorset police cooperated with security staff in certain prisoners' cases and regarding the active corruption prevention work.

3.37 In our survey, more prisoners (15%) said they had drug or alcohol problems on arrival than in comparable prisons (8%), but fewer (18%) said it was easy to get illicit drugs than the comparator (31%) and the last inspection (43%). Prisoners told us that it was difficult to get drugs. There was little recent evidence of psychoactive substances being brought in, although finds of alcohol had recently increased.

3.38 There was good cross-departmental cooperation on implementing the drug strategy (see paragraph 4.70). Random drug testing had resumed in the previous three months, but there was only a confirmed positive rate of 16% for May, and it was too early to draw conclusions.

Safeguarding

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

Suicide and self-harm prevention

3.39 There had been two self-inflicted deaths since the last inspection, and the Prisons and Probation Ombudsman recommendation on establishing an effective mental health service had still not been achieved (see paragraph 4.45).

3.40 Self-harm had been on a gradual upward trajectory over the past year. When comparing the last 12 months with the 12 months prior to our previous inspection, the recorded rate of self-harm had increased by 15% and it was among the highest compared with similar prisons. There had been 13 serious self-harm incidents in the previous year, which was relatively low. However, investigations had taken place into only two of them, which was not sufficient.

3.41 The safety strategy was generic and not underpinned by an analysis of data. The action plan, although up to date, was not informed by evidence or data analysis, nor did it outline an objective measure of progress.

3.42 Monthly strategic safety meetings undertook some good analysis on protected characteristics, leading to appropriate action, but they had not sufficiently interrogated some of the persistent trends in self-harm. Safety peer workers had begun to attend the safety meetings.

3.43 Debt had been identified as a key trigger for the high levels of self-harm, but not enough had been done to determine what other factors were behind the elevated rates. The head of safety ran a debt management scheme for individuals struggling with debt in the prison (see paragraph 3.16).

3.44 A good multidisciplinary approach was often taken to individual case management. The SIM was well attended by relevant stakeholders across the prison, who discussed selected prisoners with multiple complex needs (see paragraph 3.15). At these meetings, leaders regularly reviewed the employment status of prisoners on assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm. They also flagged up all licence recalls nearing release, following lessons learned from previous self-inflicted deaths.

3.45 Thirteen prisoners were on an ACCT case management document during the inspection. Prisoners told us that ACCTs provided them with additional assurances and staff helped them, but most could not tell us

about any action or targets to help them reduce their likelihood of self-harming.

3.46 ACCT documentation was variable. Many care plans contained no information or very little, and there were often no meaningful targets. This undermined some of the subsequent case reviews, although they were thorough and detailed. Quality assurance had been introduced, but it was too early to assess its impact.

3.47 Use of constant supervision was high – it had been used on 56 occasions for 30 prisoners in the previous year. The average length of constant supervision was four days, but for some it lasted for weeks, the longest being 45 days. No prisoners had been in anti-ligature clothing in the previous year.

Constant supervision cell

3.48 In the previous six months, an average of 543 calls a month had been made to the Samaritans. Most of the 11 trained Listeners had been recruited recently, but those we spoke to said the safety team and the Samaritans supported them well. In our survey, 54% of prisoners said it was easy to speak to a Listener, better than in similar prisons (31%). There was no Listener suite, but leaders planned to refurbish a room for Listener use.

Protection of adults at risk (see Glossary of terms)

3.49 There was no direct link to the local adult safeguarding board. The governor of a nearby prison was nominated to the board and shared information, but it was not clear how well this was communicated. Staff, including managers, could not name a point of contact, although they

said they would refer any safeguarding concerns to the orderly officer or the safer custody team.

3.50 Two prisoners were self-isolating during the inspection. Leaders were aware of the upcoming release of one and had reached out to community agencies to help with release arrangements in the light of safeguarding concerns.

3.51 Leaders had recently worked with the Dorset safeguarding children partnership, which had identified a need to build staff's capability to deal with child safeguarding.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

4.1 Our survey showed there had been an improvement in relationships between prisoners and staff; 77% of prisoners said that staff treated them with respect compared with 59% at the last inspection, while 75% said they had someone they could turn to if they had a problem (60% previously). In addition, 53% said they were treated as an individual compared with 36% at the last inspection.

4.2 Interactions we observed across the prison were friendly and supportive. We saw officers skilfully manage potentially difficult situations and challenge most low-level poor behaviour. Prisoners were positive about their dealings with staff, both on wings and in work areas.

4.3 Prisoners were well supervised, and we rarely saw officers in offices without good reason. However, staff told us that the limited unlocking time, coupled with conflict when locking prisoners up after relatively short periods, made it difficult for them to develop more meaningful relationships.

4.4 The key worker scheme (see Glossary of terms) was very slow to restart following the pandemic and had only recently seen an increase in the number of sessions. Different officers assigned to the task ran sessions targeted at priority cases, which made developing consistent support almost impossible. In our survey, only 44% of respondents said they had a named officer, compared with 67% last time and 70% at similar prisons.

Daily life

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

Living conditions

4.5 In our survey, prisoners' responses on living conditions were much better than at comparator prisons and at the last inspection. We received very few complaints about living conditions during the inspection and most prisoners told us they were content with their accommodation.

4.6 A team of staff and prisoners was undertaking a programme of refurbishment of residential communal areas and cells. Old and often damaged metal cell equipment was being replaced with more modern wooden furniture. Communal areas had been thoroughly cleaned and repainted, making the whole environment much brighter.

Refurbished wing

4.7 Outside areas were well maintained and some were very pleasant. The main exercise area was attractive.

Walkway to work

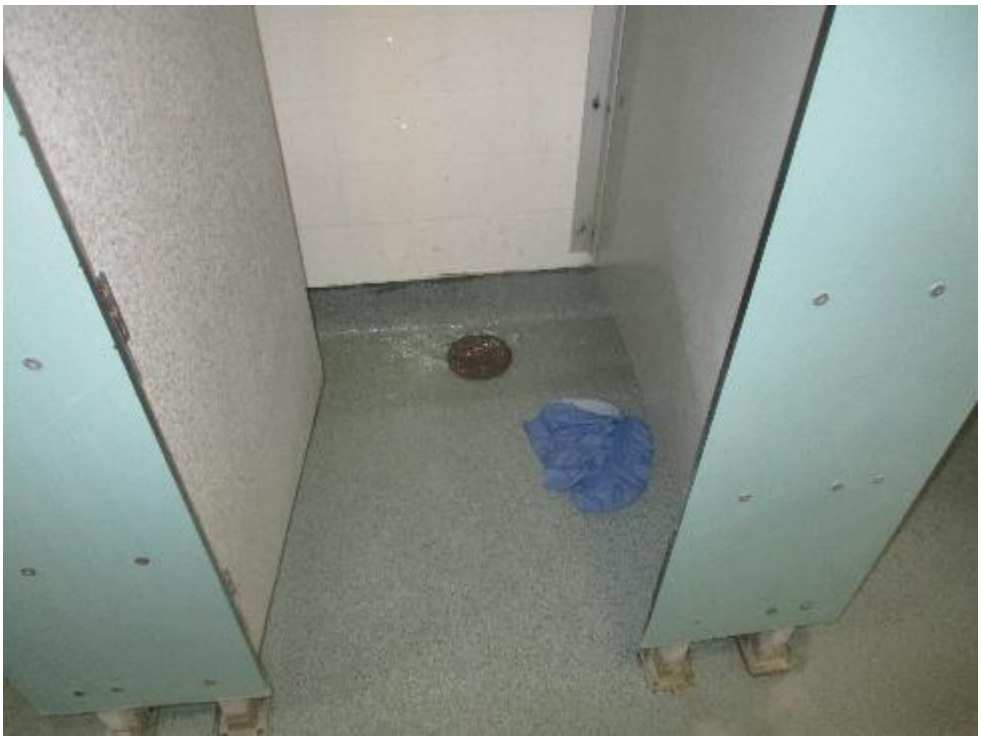
4.8 Most cells we checked were clean, tidy and well equipped. The overcrowded cells we found at previous inspections had been returned to single occupancy and where cells were shared, we considered there to be sufficient space and equipment for the number of occupants.

Double cell on Beaufort, the enhanced wing

4.9 Almost all prisoners we spoke to said that they could access cleaning materials easily and that they had sufficient time to clean their cells. Laundry and kit change facilities were adequate and all prisoners could have their kit either laundered or exchanged every week.

4.10 In-cell telephony had been introduced since our last inspection, which prisoners appreciated, but a few communal phones had been retained for emergency use.

4.11 Showers on some of the residential wings had been refurbished to a good standard, but others remained old, damp and insufficiently private. Some, even in the refurbished units, were in a poor state of cleanliness at the end of each day.



Showers

4.12 It was difficult for prisoners to access their stored property and there were many complaints about this issue. It had been raised at consultation meetings and steps were being taken to address the problem. Recent complaints data had begun to suggest an improvement.

Residential services

4.13 In our survey, only 41% of prisoners said the food was good. The prison had not explored prisoners' negative perceptions. Prisoners were not routinely consulted, although recent prison forum meetings had highlighted concerns about food (see paragraph 4.19). Staff vacancies in the kitchen were a major problem. The menu had not been reviewed for a long time.

4.14 Prisoners working in the kitchen and servery had not undertaken basic food safety courses and some carried out basic procedures incorrectly, such as measuring food temperatures.

4.15 Halal food was not being handled properly. On one wing servery, workers could not say how they served halal food and all utensils for halal food were missing. Leaders addressed the problem during our visit. Prisoners were also concerned about how the food was being handled in the kitchens, where utensils for halal food were not being kept separately.

4.16 With the exception of Beaufort wing, lunch was served at the cell door, which was too restrictive. The small lunch bags included a meagre breakfast pack, which was to be consumed the following day. Only 36% of prisoners in our survey said they got enough to eat.

4.17 All wings had some self-catering facilities, including microwaves and toasters. Prisoners on the 'super-enhanced' incentive level on Beaufort wing could use a fully fitted kitchen.

4.18 Many prisoners told us that they could no longer afford the increased cost of shop items. This was particularly frustrating because of their low income and dissatisfaction with meals, which meant they had to buy extra food from the shop.

4.19 Consultations were effective and included routine reviews of the shop list, which had led to leaders building good links with key stakeholders to address systemic issues. After a prisoner forum where a prisoner said: 'It's expensive being black in prison', Portland increased the range of products for black prisoners and tried to drive down prices. As a result, the relevant product list expanded from 13 to 30 items and there were efforts to make them more affordable. (See paragraph 1.41).

Prisoner consultation, applications and redress

4.20 Prisoners were mainly consulted through wing forums and a prison council. The wing forums considered issues specific to their locations, and their usefulness varied from wing to wing. Many highlighted prisoners' concerns, but provided no clarity about whether or how they would be followed up. Responsive action was limited, and while managers envisaged that issues that could not be resolved at these forums would be escalated to the prison council, we saw little evidence of this happening.

4.21 The prison council was supposed to meet monthly, but in recent months it had been held every six weeks. The council brought together representatives from most wings, and attendance by relevant senior and mid-level managers was reasonable. Some issues raised at the forum had been addressed – for instance prisoners had requested that fresh food bought through the shop be kept cool while in transit. Cool boxes were now available. However, prisoners often did not receive updates on the progress of issues raised and many, including some members of the council, were not convinced that the forum was achieving anything.

4.22 The application system was not functioning effectively. Although 83% said it was easy to make an application, more than in similar prisons (72%), prisoners often had to wait a long time for a response or, in many instances, they received none at all. Tracking and monitoring for applications were limited. The prison was in the process of introducing a new process to address the problems.

4.23 The number of complaints had more than doubled in the year leading to this inspection compared to the previous one and were higher than the average among similar prisons. Middle managers investigated and responded to most complaints. A sample of responses was quality assured by the business hub manager and deputy governor and 7% had been reviewed in recent months, which was reasonable. Responses to complaints were generally timely and most were appropriate and courteous.

4.24 The governor referred some confidential complaints to relevant managers for investigation, when sensitive matters were clearly not involved. Prisoners were not being informed about the handling of their complaint, but the prison introduced a procedure during our inspection to make sure that they were.

4.25 The prison closely monitored the main areas that were the subject of complaints. They were discussed at weekly performance meetings, which sometimes led to remedial action.

4.26 In our survey, 36% of prisoners said it was easy to communicate with their solicitor or legal representative, more than at our last inspection (20%). Legal visits took place in the visits hall, which compromised confidentiality. The prison was repurposing three closed visits booths into confidential spaces where lawyers could take instructions from their clients. The library offered good access to legal materials.

Equality, diversity and faith

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

Strategic management

4.27 Oversight of equality work was good. The equality adviser coordinated the work of the department and had an action plan in place. A wide range of equality data was reviewed at the well-attended monthly diversity and inclusion meetings, identifying disproportionate outcomes for prisoners. However, the prison lacked an establishment-wide equality strategy so was not well placed to address issues needing a coordinated response. Leaders had identified the gap and were developing a strategy.

4.28 There were prisoner equality representatives on most wings. They had a good understanding of their role and responsibilities. Two representatives also participated in the monthly diversity and inclusion meeting.

4.29 Senior managers were assigned to lead work on different protected characteristics and consultation was being undertaken, mainly through forums. They were well facilitated, and prisoners' perspectives were noted in the minutes and points for action incorporated into the equality action plan.

4.30 The number of discrimination incident reporting forms (DIRFs) submitted had increased since our last inspection. A number of prisoners told us they had more confidence in the process than previously, which had been a factor in the higher numbers. It was positive that complaints judged to include a discrimination element were dealt with through the DIRF process.

4.31 In the previous year, some 26% of DIRFs had been upheld or partially upheld which is more than we often see. Quality assurance for all DIRFs was undertaken by the equality advisor, the deputy governor and members of the Zahid Mubarek Trust, a third sector organisation with relevant expertise. DIRFs that we reviewed had been well investigated and responses were courteous and comprehensive.

Protected characteristics

4.32 About 28% of prisoners in our survey were 25 or under, 14% of whom were under 21. Understanding and responding to the needs of younger prisoners and care leavers (a person aged 25 or under, who has been looked after by a local authority) had rightly been identified as a priority

for the prison. A strategy had been developed but its provisions were very general and there was no thorough needs analysis behind it and no clear plan of action. A dedicated manager had been appointed to take work with young adults forward. The manager had some innovative ideas, but most were in the very early stages of development.

4.33 In our survey, 21% of prisoners were from a black and minority ethnic background, and only 61% said they felt they were treated with respect. During the inspection we met many black prisoners who said they felt they were treated less favourably than others. They gave a range of examples, such as allocations to activities, gym access and locking and unlocking times. The prison was aware of many of these perceptions and had identified that black and minority ethnic prisoners were underrepresented when it came to the allocation of jobs that were considered positions of trust, allowing prisoners to move unescorted around certain areas of the prison. The prison had not done enough to explore or address these prisoners' negative perceptions.

4.34 Two of the 28 foreign national prisoners at the prison had reached the end of their sentence during our inspection and were subsequently being held under immigration powers. Lack of information about immigration matters was a major source of frustration. A Home Office official visited the prison twice a month, but prisoners were not always informed of the visit or able to get an appointment. Policies making sure that immigration detainees had equal access to legal assistance and the same pay as those held in immigration removal centres, were only implemented during the inspection.

4.35 A strategy for foreign national prisoners was in place but was mainly limited to immigration detainees and was out of date. The use of professional interpreting was extremely limited, and usually informal arrangements were made, in which staff or prisoners provided interpretation. Forums for foreign national prisoners took place but were limited to those who spoke good English.

4.36 In our survey, only 22% of those declaring a disability felt they were getting the support they needed. Thirteen prisoners were on personal emergency evacuation plans, which were held in wing offices. The plans did not always indicate the type of assistance required and many wing staff were not sure about what to do in an emergency. Many prisoners had neurodivergent conditions but provision to meet their needs was limited.

4.37 The prison had identified that few prisoners publicly identified as anything other than straight. Leaders considered that this was unlikely to reflect reality and that there were barriers to disclosure that needed to be challenged. In a positive initiative driven by the governor, the prison had set up a lesbian, gay, bisexual, transgender, queer and others (LGBTQ+) steering group that sought to change attitudes and make sure that prisoners from these communities were well supported. Although it had taken too long for the prison to develop an appropriate

plan for a transgender prisoner, she was now getting reasonable support, including suitable items from the prison shop.

4.38 Only 31 prisoners were 50 or over and support for them was limited. Consultations with older prisoners had indicated that they wanted to live in one location, but the prison had decided not to pursue this. There were very few recreational activities to meet the needs or interests of older prisoners. Retired prisoners were unlocked throughout the day.

Faith and religion

4.39 The chaplaincy continued to provide a good service. According to our survey, more prisoners could attend corporate worship than in similar prisons (83% compared with 63%). Almost all prisoners had access to a chaplain of their own faith.

4.40 Facilities at the chaplaincy included a space for larger group worship and smaller rooms for faith groups, classes and individual sessions. A small chapel room was mainly used for Christian worship. Faith-based groups, classes and group worship took place throughout the week.

4.41 The full-time managing chaplain was part of the senior management team and chaplains took an active part in meetings. Chaplains visited prisoners in the segregation unit and those who were on assessment, care in custody and teamwork (ACCT) documents for those at risk of suicide and self-harm as well as on challenge, support and intervention plans (see Glossary of terms). They also saw new receptions promptly.

Health, well-being and social care

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

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

Strategy, clinical governance and partnerships

4.43 The strategic partnership and health care provider had good oversight of services through regular partnership and local delivery board meetings. It had taken steps to address the serious under-staffing of mental health services but with limited success. United Kingdom Health Security Agency (UKHSA) had worked with the health care provider and prison to manage COVID-19 outbreaks effectively and to deliver the COVID-19 vaccination and booster programme.

4.44 There were vacancies in senior leadership roles and clinical leaders were working as part of the team to prioritise patient care, which detracted from the fulfilment of their management responsibilities. There were insufficient regular health care staff across many grades, which placed additional demands on existing staff and put patient safety at risk. Recruitment had been, and was, ongoing. Agency and temporary staff were used to help deliver essential care.

4.45 Clinical governance processes were managed well, and risks identified. Lessons learned from incidents and serious investigations were shared and any changes in practice that had been identified were implemented. Not all recommendations from Prisons and Probation Ombudsman investigations had been implemented, which was poor (see paragraph 3.39).

4.46 We observed conscientious staff who knew patients well. Clinical supervision had been maintained throughout the pandemic. Mandatory training for staff had fluctuated but a recent focus on it had started to improve completion rates, which was good and supported safe practice.

4.47 The recent infection control audit had identified issues needing to be addressed. This included the failure to secure sharps bins to the wall and we observed that this had not been rectified, which was poor.

4.48 Our survey showed that prisoners were more positive about the health provision than in similar prisons, which was reflected in the feedback we received from patients and prison staff during our visit. Patients were consulted through patient surveys, but there were no patient health forums.

4.49 Health care application and complaint forms were readily available on all wings. They were located close to the dedicated health care mailbox, which meant it was straightforward for patients to submit confidential complaints.

4.50 Responses to patient complaints were conducted face to face and in a timely manner. However, the written responses we looked at were of poor quality, and in some cases illegible, leaving us unable to determine whether the concerns raised had been addressed appropriately. There was no management oversight to assess responses. When we raised this issue, we were assured a new procedure would be implemented immediately.

4.51 The health care department was welcoming, an improvement since our last inspection. Patients were also seen on the wings and inspectors were happy that patient confidentiality was maintained.

4.52 Emergency medicines, oxygen and an automated external defibrillator were located within short distance of the dental surgery. However, emergency resuscitation equipment had not been checked in line with policy. The contents of bags included emergency medication that had

expired. This was brought to the attention of leaders and promptly addressed.

Promoting health and well-being

4.53 The patient engagement staff member was enthusiastic and had worked with the prison to organise health promotion events every month. They had developed good community links.

4.54 An appropriate range of health promotion material was visible across the prison, but all of it was in English. There were no posters in other languages to explain how information could be obtained, which was raised while we were on site and managers addressed the issue.

4.55 NHS age-related health checks and screening programmes were delivered and any delays were well managed. There was one hepatitis C peer supporter and another was due to start training, but there were no health champion peer workers. A hepatitis C health promotion event had included offering testing for staff and patients.

4.56 Staff from a community-based service attended the prison to provide sexual health care. Blood-borne virus and dry spot testing for hepatitis C was in place. Patients had access to COVID-19 vaccinations and health staff actively promoted uptake.

Primary care and inpatient services

4.57 Initial and secondary health screenings were comprehensive, timely and undertaken by appropriately trained staff. However, the room in which they were conducted was not suitable. We were assured the appropriate clinical room within reception would be used in future.

4.58 A dedicated, flexible and passionate primary health care team had a good mix of experience and expertise. Despite being short-staffed they worked hard to deliver a good range of services. The non-attendance rate at health appointments had been reduced significantly through good cooperative working between the prison and health care staff. Waiting times for services were good, largely owing to proactive staff who routinely delivered community-based services on the wing, using their time to best effect.

4.59 A well-established triage system, using the skills of an advanced nurse practitioner, meant that waiting times for routine GP appointments were very low and urgent appointments were arranged on the same day. Appropriately trained health care assistants ran a range of weekly clinics, such as stopping smoking, phlebotomy and electrocardiogram, which helped support patients' needs. There was out-of-hours' GP provision.

4.60 The nurse-led management of patients with long-term conditions and complex health needs was reasonable. Patients had care plans, but they were not comprehensive or personalised to reflect current national clinical guidance, which would have helped to ensure continuity of care.

The inspection team saw evidence that work was under way to improve the care plans.

4.61 External hospital appointments were well managed. A record was made of the reasons for each cancellation so managers could identify and address them. Staff rescheduled appointments as soon as possible. Health care staff contributed to patients' individual risk assessments, to help make sure security measures were proportionate when prisoners attended external appointments.

4.62 Discharge processes were good. A dedicated discharge coordinator provided efficient pre-release appointments for patients and made sure that preparations for release were made and care coordinated with GPs and community agencies. The coordinator gave patients on medication a seven-day supply on release, or arranged for them to obtain medication in the community. Naloxone (a drug to manage a substance misuse overdose) and harm minimisation supplies were also available to those that had been trained to use them. A monthly discharge coordinators' forum made sure lessons learnt were shared to improve practice.

Social care

4.63 The 2019 memorandum of understanding (MoU) between the social care provider and the prison was out of date and currently under review. A suitable pathway for social care was in place, although no one currently met the threshold for provision. Referrals to the local authority were made promptly and assessments completed in a timely manner. A range of specialist equipment was provided to help promote prisoners' independence and enabled safe care and treatment to take place.

Mental health care

4.64 Mental health services were experiencing a staffing crisis. A psychiatrist providing three days' cover was the only substantive registered professional in post. Leadership was provided by the psychiatrist and the clinical substance misuse nurse who, as a mental health nurse, now had responsibility for both areas. Temporary redeployment of staff from other prisons had alleviated the situation, but rosters for July revealed that staffing regularly fell below minimum levels and there was a heavy reliance on agency use. Stretched staff had rightly focused on the most urgent concerns, such as patients on ACCT documents and those at high risk.

4.65 Patients' immediate mental health needs were reviewed following a reception screening, where indicated. There was no multidisciplinary team to review cases, but the psychiatrist and acting clinical lead nurse had recently established an ad-hoc weekly meeting for this purpose, although other members of the team were frequently unable to attend because it was organised at short notice and as a result of operational pressures. Many of the most challenging patients had a review at the

safety intervention meeting and at clinical complex case review meetings, which supported the prison in managing those most at risk.

4.66 The applications and allocations processes were not well structured, and too much responsibility was placed on the acting clinical lead nurse to oversee all aspects of the service. They were also required to hold substance misuse clinics and routinely undertake medicine administration.

4.67 Referrals were placed in the appointment diary. Many of these were triaged without the patient being seen, which meant prisoners with hidden needs and risks could have been missed. Most were referred to the primary care team to access support that was not currently available. Patients identified as requiring a face-to-face assessment were seen within five days for a routine appointment and on the same day if urgent, but arrangements were too dependent on which staff were available on any given day. Despite this, clinical records indicated assessments were thorough, but most ongoing contact simply involved regular monitoring and general welfare support.

4.68 A psychologist had provided support to an assistant psychologist who had been delivering some therapies to a small number of patients. They also provided training to two health care assistants so that some low intensity therapy groups could be offered. This input had now ended, which meant there was no psychology service. There was no pathway for individuals with neurodevelopmental needs, such as those with attention deficit hyperactivity disorder, and significant gaps remained for those with anxiety and mood disorders, who struggled with prison life.

4.69 Seven patients were reasonably well supported under the care programme approach (mental health services for individuals diagnosed with a mental illness) with most individuals presenting as stable. Very few patients had required a transfer to hospital under the Mental Health Act, and waiting times for transfers were short.

Substance misuse treatment

4.70 The substance misuse services team made a consistent contribution to drug strategy meetings, but there was no clear action plan in place. However, partnerships were good, and the team received referrals from the prison, based on testing and intelligence.

4.71 Ninety patients were on opiate substitution therapy (OST) supported by three clinical staff, one of whom was very new in post. Treatment was individually tailored and reflected clinical guidelines. The caseload was large, but there was clear evidence from the records and patient reviews we observed of good collaborative working. The clinical team, including the clinical lead staff member (who was a prescriber and also temporarily providing clinical leadership to the mental health service), was routinely deployed to administer drugs, which created risks.

4.72 Two hundred patients were involved with the Exeter Drugs Project (EDP) team, which delivered psychosocial interventions. The Grow Project, an initiative to deliver a drug recovery wing, was progressing well and was valued by patients and prison staff. An incentivised substance free living residential unit also worked well, but the EDP service covered all wings.

4.73 All patients were seen on induction. Those requiring support did not have to wait to see anyone and they were all assessed within five days. Patients all received harm minimisation advice and one-to-one input through several programmes and interventions, including low intensity mental support.

4.74 Narcotics Anonymous provided mutual aid sessions and Alcoholics Anonymous sessions were due to restart imminently. The sessions were being enhanced by a return to the use of peer mentors, which had stalled. In addition, group work had been reintroduced, focusing on a number of priority areas.

4.75 Training and supervision were robust. Staff felt well supported and were well motivated. The psychosocial substance misuse team included a resettlement lead staff member and family worker, as well as recovery and support workers. Feedback from patients was sought and was positive. Those we spoke to were generally very positive about the support provided.

4.76 Partnership working with the offender management unit and gym team was good and there were arrangements to support release planning, including the provision of prescriptions and liaison with community services.

Medicines optimisation and pharmacy services

4.77 Medicines were dispensed remotely by an external provider and we were told that at the weekend there was a lag time when pharmacy staff received them. This meant patients did not always receive their medicines in a timely manner.

4.78 In-possession risk assessments were not kept up to date and many were not adhered to, presenting a potential risk to patient safety. A small number of patients received their medicines in possession (approximately 33%, compared to about 66% at most similar establishments). Many of those received medicines for a week at a time but the reasons recorded did not justify this. Not all patients were supplied with lockable boxes in which to store their medicines safely.

4.79 Prescribing and administration were recorded on SystmOne (the electronic clinical information system), but it was not easy to see the current in-possession risk assessment. Medicines were administered twice a day. Officers supervised the queues for collecting medicines effectively, providing a degree of privacy. There was no provision for evening administration, which meant some medicines were not provided at appropriate times.

4.80 Patients could access a range of emergency medicines out of hours, but they were mainly those left behind by prisoners who had left, which was not appropriate. Suitable medicines were available to treat minor ailments. There was no stock reconciliation, which meant pharmacy services could not accurately audit the volume of medication, identify any trends, or investigate anomalies.

4.81 Patient group directions (which enable nurses to supply and administer prescription-only medicines) were limited to vaccinations and salbutamol inhalers.

4.82 Controlled drugs were generally well managed and audited at regular intervals. Medicines were stored and transported securely, and cold-chain medicines (those that needed to be between 2 and 8 degrees Celsius) were kept in suitable fridges that were usually monitored. The prescribing of tradeable medicines was well controlled and only a small number of patients were on tradable medicines, which was appropriate.

4.83 Supervision of the medicines management service was limited and staff shortages compromised the team's ability to fulfil its roles. Patients did not have regular access to a pharmacist for advice or to review medicines. Pharmacy staff attended the weekly prescribing forum and a monthly medicines management group.

Dental services and oral health

4.84 An enthusiastic dentist provided a good, flexible service that met patients' needs. An appropriate range of NHS dental treatments was offered. Advice on good oral hygiene was routinely provided and disease prevention was promoted.

4.85 Waiting times for a routine appointment were good at about four weeks. Patients requiring treatment were triaged appropriately and follow-up appointments offered in a timely manner. Reserved slots made sure that urgent referrals were seen promptly. Additional clinics were provided if waiting times increased. Out-of-hours' provision was available when required.

4.86 A new system of health care enablement officers, whose job it was to escort prisoners to appointments, had dramatically improved patient attendance and non-attendance rates in the dental service were now low.

4.87 The dental suite was clean and met infection prevention and control standards. Some minor repairs had taken some time to be fixed, but they were completed during the inspection. All required certification, maintenance of essential equipment and radiation protection were up to date. An air purification unit made sure clean air was being circulated. There were no separate decontamination facilities, which would have complied with best practice.

Section 5 Purposeful activity

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

Time out of cell

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

5.1 The prison continued to run a restricted regime of mostly part-time working This was not suitable for a category C jail in which prisoners should be learning skills and work habits that will benefit them on release. The regime routinely ran to time and provided a predictable core day and we found very few instances of the regime being curtailed due to late roll checks.

5.2 The daily routine for most prisoners consisted of half the day at work, for about three hours, and the other half consisting of a 45-minute domestic period to have a shower, make applications, spend recreational time with peers, and 30 minutes for exercise outside. Most prisoners had about five hours unlocked every day during the working week.

5.3 However, those in full-time work roles across the prison and all those living on the Beaufort wing for enhanced level prisoners could expect to spend about 11 hours unlocked.

5.4 The 10% of the population who were unemployed were unlocked for about an hour and a half each day. The prison monitored the number of prisoners subject to the minimal regime, so that it could take remedial action (see paragraph 1.42.)

5.5 During our roll checks during the working day, we found about 20% of the population locked up, which reflected the published regime. This was a big improvement on the 44% we found at the last inspection, but it remained too high for a training prison.

5.6 Prisoners complained about the impact that part-time working had on their earning capacity, and problems caused by having to borrow to get by.

5.7 The weekend regime provided a maximum of just four hours out of cell for those on the highest incentive level and at most only two hours 15 minutes for the rest.

5.8 Although the library was small, it provided prisoners with a wide range of resources. Library staff and a large team of prisoner peer supporters assisted with learning across the prison, including during vocational

workshops. Literacy was promoted through regular events. A monthly newsletter advertised the service.

5.9 An appropriate range of books and DVDs was available in the library, and regular checks on the demographics of the establishment informed the stock provision. Prisoners could request a wide range of legal texts and Prison Service orders were printed out on request.

5.10 Footfall was very good and about 400 prisoners visited the library every month. A similar number of remote book orders were delivered to the wings.

5.11 Gym facilities were good. There were three indoor areas for weight-training and cardiovascular training and a general court area for games and fitness training. Well-used all-weather pitch, volleyball court and sports field facilities were available outside, while fitness equipment was also available in exercise yards, which was also well used.

Fitness equipment

5.12 The gym was open most days and was only closed occasionally due to staff shortages. In our survey, 43% of prisoners said they could go to the gym or play sports twice a week or more compared with 30% at similar prisons.

5.13 Links to other departments, such as health care and substance misuse services were good and individually tailored training plans were drawn up for prisoners who had been referred. Some sessions were specifically for older prisoners to promote wider attendance.

5.14 Accredited PE instructor courses were yet to restart after COVID-19 restrictions, although the prison ran football and rugby academy

courses with external support for rugby, enabling participants to join sports clubs in their home areas on release. (See paragraph 1.43.)

Education, skills and work activities

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

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

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

Overall effectiveness: Requires improvement

Quality of education: Requires improvement

Behaviour and attitudes: Good

Personal development: Requires improvement

Leadership and management: Requires improvement

5.16 Leaders had improved the quality of education, skills and work at the prison since the previous inspection and had achieved most of the recommendations. Senior leaders and managers made sure that education, skills and work were priorities within the prison. They worked collaboratively with the education provider to improve the standard and breadth of activities available to prisoners and held each other to account effectively for factors affecting prisoners' experiences during activities. They made sure that there were sufficient education and part-time work opportunities for the population, and very few men were unemployed. Pay rates did not discourage prisoners from attending education.

5.17 Education and prison managers accurately identified areas for improvement in education, skills and work activities. Education managers provided teachers with effective coaching and useful

professional development, which prison instructors also attended. However, prison managers did not make sure action was taken swiftly enough for improvements to be made promptly in workshops.

5.18 Leaders considered the curriculum carefully. They made sure that the education, skills and work offered were sufficiently broad to meet the varying needs of prisoners. They considered the specific needs of younger prisoners appropriately and were due to broaden activities for this group, such as through the Duke of Edinburgh Award. However, leaders struggled to recruit staff to fill vacancies at the prison. This meant too many prisoners could not access qualifications or activities that would help them progress into employment when they were released. For example, catering, cleaning, and painting and decorating qualifications had not been available for a long time.

5.19 Leaders did not make sure that the English and mathematics learning needs of the population were met. Too many prisoners could not access functional skills classes or outreach support quickly enough. The small proportion of prisoners for whom English was not their first language received support from outreach staff and mentors. However, no English for speakers of other languages (ESOL) qualifications were available and they did not make progress in line with their English-speaking peers.

5.20 Staff provided prisoners with good careers guidance during induction. Information, advice and guidance staff conducted purposeful discussions with prisoners about their prior knowledge, skills and wider interests. They used this information to create meaningful personal learning plans that were shared with staff responsible for allocations. Prisoners received up-to-date and relevant information about the opportunities available to them in education, skills and work. As a result, prisoners could make informed choices about their activities based on their current skills levels, interests and aspirations.

5.21 Prisoners were allocated to activities taking account of their career aspirations, but they waited too long to start activities to meet these needs. Waiting lists were too long. Most prisoners were allocated to work to match their interests or existing skills in the meantime, but too few gained new skills or knowledge in these activities.

5.22 Prisoners did not gain a realistic experience of work in preparation for their release, as most of the work places were only part time. Too few prisoners who were eligible for release on temporary licence (ROTL) were able to access employment in the community. Only four prisoners had been able to access work through ROTL at a nearby café since COVID-19 restrictions had been lifted in April 2022. Managers did not check that prisoners in full-time wing work were purposefully occupied at all times during employed hours. Prisoners could not achieve basic qualifications in roles, such as food hygiene and health and safety, to support their ability to work safely on the wings.

5.23 Leaders made sure that prisoners could develop their skills in real commercial environments. For example, those working in the

engineering workshops fulfilled Ministry of Defence contracts while gaining qualifications in engineering operations. They skilfully engineered component parts and constructed equipment for use across the Prison Service, and serviced and repaired equipment for the Ministry of Defence.

Welding workshop

5.24 Teachers in education and skills were well qualified and experienced. Most prison instructors were also highly experienced in their vocational areas. However, too few instructors had teaching or training qualifications. Managers had introductory training courses planned for instructors but they had not yet been held.

5.25 Teachers and instructors planned and sequenced learning logically, sensibly and carefully to meet prisoners' needs. Most established prisoners' existing skills and knowledge effectively and used the information to inform their teaching. For example, staff assessed prisoners' backgrounds and motivations on the peer mentoring course. They made sure prisoners understood the rules related to the role before moving on to analyse the strengths and weaknesses of different leadership styles. In construction, prisoners learned basic health and safety in the workshop first. They then learned essential practical skills, such as mixing mortar and creating the correct bonds in bricklaying, before moving on to more complex aspects.

5.26 Most teachers and instructors presented new information to prisoners clearly. They explained new concepts, describing their relevance in a wider context. This meant prisoners acquired new skills quickly when they were in learning environments. For example, in horticulture prisoners received helpful advice and practical guidance so they could complete a range of tasks from an early stage in the course, such as

digging out and building a pond. However, too few prisoners in vocational training completed in-cell work packs and in too many subjects prisoners did not gain a secure grasp of underpinning theories.

5.27 Teachers and instructors carefully checked prisoners' understanding in learning environments. They helped prisoners to relate new topics to previous concepts taught, or to their existing skills. Prisoners applied their learning to solve practical and theoretical problems and to improve their writing skills. For example, in cooking the individual coaching prisoners received helped them to correct errors in technique. Most teachers gave prisoners useful feedback to help them produce work to a high professional standard. However, most instructors did not identify in enough detail what prisoners needed to do to improve the quality of their work and prisoners were unsure about how they could do better.

5.28 Teachers and instructors understood prisoners' support needs. They adapted their teaching methods and resources appropriately. Outreach teachers provided high-quality one-to-one support so that prisoners could improve their English and mathematics skills swiftly. Teachers used information from initial learning needs assessments to identify and apply sensible strategies to help those with learning difficulties or disabilities to make progress in line with their peers.

5.29 Most prisoners who enrolled on qualifications achieved them, but in prison-led activities too few prisoners accessed qualifications that would have improved their employment prospects. For example, in waste management, Waste Management Industry Training and Advisory Board and employability qualifications were available, but too few prisoners chose to complete them.

5.30 Instructors did not set targets, monitor or record the progress prisoners made in workshops or work areas effectively. While progress tracking booklets were in place in all areas, too many instructors did not use them effectively to help prisoners with their personal development, or with their employment-related or practical skills. This meant prisoners were unsure about how they could improve their employment prospects or how transferable their skills were.

5.31 Attendance at education, skills and work had improved significantly in recent months and was now good. However, too many prisoners did not attend their activities on time because movements were staggered.

5.32 Prisoners treated each other and staff with respect. They behaved well in learning and work activities. Prisoners' relationships with each other improved through their interactions during education and the working environment. For example, the football academy enabled prisoners to develop good relationships and respect for prisoners they previously refused to communicate with.

5.33 Teachers and instructors helped prisoners to develop positive attitudes to learning and future employment. Prisoners had clear employment goals as a result of good-quality careers advice and guidance. Most

were determined to succeed, took part in work tasks and were proud of their achievements. They understood that maintaining employment while in custody would support them to gain and sustain employment once released.

5.34 Prisoners in vocational training and workshops had a good understanding of safety. For example, in construction prisoners used the correct personal protective equipment and adhered to safety requirements at all times. Prisoners in horticulture used tools safely in the garden areas. Those in home cooking gained a good knowledge of safe working practices, such as risks related to cross-contamination, working with high-risk foods, and the importance of cleanliness in their work area.

5.35 Prisoners were proud of their contributions to the prison and wider community. Those in essential areas, such as the kitchen, appreciated their role in the running of the prison. Cleaners made sure that the prison was a pleasant environment in which to learn, work and live. Those in waste management recognised the difference their work made to the environment, while in the cycle workshop, men appreciated the chance to use their existing skills to contribute to the community.

5.36 Staff organised events and activities to raise prisoners' awareness of a range of aspects related to living in modern Britain. However, only a small proportion of prisoners took part in these events.

5.37 Prisoners did not have sufficient access to the virtual campus (prisoner access to community education, training and employment opportunities via the internet) to help them with job searches or applications. Leaders were waiting for upgrades to cabling before installing the virtual campus throughout the prison. Too few prisoners benefited from this support in securing employment as they neared release. Managers did not monitor prisoners' employment on release effectively.

Section 6 Rehabilitation and release planning

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

Children and families and contact with the outside world

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

6.1 The prison's remote location made visiting difficult. In our survey, only 16% said they had received a visit within the previous month, and only 15% said it was easy for their family and friends to get to the prison, compared to 29% in other similar prisons. Online booking, suspended during COVID-19 restrictions, had recently been reintroduced and the phone line was now only used to change visits. Several families had called the prison but had not been able to get through.

6.2 Social visits took place on Wednesday, Saturday and Sunday afternoons. Only about 100 visits a month had taken place until three months before the inspection when the number had doubled.

6.3 The prison had a 'families and significant others' strategy, which was clear, but very general. Family work was delivered in partnership with children's charity Barnardo's. The prison had recently reintroduced its popular family days, which were not limited to those on the enhanced level. A range of structured activities included some in the open air.

6.4 The visitors' centre was welcoming but had very limited catering facilities, which were soon to be replaced by a new centre with a café. The spacious and bright visits hall had been decorated and was suitably furnished with soft chairs. It had a good children's play area, overseen by a Barnardo's playworker. The menu in the café was very limited.

6.5 The prison's video calling system was under used. Despite the remote location and relatively low number of in-person visits, only 4% of respondents in our survey said they were using the service compared to 16% elsewhere. Video calls took place in a prefabricated building that was not welcoming. Prisoners complained about a lack of privacy and technical issues. The prison had identified the limited take-up and had tried to promote the service but had not done enough to respond to negative perceptions, such as the belief that the service cost money.

6.6 In-cell phones had been installed since our last inspection. Prisoners valued them and they were the main means of contacting families.

6.7 Staff from Barnardo's and a dedicated member of the substance misuse team were supporting prisoners to maintain contact with their families, including liaising with local authorities and other stakeholders.

Reducing risk, rehabilitation and progression

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

6.8 Most prisoners (95%) were serving sentences of over one year, and nearly half of those (45%) were serving long sentences of four years or more. According to the prison's needs analysis, 63% of the population had less than one year left to serve.

6.9 The strategic management of reducing reoffering was a real strength. There was a comprehensive strategy setting out the prison's vision and priorities, underpinned by good use of data, which continued to be updated frequently in line with changes in the population. Action planning was responsive and managed through reasonably well-attended monthly meetings and good efforts were made to improve outcomes for prisoners across all resettlement pathways.

6.10 Staff recruitment and retention in the offender management unit (OMU) was an ongoing challenge but was currently adequate. There were 2.8 qualified probation officer prison offender managers (POMs) and eight prison-employed POMs, three of whom were operational and sometimes redeployed to undertake other prison duties. Most POMs had an average caseload of about 50, which was mostly manageable, but some POMs did not have their training needs met and not all were operating at full capacity. As a result of losing one profiled probation officer, some prison-employed POMs were managing high-risk cases independently rather than in a supportive capacity, which did not comply with guidance under the offender management in custody model (see Glossary of terms).

6.11 A duty POM saw prisoners within about two days of their arrival and offered useful information about the OMU. Those we interviewed said they were promptly given information about key dates in their sentence and were able to check and challenge anything they felt was incorrect, which they found helpful and reassuring.

6.12 Too many prisoners arrived at the prison without an initial offender assessment system report (43% in the previous six months), which put the busy OMU under pressure to stay abreast of the backlog. Despite this, about 85% of prisoners had had some form of review in the previous 12 months. However, the reviews and sentence plans we looked at in detail varied. Some were very good, thorough and

informed, but others were brief and only focused on the offence in isolation, instead of taking account of past offending, custodial behaviour and other risk factors. There were some examples of good information-sharing, triggering a further review based on a prisoner's change of circumstances, but this did not always happen consistently, for example when a prisoner had been recalled to custody or following a re-categorisation review.

6.13 The frequency of contact between prisoners and their POMs had improved, but some prisoners remained frustrated by the lack of response to requests for information about their sentence or release planning arrangements. This was exacerbated by the lack of supporting offender management key work (see paragraph 4.4). In our survey, only 51% of prisoners who had a custody plan, said that someone was helping them to achieve their targets. Most prisoners we spoke to said contact was mostly incidental and unplanned, which meant they did not know when or if they would be seen.

6.14 The contact sessions varied. There were a few excellent examples of meaningful work being delivered that included motivational sessions focused on sentence progression. In these examples, negative or concerning behaviour was discussed and challenged using creative case management techniques.

6.15 One case within our sample demonstrated good POM efforts to mitigate the numerous obstacles the prisoner faced in working towards his targets. A progressive move to another establishment to undertake a programme had been refused and the POM thought it was too soon for him to engage with psychological services. The POM completed one-to-one victim awareness work and referred him for a distance learning violence reduction course, to help raise his offending behaviour awareness, while reducing the likelihood of his disengagement.

6.16 We also saw good examples of prompt contact between POMs and social care personal advisors to arrange three-way meetings and information exchange for some young adults who had experienced local authority care.

6.17 However, for too many others, contact consisted merely of basic check-ins, and we were not confident that sessions helped prisoners to progress. Some, especially those serving longer sentences, said they were unable to demonstrate meaningful progress because they were not given enough to do, which they found discouraging. Other prisoners said they had progressed by improving their employment skills, but not by meeting sentence plan targets or addressing their offending behaviour.

6.18 In most of the cases we reviewed, sentence progression was not sufficiently good, which was further hampered by prisoners' lack of access to a wider range of lower-level interventions and accredited programmes (see paragraph 6.30).

Public protection

6.19 A monthly interdepartmental risk management meeting provided timely oversight for prisoners subject to multi-agency public protection arrangements (MAPPA) who were approaching release, and attendance at these meetings was improving. Other prisoners' cases could be referred for discussion, based on factors such as their vulnerability or complexity. However, there was a lack of systematic oversight for some who were assessed as high risk but who were not eligible for MAPPA, which meant their risks may not have been managed.

6.20 Communication between the prison and community offender managers (COMs) to confirm prisoners' MAPPA levels and share risk and release planning information was not always timely, despite the prison's persistent efforts to escalate the matter when responses were late. Risk management plans were variable but adequate.

6.21 The prison's written contributions to community MAPPA meetings varied. Most were reasonably well-considered, but some were more descriptive than analytical. In our case sample, we considered two to be best practice examples where a good level of information had been provided, and prisoners' previous, current and future risks in custody and the community had been used to inform the assessment.

6.22 Public protection monitoring arrangements were managed reasonably well. New arrivals were screened so potential risks could be identified and recorded. During the inspection, 13 prisoners were subject to some form of monitoring. Five were considered high risk and had all their communications screened. The rest were low risk and subject to regular 'dip test' monitoring. Reviews took place and monitoring logs were up to date although some entries, particularly those relating to mail, were not always detailed enough. There were some gaps in oversight for those with child contact restrictions.

Categorisation and transfers

6.23 Re-categorisation processes were managed well. Reviews considered a good range of information and were now timely, and decisions were justified. Prisoners could contribute to the process in writing and, where a reduction in risk level was likely, they could attend their review in person. Prisoners who had been declined a lower categorisation were informed about what they needed to achieve for a better outcome, which instilled hope.

6.24 During the inspection, there were 12 category D prisoners, eight of whom were waiting to be moved to the open estate. One prisoner had been waiting since March 2022, which was too long. Staff in the OMU told us transfers to open prisons usually happened within one to two months but took longer for moves to other category C prisons for those being released locally to be closer to family or to undertake programmes. Staff described a range of factors contributing to delays, for example, a reduction in treatment programme availability across the

prison estate and prisons further afield failing to prioritise transfers from outside their area and issues with transport. One person within the OMU was now responsible for dealing with transfers but the unit did not know how many prisoners were still waiting to be moved to another category C prison.

6.25 In the previous year, 122 prisoners had been released on home detention curfew (HDC). The prison managed this process well and most prisoners were released within several days of their eligibility date. However, some waited too long for several reasons, for example, because of a lack of space at an approved premises or Bail Accommodation and Support Service (BASS) address. During the inspection, one prisoner had been waiting 118 days to go to an approved premises.

Interventions

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

6.26 Not enough was being done to determine the treatment needs of the population so as to plan provision and sequence prisoners' sentence progression appropriately.

6.27 The small programmes team continued to face difficulties in recruiting and retaining facilitators. The prison had worked creatively to upskill an officer support grade position to help with programme delivery while recruitment was under way.

6.28 The prison offered just one accredited programme – the Thinking Skills Programme (designed to help prisoners develop cognitive skills to manage their risks). During 2021, its delivery had been curtailed but it was now taking place with larger groups of prisoners. Since April 2022, 18 prisoners had completed the programme and a further 42 places were available for the rest of the year. The prison held many high-risk prisoners who were more likely to require a high intensity offending behaviour programme only available at other prisons. We were told that since May 2022, four prisoners had been transferred to undertake such programmes, but the true extent of prisoners' unmet needs had not been established.

6.29 In our case sample, we saw some evidence of communication with COMs, to make sure licence conditions included a requirement to complete programmes in the community to help meet prisoners' outstanding needs.

6.30 Some low-level one-to-one interventions were taking place, but only on a small scale. Prisoners were positive about the workbooks provided by the substance misuse service, which they found 'real life valuable', and appreciated the constructive and practical feedback they received. The prison planned to train key workers in September 2022 to deliver the Choices and Changes intervention (for young adults with low

psychosocial maturity) which was positive, especially given the proportion of young adults at the prison.

6.31 There were few release on temporary licence (ROTL) opportunities given the number who were potentially eligible. In the previous six months, two prisoners had undertaken work at HMP Verne's public café, accounting for 75 individual events. ROTL was currently not being used, but four prisoners had recently been assessed as suitable.

6.32 Resettlement staff provided finance and debt support for those assessed as presenting a low or medium risk of harm, including making referrals to open bank accounts and obtain identification. The Department for Work and Pensions (DWP) helped prisoners with their entitlements and benefit claims and in the previous 12 months, nearly 600 prisoners had received assistance. Good information sharing between the OMU and DWP made sure that prisoners being released on HDC could also get the support they needed.

Release planning

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

6.33 Over 40 prisoners were released from Portland each month. Changes in resettlement provision meant prisoners and staff were unsure about what support could be offered, by whom and when. Some prisoners we spoke to said they felt ill-prepared for their release and in our survey, only 53% of those expecting to be released in the following three months said someone was helping them to prepare for this.

6.34 The COM managed the release of high-risk prisoners. In our case sample, it was not always clear what action, if any, had been taken. Where details were available, planning was not always timely and information was not always shared with prisoners, POMs or resettlement staff.

6.35 The prison's resettlement team now consisted of just two workers and an administrator. It was responsible for seeing all low- and medium-risk prisoners 12 weeks before their release to assess their needs. We saw some examples of good quality resettlement plans with action being followed up, for example, on finance, benefit and debt advice. However, not all plans or referrals for community support services were in place soon enough to make sure prisoners' needs could be addressed adequately.

6.36 The COM had to request accommodation support for prisoners of all risk levels. In our survey, 53% of respondents said they needed help with accommodation on release. Prison data showed that about 85% of prisoners had an address to go to on their first night of release.

6.37 Interventions Alliance (a criminal justice organisation) offered accommodation support two days a week, but only when the COM instructed them to do so, and primarily only for prisoners being released in Dorset.

6.38 Prison and resettlement team staff worked hard to address some of these shortfalls, and the recent reintroduction of the multi-agency pre-release board was positive.

Section 7 Summary of priority and key concerns

The following is a list of the priority and key concerns in this report.

Priority concerns

1. **The level of assaults on other prisoners was too high.** Although lower than in 2019, it was increasing, and leaders did not sufficiently understand what was driving violence.

2. **Rates of self-harm were too high and increasing. They were among the highest compared with similar prisons**. The reasons had not been investigated sufficiently, nor was there a data-informed action plan to reduce self-harm.

3. **Not enough was being done to meet the needs of younger prisoners.** The young adults strategy was not based on a thorough needs analysis and there was no clear plan of action.

4. **Mental health services were seriously understaffed and overstretched.** Support was largely confined to providing acute and urgent care and there were no specialist psychological interventions.

5. **Leaders did not make sure that there was sufficient resource [to support the English and mathematics needs of prisoners**. Too few spaces were available or outreach support for those with the lowest levels. There was no ESOL provision.

6. **Leaders and staff did not prepare prisoners effectively for employment on release**. Almost all work was part-time, prisoners could not access essential safety qualifications and too few could access ROTL.

Key concerns

7. **Key work was not sufficient and still operating only on a priority basis.**

8. **Prisoners found the cost of basic items from the shop too high. Low incomes, rising shop prices and poor food left many prisoners frustrated.** Many told us this made issues around debt worse.

9. **The needs of foreign national prisoners were not identified or met.** The strategy for foreign national prisoners was mainly limited to immigration detainees.

10. **Provision for neurodivergent prisoners was limited.**

11. **Many prisoners spent too little time unlocked – about five hours a day – which was inadequate for a training prison.**

12. **Leaders did not ensure that prisoners could access activities or education promptly enough.** Too many qualifications and courses were not running owing to staff vacancies. Waiting lists for vocational training were too long.

13. **Instructors did not use progress trackers effectively to support prisoners in gaining transferable employment-related skills or personal development**. Prisoners were not aware of the progress they had made in these areas.

14. **Sentence planning and offending behaviour work did not sufficiently support prisoners to make progress through their sentence.**

15. **Resettlement planning arrangements were inconsistent and too many prisoners did not receive sufficient support for their upcoming release.**

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.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2019, prisoners' experience of reception and the first night centre was reasonably good but many waited too long to receive an induction. Behaviour management was weak; supervision was poor and prisoners were not motivated to behave well. Violence remained at a high level and plans designed to challenge perpetrators and support victims were poorly implemented. Governance of use of force required further improvement. Use of segregation was low but the regime remained poor. There had been an impressive reduction in the use of drugs. Self-harm had increased and was at a high level. Care for more complex prisoners had improved but care for most prisoners at risk of self-harm was inconsistent. Outcomes for prisoners were poor against this healthy prison test.

Key recommendations

Key safety processes, including violence reduction, segregation and adjudication, should be scrutinised regularly and effectively and this should be underpinned by the interrogation of routinely collected, reliable and comprehensive data which inform effective actions, the success of which can be judged by less violence.
Partially achieved

Behaviour management schemes should be implemented consistently across the prison and should focus on incentivising and motivating prisoners.
Achieved

Use of force documentation should be completed promptly and thoroughly, all planned incidents should be recorded and reviewed, data should be analysed and incidents reviewed to monitor trends, identify good practice and learn lessons.
Achieved

The ACCT process and its quality assurance should ensure that prisoners in crisis are safe and supported by adequate staff support, quality care maps and a regime that engages them.
Not achieved

Recommendations

Managers should ensure that systems for changing poor behaviour and assisting vulnerable prisoners are implemented effectively.
Not achieved

All security processes should be reviewed to ensure they are appropriate for Portland's role as a category C training prison.
Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2019, despite some reasonable interactions, too many staff had low expectations of prisoners and did not consistently challenge poor behaviour. Communal areas and Beaufort wing had improved since the previous inspection but elsewhere living conditions required improvement. Cells remained cramped and poorly equipped, with inadequately screened toilets. Access to showers was poor. The quality of food required improvement. Consultation was weak as was the complaints system. Equality and diversity work had been restarted three months before the inspection and, except for the chaplaincy provision, was limited. Reasonable health services were undermined by some poor facilities and the inability to get prisoners to appointments. Substance misuse services were good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

Staff should provide proactive support and supervision of prisoners at all times and enforce the rules consistently.
Achieved

All living accommodation should be clean, decent and fit for purpose.
Achieved

Regular consultation and monitoring should inform provision for protected groups and ensure that outcomes are fair.
Achieved

All complaints, including those made against staff, should be taken seriously and investigated promptly and thoroughly.
Achieved

Patients should have prompt access to health services, including sufficient officers to ensure safe and timely medication administration and prompt attendance at health clinics.
Achieved

Recommendations

There should be sufficient telephones for prisoners on all wings and they should afford suitable privacy.
No longer relevant

Prisoners' dissatisfaction with the food and the shop provision should be fully investigated and addressed.
Not achieved

The application system should ensure that prisoners receive a timely response to their requests.
Not achieved

There should be a whole-prison strategy and approach to support health promotion and well-being activities.
Not achieved

Prisoners with mental health conditions should have prompt access to a comprehensive range of care-planned support that meets their identified needs, including groupwork and psychologically informed interventions.
Not achieved

The full range of prescribing options should be available, and prescribing decisions should be made on clinical need.
Achieved

There should be sufficient provision for prisoners with both mental health and substance-related conditions.
Not achieved

Purposeful activity

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

At the last inspection, in 2019, time out of cell was poor, particularly for a training prison holding a young population. This was exacerbated by chronic slippage of the regime and frequent cancellations of education. Access to the library and gym required improvement. Leaders and managers had increased the range of vocational training and qualifications. Overall, there was not enough activity to occupy the population fully and a quarter of prisoners were unemployed. The allocation process was not effective. Attendance had improved but teaching and learning were undermined by poor punctuality. Outcomes on most courses were reasonable and had notably improved in English, although success rates in mathematics remained low. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

A decent regime should be implemented so that prisoners can spend at least 10 hours a day out of their cells, during which they can attend activities, spend time in the open air and access association.
Not achieved

Leaders and managers should ensure that there are sufficient purposeful activities for all prisoners, that prisoners are allocated quickly and arrive on time, and that there is focus on improving the provision of skills and work throughout the prison.
Achieved

Managers should ensure that teachers use prisoners' initial assessment results to identify clearly their starting points and that individual learning plans are used to identify learning objectives which improve prisoners' skills and preparation for employment and further promote the development of English and mathematics skills. Prison managers should ensure that peer mentors receive enough direction to enable them to give better support to prisoners.
Achieved

Managers should ensure that the development of all prisoners' skills is monitored, recorded and accredited where appropriate.
Not achieved

Recommendations

The prison should ensure that all prisoners can, and are encouraged to, pursue constructive leisure activities through regular opportunities to attend the library and learning resource centre and gym.
Achieved

Prison managers should make sure that the contract for careers information, advice and guidance is implemented urgently to ensure that prisoners are better informed about their career choices.
Achieved

Rehabilitation and release planning

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

At the last inspection, in 2019, despite some improvements since the previous inspection, maintaining family contact was challenging for many prisoners. The strategic management of resettlement had improved recently and managers had successfully reduced the backlog of assessments of risk and need. However, prisoners' contact with offender supervisors was very poor. The lack of offending behaviour programmes or one-to-one work meant that many prisoners left Portland without undertaking any offending behaviour work. Home detention curfew was well managed, but prisoners waited too long for a progressive transfer. Public protection arrangements were good. Support provided by the community rehabilitation company was reasonable. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

The prison should ensure that the quality of OASys assessments improves and that the plans produced are delivered through structured contact with prisoners.
Partially achieved

The prison should ensure that prisoners can benefit from a suite of interventions, including accredited programmes, to reduce the risks they present.
Not achieved

Recommendations

Prisoners should be able to access working telephones to maintain regular contact with family and friends.
Achieved

The number and range of release on temporary licence (ROTL) opportunities should be improved.
Not achieved

All re-categorisation reviews should be completed on time.
Achieved

Prompt progressive moves should be arranged for prisoners who need them.
Not achieved

Joint working should be optimised so that resettlement needs and risks are addressed for prisoners in the time leading up to their release.
Not achieved

Appendix I About our inspections and reports

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

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

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

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

Respect
Prisoners are treated with respect for their human dignity.

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

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

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

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

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

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

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

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

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

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

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

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

This report

This report provides a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons* (Version 5, 2017) (available on our website at https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/). Section 7 summarises the areas of concern

from the inspection. Section 8 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

Findings from the survey of prisoners and a detailed description of the survey methodology can be found on our website (see 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
Sara Pennington	Team leader
Sumayyah Hassam	Inspector
Martin Kettle	Inspector
Jade Richards	Inspector
Paul Rowlands	Inspector
Chris Rush	Inspector
Dionne Walker	Inspector
Helen Downham	Researcher
Rachel Duncan	Researcher
Joe Simmonds	Researcher
Jed Waghorn	Researcher
Sarah Goodwin	Lead health and social care inspector
Steve Eley	Health and social care inspector
Sue Melvin	Pharmacist
Gary Turney	Care Quality Commission inspector
Rebecca Perry	Ofsted lead inspector
Corinne Baker	Ofsted inspector
Andy Fitt	Ofsted inspector
Sambit Sen	Ofsted inspector

Appendix II Glossary of terms

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

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

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

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

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

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

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

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

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

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

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

Appendix III Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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

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

Printed and published by:
Her Majesty's Inspectorate of Prisons
3rd floor
10 South Colonnade
Canary Wharf
London
E14 4PU
England