

Report on a scrutiny visit to

HMP Dartmoor

by HM Chief Inspector of Prisons

22 and 29–30 September 2020

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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/hmiprison/about-our-inspections/>

ACCT

Assessment, care in custody and teamwork. Case management for prisoners at risk of suicide or self-harm.

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)

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.

Dialogue road map

The Dialogue road map is a communications tool designed to break down barriers and generate engagement when one party is resistant, hostile, angry or violent using needs-based therapy, person centred counselling, non-violence philosophy and appreciative enquiry.

End of custody temporary release scheme

A national scheme through which risk-assessed prisoners, who are within two months of their release date, can be temporarily released from custody. See: <https://www.gov.uk/government/publications/COVID-19-prison-releases> This scheme was paused at the end of August 2020.

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.

OCA (observation, classification and allocation)

The part of the offender management unit that manages transfers

Personal protective equipment (PPE)

Safety equipment including masks, aprons and gloves, worn by frontline workers during the COVID-19 pandemic.

Purple Visits

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

Recovery plan

Recovery plans are published by HMPPS and aim to ensure consistency in decision-making by governors, by setting out the requirements that must be met for prisons to move from the most restricted regime (4) to the least (1) as they ease COVID-19 restrictions.

Reverse cohort unit (RCU)

Unit where newly-arrived prisoners are held in quarantine for 14 days.

Shielding

Those who have health conditions that make them vulnerable to infection are held for at least 12 weeks in a shielding unit.

Social care package

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

Social/physical distancing

The practice of staying two metres apart from other individuals, recommended by Public Health England as a measure to reduce the transmission of COVID-19.

Special purpose licence ROTL

Special purpose release on temporary licence allows prisoners to respond to exceptional, personal circumstances, for example, for medical treatment and other criminal justice needs. Release is usually for a few hours.

Introduction

This report outlines the findings from our scrutiny visit to HMP Dartmoor, a category C training prison holding around 600 prisoners. The prison runs an integrated regime where prisoners who are vulnerable because of the nature of their offence are located with mainstream prisoners. At the time of our visit just over half the population were convicted of sexual offences and 84% were serving sentences of more than four years.

Managers had been operating under a closure notice since 2013 and the 'planning blight' mentioned at the last inspection had continued. Many of the buildings needed capital investment to stop water ingress, equipment was needed to reduce the supply of illicit drugs and facilities such as the visits hall were outdated. In addition, it was clear that the closure notice had affected staff morale. This was made worse by the COVID-19 pandemic. In our survey, 55% of staff who responded to it said that morale had declined during the pandemic compared to just 5% who said it had improved.

The restricted time out of cell meant that there were very few meaningful incentives for prisoners who engaged well with staff and the regime. Levels of violence remained low and violence against prisoners had reduced, although there had been an increase in assaults against staff since the start of the restrictions. Safer custody peer workers provided good support to prisoners who were victims of bullying and violence. In contrast to the fall in violence, use of force had doubled during the restrictions. Oversight had been maintained but there were too many occasions where body-worn video cameras were not turned on at the start of incidents for managers to be confident that this significant rise in use of force was justified.

There had been one self-inflicted death in May 2020 which was subject to a Prisons and Probation Ombudsman investigation. While self-harm had reduced, the number of ACCT documents (see Glossary of terms) opened had increased during the pandemic as wing staff were identifying increasing numbers of prisoners struggling with the restrictions. A safety intervention team had been established with officers detailed each day to see every prisoner identified as vulnerable, which was positive. However, there was no management oversight of the ACCT process and documents that we reviewed were poor. Demand for Listeners (prisoners trained by the Samaritans to provide emotional support to fellow prisoners) had tripled during the restrictions and there were too few for a prison of this size.

In our survey, 82% of prisoners said that staff treated them with respect, and we found that relationships were generally good. Many prisoners were trusted to work in peer support roles although these were operating a restricted service. The key work scheme had been suspended which was a significant gap in provision.

All prisoners lived in single cells and staff and prisoners ensured that dilapidated wings were cleaned to a high standard. Outside areas were also clean and tidy. Responses to complaints were timely and generally addressed the issues raised. Prisoners were positive about the food and our findings supported these views.

Equality and diversity work had stopped at the start of the pandemic which left managers unable to explain poor perceptions among prisoners with disabilities and poor mental health. Discrimination complaints were not adequately investigated and many of the responses were dismissive. At the time of our visit there was no plan to reinstate this work.

Partnership working between the establishment, the main health provider and Public Health England was managing the risks of COVID-19 effectively. There had been no confirmed positive cases since April. Health care services were limited at the start of the pandemic and an appropriate triage system was in place to enable prisoners to access a GP. About a third of the population was over 50 and many prisoners had long-term health conditions. It was positive that services were being restored

but we had concerns about very long waiting lists for the dentist, optician, podiatrist and physiotherapist.

The mental health service had worked remotely at the start of the pandemic and was now undertaking one-to-one work with prisoners. The 57 prisoners receiving opiate substitution treatment continued to receive regular joint reviews with a specialist prescriber and a member of the psychosocial team. Medicines administration was reasonable but lacked privacy on some wings.

The prison continued to make social care referrals but the local authority had not carried out any assessments during the pandemic.

Time out of cell was very limited, and most prisoners were only unlocked for one hour a day. Managers were preparing further improvements and if the prison gained approval to move into stage two of the national recovery plan (see Glossary of terms) the regime would be significantly improved. However, there was no justification for the very limited time out of cell prisoners could access while the prison remained in stage three. It was positive that work had continued for about a third of the population in the kitchens and gardens and in wing work roles. However, many of the workshops and all the education classrooms remained closed. After an initial absence, the education provider was now distributing a wide range of in-cell workbooks, about 4,500 of which had been completed. There had been more than 600 course completions by nearly 500 prisoners. Gym staff offered prisoners at least two circuit sessions a week and the library offered a limited outreach service for prisoners.

There was limited provision to help prisoners maintain contact with their friends and family. There were no in-cell telephones and prisoners could only access telephones on the landings during the hour they were unlocked. Staff did accommodate requests to make important calls at other times of the core day. For most prisoners, however, calls with children at school or adults who worked could only be made at the weekend. Despite the lack of in-cell phones the prison had not been prioritised for video calling technology, which had only been installed in August. It had been well received by prisoners who had used the service. Social visits had been reinstated but restrictions had significantly reduced demand.

The offender management unit (OMU) had benefited from stable leadership since the last inspection and had worked hard to ensure that nearly all prisoners had an up-to-date assessment of risk and a sentence plan. Offender management work was focused on timebound events such as release, re-categorisation and parole. Face-to-face contact with prison offender managers (POMs) was limited for most prisoners and this was compounded by the lack of key worker support. Delivery of offending behaviour interventions was very limited and the programmes needed by many prisoners were not offered at Dartmoor. Transfers to other prisons had almost ceased during the pandemic and moves to category D prisons had only recently started to reduce the increasing number of prisoners suitable for open conditions. The low number of progressive moves was not helped by the lack of consistent staffing for the observation, classification and allocation (OCA) (see Glossary of terms) function.

Public protection measures were broadly sound and there were no backlogs in monitoring. It was concerning that four prisoners had been released during the pandemic without confirmation of the level of their multi-agency public protection arrangements (MAPPA).

Dartmoor was not a designated resettlement prison but had released about 20 prisoners each month. Resettlement work diverted POMs from the offence-focused work that many of the population needed. On-site community rehabilitation company (CRC) resettlement provision had been introduced since the last inspection. The CRC was not providing face-to-face resettlement support, although records showed that contact was being made in good time for release and action was being taken to try to resolve accommodation and other issues. Despite this, eight prisoners released in the previous six months had not had accommodation to go to on their day of release and others had gone to transient accommodation.

Despite the planned closure, Dartmoor continues to hold more than 600 prisoners in accommodation and facilities that need significant investment to make them fit for purpose. Staff have been working under notice of closure for seven years with a predictable impact on morale. The pandemic has made a difficult situation worse. Managers had worked well to implement national guidance, which was positive, and the prison remained reasonably safe and respectful. However, there were significant shortfalls that needed addressing including the poor infrastructure, limited regime and the lack of equality and diversity provision.

Peter Clarke CVO OBE QPM

HM Chief Inspector of Prisons

October 2020

Fact page

Task of the establishment

Category C training prison

Certified normal accommodation and operational capacity (see Glossary of terms)

Prisoners held at the time of this visit: 615

Baseline certified normal capacity: 642

In-use certified normal capacity: 642

Operational capacity: 640

Prison status (public or private) and key providers

Public

Physical health provider: Care UK

Mental health provider: Devon Partnership NHS Foundation Trust

Substance use treatment provider: Exeter Drugs Project

Prison education framework provider: Weston College

Community rehabilitation company (CRC): Catch 22

Escort contractor: Serco

Prison group/Department

Devon and North Dorset

Brief history

HMP Dartmoor is located in Princetown on Dartmoor in the county of Devon, it is owned by the Duchy of Cornwall and received Grade II heritage listing in 1987. HMP Dartmoor first opened its gates in 1809 during the Napoleonic wars to hold French prisoners of war. It also held US prisoners from the war of 1812. It is now a category C training prison.

Short description of residential units

The prison comprises six residential wings:

Arch Tor, Burra Tor and Granite Tor: integrated mainstream units

Down Tor: an integrated mainstream unit, D1 is the PIU but is not used

East Tor: an integrated enhanced mainstream unit, including the RCU

Fox Tor: an integrated social care unit, including the shielding unit.

CSU: the segregation unit

Name of governor and date in post

Bridie Oakes-Richards, December 2014

Independent Monitoring Board chair

Colin Stares

Date of last inspection

August 2017

About this visit and report

- A1 Her Majesty's Inspectorate of Prisons (HMI 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.
- A2 All visits 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 21 bodies making up the NPM in the UK.
- A3 During a standard, full inspection HMI Prisons reports against *Expectations*, the independent criteria against which we inspect outcomes for those detained. Inspection teams of up to 12 people are usually in establishments across two weeks, speaking to prisoners and staff, observing prison life and examining a large amount of documentation and evidence. The COVID-19 pandemic means that it is not currently possible to carry out inspections in the same way, both for health and safety reasons and because it would not be reasonable to expect places of detention to facilitate a full inspection, or to be assessed against our full set of *Expectations*, at this time.
- A4 HMI Prisons has therefore developed a COVID-19 methodology to enable it to carry out its ongoing, statutory duty to report on treatment and conditions in detention during the current challenging circumstances presented by COVID-19. The methodology has been developed together with health and safety guidance and in line with the principle of 'do no harm'. The methodology consists of three strands: analysis of laws, policies and practice introduced in places of detention in response to COVID-19 and their impact on treatment and conditions; seeking, collating and analysing information about treatment and conditions in places of detention to assess risks and identify potential problems in individual establishments or developing across establishment types; and undertaking scrutiny visits to establishments based on risk.
- A5 HMI Prisons first developed a 'short scrutiny visit' (SSV) model in April 2020 which involved two to three inspectors spending a single day in establishments. It was designed to minimise the burdens of inspection at a time of unprecedented operational challenge, and focused on a small number of issues which were essential to the safety, care and basic rights of those detained in the current circumstances. For more on our short scrutiny visits, see our website: <http://www.justiceinspectorates.gov.uk/hmiprison/about-hmi-prison/COVID-19/short-scrutiny-visits/>.
- A6 As restrictions in the community are eased, and establishments become more stable, we have expanded the breadth and depth of scrutiny through longer 'scrutiny visits' (SVs) which focus on individual establishments, as detailed here. The SV approach used in this report is designed for a prison system that is on the journey to recovery from the challenges of the COVID-19 pandemic, but recognises that it is not yet the right time to reintroduce full inspections. SVs provide transparency about the recovery from COVID-19 in places of detention and ensure that lessons can be learned quickly.
- A7 SVs critically assess the pace at which individual prisons re-establish constructive rehabilitative regimes. They examine the necessity and proportionality of measures taken in response to COVID-19, and the impact they are having on the treatment of and conditions

for prisoners during the recovery phase. SVs look at key areas based on a selection of our existing *Expectations*, which were chosen following a further human rights scoping exercise and consultation.

- A8 Each SV report includes an introduction, which will provide an overall narrative judgement about the progress towards recovery. The report includes a small number of key concerns and recommendations, and notable positive practice is reported when found. Reports include an assessment of progress made against recommendations at a previous SV, but there is no assessment of progress against recommendations made at a previous full inspection. Our main findings will be set out under each of our four healthy prison assessments.
- A9 SVs are carried out over two weeks, but will entail only three days on site. For more information about the methodology for our scrutiny visits, including which *Expectations* will be considered, see our website: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/COVID-19/scrutiny-visits/>

Summary of key findings

Key concerns and recommendations

S1 Key concerns and recommendations identify the issues of most importance to improving outcomes for prisoners and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of prisoners.

S2 During this visit we identified some areas of key concern and have made a small number of key recommendations for the prison to address.

S3 **Key concern:** The quality of ACCT documents was poor, with entries that lacked detail, incomplete initial action and care plans and no quality assurance process to address these issues. There was no supervision for peer mentors and Listeners who provided support for Dartmoor's most vulnerable prisoners. There were too few Listeners to cope with the increased demand.

Key recommendation: The Governor should ensure that all systems that safeguard the vulnerable, such as ACCT and the Listeners scheme, have suitable levels of oversight and assurance to protect both the peer mentors involved and prisoners who need the support. (To the Governor)

S4 **Key concern:** Following the closure notice the prison was suffering from a lack of investment which affected the maintenance of the fabric of the buildings. Leaking roofs, damp cells and mould were seen in numerous areas. This lack of investment also affected family contact with too few phones available for prisoners and basic security functions such as the lack of an ion detector to check for illicit substances in the mail.

Key recommendation: While the prison remains open, the Prison Service should ensure that the prison receives adequate funding to provide a safe, secure and decent environment for prisoners. (To HMPPS)

S5 **Key concern:** Key work had halted at the start of regime restrictions and, at the time of our visit, many prisoners had not had contact with their key worker for more than a month and in some cases longer. Few prisoners said anyone had recently asked about their welfare. The lack of key work prevented prisoners from receiving regular support with their individual 'step-up' plans to aid rehabilitation through their sentence. There was a lack of managerial oversight of key work and there was no clear plan to ensure that key working increased to support all prisoners at Dartmoor.

Key recommendation: Key worker sessions should be resumed for all prisoners, with a focus on well-being and rehabilitation. (To the Governor)

S6 **Key concern:** Work on equality and diversity had stopped at the start of the pandemic and the designated resource for this work until that point had not been replaced. There had been no strategic oversight or systematic monitoring of equality since. There was no additional support for prisoners in most protected characteristic groups, nor was there any specific support for foreign national prisoners. The management of discrimination complaints was weak, and the responses to many of the 20 complaints recorded in 2020 were very poor.

Key recommendation: Work on equality should be reinstated and should include robust oversight, effective monitoring and action planning to ensure the

individual needs of prisoners with protected characteristics are consistently identified and met. (To the Governor)

- S7 **Key concern:** Progress to ease restrictions at Dartmoor had been too slow. Most prisoners were still locked in their cells for 23 hours a day. The limited regime constrained the development of relationships between staff and prisoners, as well as limiting the opportunities for prisoners to engage in purposeful activity. While the prison had plans to increase time out of cell, there was no justification for not doing so earlier.

Key recommendation: Time out of cell for prisoners should be increased to enable more purposeful activities and the opportunity to engage with staff and peers. (To the Governor)

- S8 **Key concern:** Prisoners with long-term conditions were described as having a high level of complexity. Assessments and annual reviews for these prisoners were overdue, which was concerning.

Key recommendation: The Partnership Board should ensure that annual reviews for prisoners with long-term conditions are undertaken in a timely and appropriate manner. (To the Governor)

- S9 **Key concern:** Family contact was limited and there were no in-cell telephones. There were far too few telephones on the landings, and they could only be used at restricted times. The overall take up of social visits was low, largely because of the level of restrictions in place. More work was needed to support the maintenance of family ties.

Key recommendation: The prison should enable prisoners to have regular and frequent contact with their families in a variety of ways, including improving access to telephones and reviewing social visits restrictions. (To the Governor)

- S10 **Key concern:** Despite not being a resettlement prison, prisoners continued to be released from Dartmoor, which took prison offender managers' time away from offence-related work. Prisoners convicted of sexual offences were not able to complete accredited interventions that they needed at Dartmoor which underlined the need for individual offence work. Other prisoners whose risk level did not make them suitable for accredited interventions needed focused offence-related work to address the risks that they posed.

Key recommendation: The population at Dartmoor should be consistent with the prison's role to make best use of the available resources. Prisoners should be placed in prisons that are most appropriate for their needs as they progress through their sentence. (To HMPPS)

Notable positive practice

- S11 We define notable positive practice as innovative practice 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.

- S12 Inspectors found the following examples of notable positive practice during this visit.

- A focus had been maintained on cleanliness, with managers completing daily checks on standards. Cleaning equipment was readily available, and 'buddies' assisted those

less able to clean their own cells. As a result, despite its age Dartmoor was one of the cleanest establishments we have visited since regime restrictions were introduced in March (see paragraphs 2.5 and 2.7).

- Cohorting arrangements for shielding prisoners were better than we usually see. Those needing shielding were moved to the dedicated health and social care unit, Peer worker 'buddies' were based on the unit to provide support and prisoners were keen to express how positive it was to reside on the unit. Staff appropriately challenged visitors to the wing to ensure they always had a good reason for being there (see paragraph 1.4).
- The prison had been successful in establishing meaningful in-cell education provision. Learning packs were available covering 39 topics. Since March more than 600 courses had been completed by almost 500 prisoners. Packs were sent out to the education provider for marking. Each wing had an education peer worker to support learners (see paragraph 3.3).

Section 1. Safety

In this section, we report mainly on leadership and management; arrival and early days; managing prisoner behaviour; and support for the most vulnerable prisoners, including those at risk of self-harm.

Leadership and management

- 1.1** The COVID-19 pandemic and the response at Dartmoor should be seen in the context of a prison operating under a closure notice for the last seven years. In March 2020 the management team were faced with the significant challenge of implementing new ways of working in dilapidated facilities, while morale declined among staff already uncertain about their future.
- 1.2** Leaders and managers had implemented national guidance well to prevent the spread of COVID-19. Partnership working between the establishment, the main health provider and Public Health England managed the risks of COVID-19 effectively and there had been no confirmed positive cases since April.
- 1.3** Communication with prisoners and staff had been effective. In our survey, 94% of prisoners said they knew what the restrictions were and 80% said the reasons for the restrictions had been explained to them. Throughout the pandemic newsletters had been distributed updating prisoners about developments. In our survey, 70% of prisoners agreed that the restrictions were necessary which was higher than at many other establishments.
- 1.4** Isolation arrangements had been implemented for prisoners who were symptomatic, particularly vulnerable to COVID-19 or had recently arrived from medium- or high-risk sites. There had been no symptomatic prisoners at Dartmoor for some time. The reverse cohort unit (RCU, see Glossary of terms) for prisoners arriving from high- and medium-risk sites was well run. Prisoners received the same regime as elsewhere and staff ensured there was no mixing between groups and that facilities including phones and showers were cleaned between each use. Similarly, the shielding unit (see Glossary of terms) operated better than we usually see. Twenty-six prisoners had agreed to move to the shielding unit and 'buddies' (prisoners trained to assist less able prisoners) were co-located to the shielding unit if they were supporting a shielding prisoner. Unit staff appropriately challenged visitors to ensure the population was adequately protected.
- 1.5** In our survey, 67% of staff who completed the survey said that it was quite or very difficult to socially distance from colleagues and 51% said it was difficult to socially distance from prisoners. Despite notices around the prison, the majority of staff and prisoners did not make noticeable efforts to keep a safe distance from each other.
- 1.6** Managers had made cleaning a priority and the prison was very clean and tidy. Cleaners we spoke to had been properly briefed, provided with personal protective equipment (PPE, see Glossary of terms) and carried out their role well.
- 1.7** In contrast to the work undertaken to mitigate the impact of the virus, managers had allowed work in some key areas to stop. This included the key worker scheme (see Glossary of terms), equality work and aspects of suicide and self-harm prevention. At the time of our visit, there was no plan to reinstate this work which was concerning.

- 1.8** Staff shortages had been acute at the start of the pandemic when a significant number of staff were required to shield. The situation had improved by the time of our visit and there were enough staff to run the regime consistently. However, time out of cell was limited to one hour a day for most of the population which was less than at most other prisons. It was positive that managers were preparing further improvements and if the prison gained approval to move into stage two of the national recovery plan (see Glossary of terms) the regime would be significantly improved. However, there was a need to improve the limited time out of cell prisoners could access while the prison remained in stage three.

Arrival and early days

- 1.9** The route that prisoners took into reception had been adjusted as an infection control measure. Movement through reception was quick and it was good to see that prisoners were now interviewed privately by staff on arrival. A health care screen was conducted in a well-appointed room reserved solely for the purpose. Peer mentors were available to help prisoners with any concerns and new prisoners were offered a hot meal and phone call on arrival.
- 1.10** The initial safety screen was completed by first night staff. Property was retained in reception for 72 hours to prevent the inadvertent spread of COVID-19. First night procedures were good with enhanced checks throughout the night and peer mentors and Listeners (prisoners trained by the Samaritans to provide emotional support to fellow prisoners) available to provide additional support if required.
- 1.11** E wing had been converted into the RCU where all prisoners were quarantined on arrival for 14 days. This had been well thought out and was effective, with simple measures such as a prisoner with PPE designated to clean the phones after each use, good signage and clear demarcation of areas off limits to the different cohorts.
- 1.12** Induction had continued throughout the regime restrictions and was now all paper based, delivered to the prisoners' cells for them to read and complete. Prisoners for whom English was not their first language were given access to the Big Word translation service and those who could not read had one-to-one sessions with a peer mentor while socially distanced. However, there was little staff involvement in induction and no procedure for checking that prisoners fully understood the induction material.
- 1.13** Each cohort on the RCU was given access to the same regime as the rest of the prison, receiving an hour a day unlocked for showers, phone calls and time in the open air.

Managing behaviour

- 1.14** Levels of violence remained low. There had been 26 prisoner-on-prisoner assaults in the six months before March 2020, which had reduced to 16 over the following six months. However, assaults on staff had increased and an increase in serious assaults on staff was particularly concerning. During the six months to March 2020, there had been six assaults against staff, none of them serious, and 12 in the subsequent six months including four serious assaults.
- 1.15** In our survey, 32% of prisoners said they felt it was easy to get illicit drugs in Dartmoor. Managers and staff also felt that the prevalence of illicit drugs was increasing. Mandatory drug testing had ceased at the start of the pandemic and had not restarted so managers could not identify the extent of the problem.

- I.16** The drivers for this increase were understood by managers and appropriate action was being taken, which was positive. However, these efforts were hampered by the lack of investment in Dartmoor and the absence of equipment that we see in most prisons, such as an ion detector which identifies illicit substances concealed in mail.
- I.17** Staff at Dartmoor challenged low-level poor behaviour effectively and the prison was well ordered. The incentives scheme rewarded good behaviour by prisoners but was rendered ineffective as the regime restrictions limited the impact of incentives or sanctions. Care, support and intervention plans (CSIP, see Glossary of terms) had continued to be used to monitor and challenge perpetrators of violence. These plans were reviewed at the weekly safety intervention meeting which had commendably continued throughout the pandemic. Victims of violence were not referred through the safety intervention meeting. They were offered peer support by the safer custody representatives or access to one-to-one sessions through the Dialogue Road Map programme (DRM, see Glossary of terms).
- I.18** The DRM course was offered to a range of prisoners including perpetrators and victims of violence and those with current or historical substance misuse problems. Twelve prisoners had been trained to facilitate the course and together held a caseload of 64 prisoners who were seen individually. This had continued through the pandemic with about 30 sessions each week with the facilitator, socially distanced (see Glossary of terms). Prisoners told us they had found this support helpful, particularly in providing the opportunity to discuss and resolve problems that were exacerbated by periods of isolation.
- I.19** Despite the reduction in overall levels of violence, there had been an increase in incidents of use of force which had doubled from 41 instances of unplanned use of force in the six months to February 2020 and 87 from March to August 2020. Managers had maintained oversight of use of force throughout but had not taken action to reduce the levels. There were very few outstanding use of force reports, which was good, and CCTV and body-worn camera footage was reviewed for every incident where available. There were too many incidents where cameras were switched on too late for managers to be confident of the necessity or justification for every instance of use of force. Managers were concerned that there were not enough body-worn cameras for every staff member on duty.
- I.20** The segregation unit was very clean. Staff knew the prisoners held in the unit well and we observed staff helping and advising prisoners, an example of the good relationships between them. The number of prisoners held on the segregation unit had reduced significantly during the pandemic and, at the time of our visit, only two prisoners were held on the unit. The regime was very restricted. Prisoners received 30 minutes in the open air, a phone call and a shower each day. There was access to the library and a running machine.
- I.21** Only two of the five cells in the segregation unit had built-in furniture; the remainder had no cupboard, table or chair. We saw clothes and foodstuffs piled neatly in the corners of cells. Staff told us that prisoners could have furniture once their risk had been assessed, but we saw no evidence of this. The practice was poor and contravened Prison Service rules.

Support for the most vulnerable, including those at risk of self-harm

- I.22** There had been one self-inflicted death in May which was subject to a Prisons and Probation Ombudsman investigation.
- I.23** The number of ACCT documents (assessment, care in custody and teamwork case management of prisoners at risk of suicide and self-harm) that had been opened since the start of the restricted regime had risen as staff identified increasing numbers of prisoners

who were struggling to cope with the isolation and reduced regime. The number of self-harm incidents had not increased, which was positive.

- I.24** It was disappointing to see that the quality of ACCT documents was poor. Observations were made in a timely manner, but the entries lacked detail or any record of meaningful conversations. In several documents the initial action plan was blank and in others care plans had not been updated or completed. Reviews were timely and detailed but did not always result in appropriate actions in the care plans or check if these actions had been completed (see key concern and recommendation S3).
- I.25** There was no quality assurance of the ACCT process. Managers did not routinely review ACCT documents, comment on the quality of entries or ensure that actions had been completed.
- I.26** Safer custody meetings had stopped at the start of the pandemic and had not restarted. Vulnerable prisoners and those on ACCTs were discussed at the weekly safety intervention meeting as were perpetrators of violence subject to the CSIP process. However, these meetings lacked a strategic overview and action plan or assurance of the ACCT process and the needs of prisoners in crisis.
- I.27** A safety intervention team had been established, which was a positive step. Staff detailed to the team saw most prisoners each day who had been identified as vulnerable or referred to the team. This included all prisoners on ACCTs, those self-isolating because of threats from other prisoners and those with social care needs. Prisoners told us they felt supported by these staff and the initiative was well received.
- I.28** The team reported to the Governor and management team at the start and end of each day. The Governor monitored the progress of several prisoners and ensured that ACCT reviews and actions from the meetings were being carried out. This gave weight to these procedures and enhanced communication about the most vulnerable prisoners.
- I.29** At the time of our visit, there were four active Listeners. This small group were dealing with about 90 calls a month, about three times higher than levels before the pandemic, and they were overwhelmed. It was concerning that there was little support and no supervision for peer mentors and Listeners who provided support for Dartmoor's most vulnerable prisoners (see key concern and recommendation S3).
- I.30** It had historically been difficult for the prison to maintain an adequate number of Listeners. This had been exacerbated by the pandemic, with the Samaritans unable to attend the prison to conduct training. The training had restarted very recently.
- I.31** Five prisoners were self-isolating at the time of our visit because they were in debt and feared violence. There was no reintegration policy for these prisoners and the prison addressed their concerns by moving them to different wings or transferring them to another prison. The regime for these prisoners was the same as for other prisoners and we observed them taking exercise and making phone calls separately. Safer custody peer representatives visited these prisoners each day, sometimes timing their visits to coincide with exercise periods so that they could associate with the self-isolating prisoners. Prisoners said that they found this social contact enjoyable and supportive.

Section 2. Respect

In this section, we report mainly on staff-prisoner relationships; living conditions; complaints, legal services, prisoner consultation, food and canteen; equality, diversity and faith; and health care.

Staff-prisoner relationships

- 2.1** The relationships between staff and prisoners were positive. In our survey, 82% of prisoners said that most staff treated them with respect and many prisoners spoke highly to us of staff. The opportunities to develop relationships between staff and prisoners were constrained by the restricted regime and limited time out of cell (see key concern and recommendation S12 and paragraph 3.1).
- 2.2** In our survey, only 27% of respondents said that a member of staff had spoken to them in the last week about how they were getting on. Key workers usually played a central role in developing relationships between staff and prisoners, but key work had been halted at the start of the pandemic (see Glossary of terms). The introduction of the safety intervention team (see paragraph 1.27) provided more regular contact for prisoners identified as vulnerable, including with staff trained in key work. However, rather than the prisoner's designated key worker, these contacts were often made by an officer who had not developed previous knowledge and rapport with the prisoner. The notes from some of these visits were perfunctory and did not reflect effective key work.
- 2.3** Very little other key work was carried out and, at the time of our visit, 135 prisoners (21% of the population) did not have a record of a key work session in the previous month, 30 of whom had no such record in the previous two months. Senior managers were unaware of the level of key work that was taking place each day, nor the quality of this work. We were unable to identify a manager who felt they were responsible for ensuring that key work became more widely used (see key concern and recommendation S5).
- 2.4** Seventy-five per cent of staff who completed our staff survey said the prison was supporting them well during the COVID-19 crisis but 55% said that morale had declined. Some staff attributed this to the pandemic, but many highlighted the uncertainty of whether the prison would close in the next few years.

Living conditions

- 2.5** The external environment of the prison was tidy. Cells were generally clean, well maintained and adequately furnished. However, the cells were small and in many cells the toilet was extremely close to the bed with no screening. There was damp on the walls of some cells, although the occupants said they would rather keep cleaning the damp than move cells. Cleaning materials were readily available, and prisoners told us they were able to keep their cells clean. Prisoner 'buddies' helped those who were less able to complete this task, which was particularly evident on Fox Tor (see paragraphs 2.16 and 3.2).
- 2.6** Most prisoners in our survey (87%) said they could shower each day. Units had communal showers, which were clean and adequately screened. They were situated on the lowest landing of the unit, where older and less mobile prisoners were usually located.
- 2.7** Managers maintained regular checks on the standards of cleanliness, and communal areas were among the cleanest we have seen since March. However, there had been no

investment in the fabric of the building and there was significant ingress of water during bad weather. At the time of our visit, there were many buckets to catch the rain, but floors remained slippery in several walkways (see key concern and recommendation S4).

- 2.8** Prisoners had good access to clean bedding and clothing each week through the prison laundry. In our survey, 90% of respondents said they had clean sheets and 81% said they had sufficient clean clothes. Many prisoners wore their own clothes. Each unit had laundry facilities, but lengthy delays in repairing the machines were a source of frustration. On Granite Tor the tumble dryer had been out of action since March and prisoners were hanging wet clothing in cells that were already susceptible to damp (see key concern and recommendation S4).

Complaints, legal services, prisoner consultation and food and shop

- 2.9** The number of complaints submitted each month had remained stable during the first half of 2020 before starting to reduce. By the end of August, the number was much lower than the previous year. Complaint forms were readily available on the wings but, in our survey, only 58% of respondents said it was easy to make a complaint.
- 2.10** The administration of complaints was good, and most responses were timely. However, there was limited analysis of data on complaints and no structured quality assurance, although a new strategy including quality assurance had recently been produced. The responses to complaints that we viewed were reasonable.
- 2.11** Formal consultation with prisoners had been limited during the pandemic, with only two Prison Council meetings.
- 2.12** In our survey, 79% of prisoners said the food was good or reasonably good, and our observations confirmed this. The prison shop service had remained largely unaffected during the restrictions. The main supplier for catalogue purchases had recently withdrawn and the effect of this on prisoners was not yet clear.

Equality, diversity and faith

- 2.13** Equality work was poor, with no strategic oversight since the start of the pandemic. The equality action team meetings had ceased in March. The designated equality officer had been absent since this time, but the post had not been filled. The identified senior management lead for equality was unable to confirm the identity of any equality peer workers. The prison had developed a useful population tracker to assist with analysis of areas such as use of force, but there was no systematic analysis of data on protected characteristics (see key concern and recommendation S6).
- 2.14** There was no additional support for prisoners in most protected characteristic groups, although the prison continued to hold transgender boards for two prisoners. The notes of these meetings demonstrated appropriate support.
- 2.15** At the time of our visit, almost a third of the population (190) was over 50 years of age, of whom 59 were over 70. Prison records indicated that 228 prisoners had a disability, many of whom had significantly reduced mobility. Many of the 44 prisoners with a personal emergency evacuation plan (PEEP) resided on Fox Tor, and the unit office maintained an evacuation plan indicating who would assist each prisoner with a PEEP in an emergency.

- 2.16** All prisoners with a social care need were housed on Fox Tor, together with their respective buddies. There was a regular buddy group call with Recoop (an external charity supporting older prisoners) and a prison manager. This forum was to support the buddies and share learning, but it also offered an opportunity for older and disabled prisoners to raise concerns about their treatment and living conditions.
- 2.17** There was no specific support for the 22 foreign national prisoners, and no immigration surgeries had been conducted by the Home Office for a significant period.
- 2.18** Twenty discrimination complaints had been submitted during 2020. Discrimination complaint forms were not readily available on some wings. We found no evidence of systematic analysis of these complaints and there was no independent scrutiny of the responses. Many responses that we examined were very poor: some did not include details of any investigation or whether the complainant had been spoken to and some were abrupt and dismissive (see key concern and recommendation S6).
- 2.19** Despite the suspension of corporate worship, the chaplaincy provided individual support to enable prisoners to practise their faith, such as hand-delivering more than 150 service sheets and other religious material each week. The chaplaincy also provided one-to-one bereavement support and had enabled virtual attendance at funerals (see paragraph 4.6).

Health care

- 2.20** Liaison early in the pandemic between the prison, Public Health England, NHS England commissioners and Care UK had enabled early outbreak planning and effective management of the pandemic. Weekly meetings had continued until mid-August when they became fortnightly.
- 2.21** Two prisoners had tested positive for COVID-19, one asymptomatic and the other symptomatic. Both were appropriately isolated for 14 days. There was a good supply of personal protective equipment (PPE, see Glossary of terms). All staff had been tested for a face mask fit and the emergency equipment reflected current guidance.
- 2.22** The head of health care identified prisoners who met the shielding criteria (see Glossary of terms) and a separate shielding unit had been established to provide accommodation for 26 prisoners. Buddies were co-located to the unit so that prisoners could continue to receive support. Shielding prisoners and buddies told us that they were well supported, that they were seen each day by health care and that their health care needs were being met.
- 2.23** All new arrivals received a comprehensive health screening in reception and those arriving from high risk sites had to isolate for 14 days on East Tor unit which was the designated reverse cohort unit. GPs undertook a health risk assessment on the second day to review COVID-19 risk status and prisoners were managed according to the risk identified.
- 2.24** Two health care staff had been shielding during the pandemic and worked remotely. Both returned to work at the end of July. There were vacancies in the primary care nursing and GP team but appropriate staffing levels had been maintained. Staff said that a strong relationship between health care and the prison had been a source of support throughout the pandemic.
- 2.25** Most routine health provision had ceased in response to the pandemic. Essential services were maintained by GP triage followed by face-to-face appointments.

- 2.26** Service restoration plans were being implemented and some clinics, including dentistry, optometry and physiotherapy, had returned. There were waiting lists for a range of services including the dentist, optician, physiotherapist and podiatrist. The dental waiting list consisted of 146 patients with the longest wait of 33 weeks. Treatment options remained limited and patients were triaged according to clinical need. These gaps in service presented a very real risk of deterioration in patients' oral health.
- 2.27** Prisoners with long-term conditions were described as having a high level of complexity. Annual reviews for these patients had been suspended at the start of the pandemic. Thirty-four annual reviews were overdue for patients with asthma, 19 reviews for patients with chronic obstructive pulmonary disease and 16 patients with diabetes were waiting for an annual foot check. There were no plans to address these shortfalls (see key concern and recommendation S8).
- 2.28** Most external referrals to hospital had reduced to emergency access but other referrals had started to increase. Two prisoners who were receiving chemotherapy and radiotherapy had continued to receive treatment at hospital throughout the pandemic.
- 2.29** Three prisoners were in receipt of social care (see Glossary of terms). Referrals continued to be made to the local authority which had suspended on-site assessments and had not yet returned. This presented the risk that unmet need had not been appropriately assessed. The prison had approached the local authority to request a resumption of on-site assessments.
- 2.30** The dispensing pharmacist said that supplies of all medications had not been affected and prescribing had continued throughout the pandemic. A review of all in-possession medication risk assessments was completed safely and had resulted in more prisoners having their medication in possession by August.
- 2.31** Medicines had been delivered to the cell door in the shielding and segregation unit during the pandemic. Prisoners who did not have medication in possession attended the health care unit for administration of medication.
- 2.32** Some prisoners on Granite Tor did not have the mobility to attend health care for medication and received it from the treatment room on the wing. The Granite Tor treatment room had been accessed via Fox Tor, the shielding unit, but that had stopped to maintain a safer environment on Fox Tor. Medicines administration took place between the internal gates leading to the two wings. This process did not offer prisoners any privacy or confidentiality. Medication was stored and administered from a locked drugs trolley and the use of a laptop enabled access to the prescription and drugs chart.
- 2.33** Mental health services were delivered by Devon Partnerships NHS Foundation Trust and comprised primary mental health, secondary in-reach care and forensic mental health services. The mental health lead was shielding during regime restrictions and the deputy had remained on site. All referrals were subject to triage and review of clinical notes and at the start of the restrictions only urgent referrals were seen face-to-face by health care staff in full PPE. Self-referrals had doubled during the pandemic and all prisoners were now being seen in person, socially distanced. Staff attended initial ACCT reviews.
- 2.34** Assistant practitioners delivered weekly distraction packs which contained information graded by the local memory service, which was a positive initiative. The memory service provided updates for specific ages and conditions, for example packs appropriate to patients with dementia.
- 2.35** There had been one transfer under the Mental Health Act to a secure mental health hospital during the pandemic. The time from referral to transfer had been 44 days, which was far too long.

- 2.36** The range of substance misuse psychosocial services delivered by the Exeter Drugs Project had reduced during regime restrictions. New arrivals were assessed following the 14-day isolation period and information on harm minimisation was available. All groups remained suspended.
- 2.37** At the time of our visit, 57 prisoners were receiving opiate substitution treatment. They continued to receive regular clinical reviews attended by a specialist prescriber and a member of the psychosocial team.

Section 3. Purposeful activity

In this section we report mainly on time out of cell; access to the open air; provision of activities; participation in education; and access to library resources and physical exercise.

- 3.1 Despite the easing of national restrictions, progress at Dartmoor had been slow. The regime remained too limited and lacking in purpose. Most prisoners had only an hour each day to complete domestic tasks, phone calls (see paragraph 4.4) and time in the open air. Fox Tor was the exception to this where, subject to staffing levels, cell doors remained open. There were plans to increase time out of cell at the next stage of recovery, but there was no justification for not doing this earlier (see key concern and recommendation S7).
- 3.2 A reasonable number of prisoners had remained in employment during the restrictions. Four workshops had been deemed essential and continued to employ 28 prisoners. Another 195 prisoners were employed in a variety of roles, with the vast majority in the kitchens or as wing cleaners. There was a large number of paid peer workers, including Dialogue Road Map facilitators (see Glossary of terms and paragraph 1.18) and buddies. The level of support and supervision that they received was not clear.
- 3.3 The prison had successfully established meaningful in-cell education. Learning packs covered 39 topics, and since March more than 4,500 workbooks had been completed. This amounted to over 600 course completions by almost 500 prisoners. Each had been sent out for marking by the education provider. Forty prisoners were studying or registered for distance learning. Each wing had an education peer worker to support learners. The learning and skills team continued to compile 'step-up' plans for all prisoners. These plans were completed during induction, based on information from departments across the prison, and included sentence planning, education and work targets. The role of key workers was to encourage prisoners to complete the targets to demonstrate progress with their rehabilitation. Since the cessation of key work, prisoners had not received this assistance and support.
- 3.4 The gym had closed in March, although PE staff had been conducting outdoor circuit training. Most prisoners were able to attend at least two sessions a week if they wished.
- 3.5 The library had remained closed since March. Prisoners could access a limited range of books on each wing, and the stock was replenished periodically. Prisoners could also submit a request for specific books and DVDs. Library staff had actively promoted equality work and conducted a forum for life-sentenced prisoners so the closure of the library had adversely affected prisoners in a number of ways. The Shannon Trust peer workers (provides peer-mentored reading resources and training to prisons) had continued to support individual prisoners with literacy needs.

Section 4. Rehabilitation and release planning

In this section, we report mainly on contact with children and families; sentence progression and risk management; and release planning.

Contact with children and families

- 4.1 Social visits had started again on 13 August. Social distancing measures which had been introduced reduced capacity from 21 to five visits a session. Since that time, 135 visits had taken place, less than half the places available. The low take-up of visits indicated that 169 prisoners who had had a visit during the three months before the pandemic had not taken the opportunity to have a visit since the reopening. Prisoners and staff told us that restrictions such as reduced timeslots, lack of refreshments, lack of privacy and distance to travel to Dartmoor discouraged families from visiting. The visits hall had fixed furniture which was not conducive to a positive experience (see key concern and recommendation S9).
- 4.2 Official visits were to reopen on 14 October. The legal visit facility had been used for prisoners to contact legal advisers and probation in a private environment during the restricted regime.
- 4.3 Purple Visits (see Glossary of terms) had started on 17 August, but implementation was slow. Dartmoor had no in-cell telephones and should have been a priority site. Prisoners spoke positively of the facility and 165 video calls had taken place to date. Prisoners were offered one video call a month, but managers were now increasing this to use the significant excess capacity.
- 4.4 Not all communal phones were working. Prisoners could only use the telephones during their brief period of unlock which, despite some staff accommodating requests to make important calls at other times of the day, was not always when their family was available. There were restrictions on the length of calls which severely limited prisoners' contact with their families. The prison had been issued with 12 mobile phones linked to prisoners' existing PIN accounts, which were used for isolating prisoners only. Prisoners welcomed the additional weekly £5 telephone credit (see key concern and recommendation S9).
- 4.5 At the outset of the pandemic, arrangements were put in place to support and promote family contact. A redeployed team worked alongside Choices, the family services provider, to create a communication service between families and prisoners. At the time of our visit, the team had returned to their permanent roles and Choices were only working to support visits. This left a gap for prisoners who needed help or support with family contact.
- 4.6 Prisoners could receive and reply to correspondence from their families via the 'email a prisoner' scheme and 80 to 90 emails were received each day. Tablet computers had been used on occasions since the start of the restricted regime to allow prisoners contact with their families in exceptional circumstances, such as to livestream funerals.

Sentence progression and risk management

- 4.7** Office space in the offender management unit (OMU) had been risk assessed and offices clearly marked with maximum occupancy numbers. Staff observed these measures and carried out social distancing. Some staff worked at home on some days which relieved the pressure on the available desk space. The OMU had maintained good staffing levels during the restricted regime, including probation staff who had nearly all remained at the prison. Prison offender managers (POMs) worked in small pods which supported team working between probation and prison offender managers and their administrative support.
- 4.8** At the time of our visit just over half the population were sex offenders, a lower proportion than at the last inspection, and 84% were serving sentences of more than four years.
- 4.9** POMs had less contact with prisoners on their caseloads than before the COVID-19 restrictions. Time-bound processes such as parole and release were prioritised for prisoner contact. One-to-one offending behaviour work was not taking place.
- 4.10** POMs had tried to keep prisoners focused on progression using in-cell work packs appropriate to their sentence plans. These included behaviour change, money management, employability skills, and Maps for Change (see paragraph 4.12). Young adults with low maturity scores were encouraged to complete work packs from the HMPPS maturity tool. Records showed that 28 young adults had completed at least one work pack and some had completed several. Most prisoners had very little contact with their POM which was compounded by the absence of key worker input (see Glossary of terms). One prison offender manager described key workers as being their 'eyes and ears' before COVID-19 restrictions.
- 4.11** Nearly all prisoners had had an assessment of their risk to others and their offending-related needs (OASys) completed within HMPPS timescales. In our survey, 68% of prisoners knew what the targets in their custody plan were, but less than half of these said staff were helping them to achieve their targets. Prisoners who identified themselves as having mental health problems were particularly negative in their response to this question.
- 4.12** Before COVID-19 restrictions were put in place, the prison had been adapting Maps for Change (an intervention package used in the community) for use with prisoners whose risk level did not make them eligible for accredited interventions while in custody. This joint work by the OMU and the programmes team had enabled two groups of prisoners to complete the introductory module and to have a needs assessment for completing other parts of the package on a one-to-one basis. Other prisoners had completed the introductory module as in-cell work, but the restrictions had prevented the delivery of any of the subsequent individual work needed.
- 4.13** Six prisoners were taking part in an accredited group intervention at the time of our visit. This was a step forward after a year in which the prison had not offered any accredited interventions. However, the accredited interventions needed by many prisoners, including those convicted of sexual offences, were not offered at Dartmoor and prisoners were frustrated by the lack of opportunity to progress sentence plan targets (see key concern and recommendation S10).
- 4.14** Transfers to other prisons had almost ceased during the COVID-19 lockdown. Recategorisation reviews had continued, increasing the number of prisoners assessed as suitable for open conditions. Moves from Dartmoor to open prisons had only restarted recently, nearly all of which had been to the same prison. Many of the 45 prisoners still needing category D moves were on waiting lists for other open prisons. The low number of progressive moves had been compounded by the lack of consistent staffing for the OCA

(observation, categorisation and allocation) function at Dartmoor. No use was made of release on temporary licence (see Glossary of terms).

- 4.15** Public protection measures had been maintained and there were no backlogs in phone call monitoring. The interdepartmental risk management team had continued to review and manage prisoners who presented the most risk. Four prisoners had been released during the pandemic with no confirmation of their MAPPA (multi-agency public protection arrangements) level before release. This was concerning.

Release planning

- 4.16** In our survey, only 39% of prisoners who expected to be released in the next three months said they had received help to prepare for release.
- 4.17** Dartmoor was not a designated resettlement prison but had released an average of 19 prisoners a month in the first eight months of 2020. This was raised at our inspection in 2017 since when an on-site community rehabilitation company (CRC) resettlement worker from Catch 22 had been working alongside the OMU, which was a positive step. However, prisoners who should have moved to resettlement prisons but were still at Dartmoor remained a concern. We were told of resettlement prisons refusing to accept prisoners who should have moved to those prisons for local release (see paragraph 4.14). One of the OMU pods estimated that they would need 620 hours in 2021 for pre-release work for category C prisoners already on their caseloads. Inevitably, this would divert them from the offence related work that other prisoners needed.
- 4.18** Resettlement services were provided by Catch 22. They had withdrawn from the prison at the start of regime restrictions and provided a remote service with support from the OMU. The CRC had since returned to the prison and had limited face-to-face contact with prisoners. Most resettlement planning was done by correspondence with the prisoner and not all prisoners completed the paper questionnaires sent to them. This was another area where key worker support for prisoners with literacy or language barriers would have been beneficial. Prison records and our own observations indicated that prisoners were having phone contact with their community offender managers or accommodation providers with POM or Catch 22 involvement in the calls.
- 4.19** Prison records showed that prisoners were being contacted in good time for their release and action was taken to try to resolve accommodation or other issues. This included referrals to open bank accounts and benefits appointments made before release. Through-the-gate mentoring was offered but during the pandemic prisoners were unable to meet mentors before release. A pre-release course run by the education department had been adapted for in-cell use and had been distributed to 56 prisoners since March.
- 4.20** Home detention curfew (HDC) processes were managed well and eligible prisoners were able to make decisions about their release in time for their earliest release date. Relatively few prisoners were eligible but in at least one case where HDC had been approved, release was delayed until a suitable hostel place was available. Despite the efforts of Catch 22 and the OMU, eight prisoners had been released without accommodation during the previous six months. Others had been released to short-term transient accommodation under the homelessness prevention taskforce which had now finished.
- 4.21** No prisoners had been released through the end of custody temporary release scheme or special purpose licence ROTL (see Glossary of terms).

- 4.22** Prisoners were provided with packs from health care on release which included a face covering. Prisoners' mobile phones were not charged before they reached their accommodation and phones were not provided for prisoners with no phone who needed to make calls to secure accommodation. Suitable clothing was available for those who needed it. Prison transport was used to take prisoners to the nearest train station if they were not being picked up by family or friends.

Section 5. Appendices

Appendix I: Scrutiny visit team

Angus Mulready-Jones	Team leader
David Foot	Inspector
Angela Johnson	Inspector
David Owens	Inspector
Donna Ward	Inspector
Sarah Goodwin	Health care inspector
Joe Simmonds	Researcher
Amilcar Johnson	Researcher
Charlotte Betts	Researcher

Section 6. Further resources

Some further resources that should be read alongside this report have been published with it on the HMI Prisons website. For this report, these are:

Prisoner survey methodology and results

A representative survey of prisoners is carried out at the start of the scrutiny visit, the results of which contribute to our evidence base for the visit. A document with information about the methodology, the survey and the results, and comparisons between the results for different groups are published alongside the report on our website.

Staff survey methodology and results

A survey of staff is carried out at the start of every scrutiny visit, the results of which contribute to the evidence base for the visit. A document with information about the methodology, the survey and the results are published alongside the report on our website.