Report on a scrutiny visit to

# HMP Grendon

by HM Chief Inspector of Prisons

**2 and 9–10 March 2021**

# Contents

# Introduction

HMP Grendon is a category B training prison in Buckinghamshire with a capacity of just over 200 adult male prisoners, all of whom are serving long determinate or life sentences. The buildings have not aged well and they are tired and dilapidated; it is one of only a few prisons that still does not have in-cell sanitation. At the time of our visit, the prison capacity had been reduced with the closure of a wing for fire and alarm upgrades. This, combined with fewer prisoners transferring in due to the pandemic, resulted in a population of 164 at the time of our visit.

Grendon is one of just two specialist prisons in England and Wales that function as democratic therapeutic communities (see Glossary of terms). All prisoners undertake accredited therapy to understand and address their offending behaviour and live in a collaborative setting with their peers and staff. Prisoners are given a say in the day-to-day running of the establishment to equip them with greater insight into their own behaviour and instil a greater sense of responsibility for others.

When restrictions to manage the spread of COVID-19 were introduced in March 2020, as part of the HM Prison and Probation Service (HMPPS) national framework (see Glossary of terms), the curbing of regime activities, therapy groups and the democratic community structures, while necessary to keep prisoners and staff safe, risked Grendon regressing from its specialist role into a mainstream prison for long-term offenders. This restricted regime could not fully support the well-embedded therapeutic ethos of Grendon and its role as a therapeutic community.

It was, therefore, positive to find that the governor and leaders had retained a focus throughout to continue limited therapeutic support for prisoners in a way that could be managed safely. Specialist prison officers, alongside clinical and non-operational staff, remained at work to support prisoners' well-being in the absence of more formal weekly group work.

During summer 2020, successful planning allowed for progression to HMPPS stage three restrictions (the second highest level). Between July and November, the prison offered key elements of the regime, such as social visits, small group work and indoor PE. Despite the national lockdown in November 2020, the prison was able to continue to provide smaller group work delivery and indoor PE, as well as 'Purple Visits' video calling to support prisoners' family ties.

After the country was placed into a full lockdown, the prison found itself back on stage four restrictions in early January 2021 and prison leaders had to put a hold on a move to stage two and the planned reintroduction of therapeutic group work, core creative support therapies and face-to-face education. Leaders adapted recovery plans (see Glossary of terms) to maintain safe prisoner cohort sizes that enabled increased time out of cell and the continuation of outdoor PE. Small group work initially had to cease, but had recommenced in early March 2021.

Partnership work between the prison and health care providers had been effective in reducing the potential spread of COVID-19 into the prison. Since restrictions were introduced in March 2020, just two prisoners had tested positive, both of whom were identified during their reception, and appropriate follow-up procedures had mitigated the spread of the virus into the prison community.

Despite the reduction of therapeutic work, levels of violence and self-harm remained very low. Nevertheless, we identified several issues that required immediate attention. For example, in our survey, more than one in five prisoners said that they felt unsafe. In addition, prisoners from several protected characteristic groups identified concerns, and the experiences of some black and minority ethnic prisoners were poor. We noted that despite very good staff-prisoner relationships that were underpinned by a skilled staff group, the oversight of equality work was weak and formal equality meetings had ceased.

Although Grendon was not able to offer the structured therapy that formed the core of its offending behaviour work, other essential sentence management work, such as parole assessments and recategorisation reviews, had continued throughout the period of restrictions.

Leaders and staff at Grendon had responded well to the operational challenges presented by the pandemic and the prison remained a safe and respectful environment. However, while the prisoner therapeutic communities had weathered the necessary restrictions reasonably well, some outcomes were beginning to deteriorate. The longer the restrictions persist, the more the therapeutic culture will be at risk and the longer it will take Grendon to recover.

It is important for HMPPS to support the governor and staff to implement a full recovery plan as soon as is practicable to enable a safe return to being a successful therapeutic community, particularly after the successful roll-out of the vaccine in the prison.

**Charlie Taylor**
HM Chief Inspector of Prisons
March 2021

# About HMP Grendon

**Task of the prison**
Category B adult male training prison, therapeutic delivery

**Certified normal accommodation and operational capacity (see Glossary of terms)**
Prisoners held at the time of this visit: 164
Baseline certified normal capacity: 233
In-use certified normal capacity: 193
Operational capacity: 233

**Prison status (public or private) and key providers**
Public

Physical health provider: Practice Plus Group
Mental health provider: Barnet, Enfield and Haringey Mental Health NHS Trust
Substance misuse treatment provider: Midlands Partnership Foundation Trust
Prison education framework provider: Milton Keynes College
Community rehabilitation company (CRC): Thames Valley CRC (based at Spring Hill)
Escort contractor: Serco

**Prison group**
South Central

**Brief history**
Opened in 1962, Grendon was initially used as an experimental psychiatric prison and psychiatric unit for prisoners with antisocial personality disorders. It developed into a therapeutic community (TC) prison based upon principles established at the Henderson Hospital in London. There are six discrete therapeutic communities, each with over 40 resident prisoners. In 2014, a small TC opened for prisoners with learning disabilities who had previously been excluded from treatment. Grendon and the adjacent HMP Spring Hill, an open prison for adult men, are managed jointly by a single senior management team.

**Short description of residential units**
A wing – TC for prisoners convicted of sex offences
B wing – assessment and TC
C wing – TC
D wing – TC
F wing – closed at the time of the visit for fire safety improvements
G wing – TC+ for prisoners with learning disabilities (also the reverse cohort unit)

**Governor and date in post**
Becky Hayward, January 2019 (formally appointed as governor in May 2019 – had been in post as acting governor from January 2019 – May 2019)

**Leadership changes since last full inspection**
Dr Jamie Bennett, January 2012 – January 2019

**Independent Monitoring Board chair**
Christoff Lewis

**Date of last inspection**
8-18 May 2017

# 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 recommendations for the prison to address.

S3 **Key concern:** Work to promote equality and diversity was not prioritised. There were weaknesses in the monitoring and analysis of equality data and other actions to understand and address the needs of prisoners with protected characteristics. Black and minority ethnic prisoners criticised discriminatory behaviour from staff. The discrimination complaints system lacked credibility,

**Recommendation: There should be robust oversight, effective monitoring and action planning for equality work so that the individual needs of prisoners with protected characteristics are consistently identified and met. The strategic management of equality and diversity work should identify and address discriminatory treatment and make sure that prisoners have confidence in the discrimination reporting system.**
(To the governor)

S4 **Key concern:** The COVID-19 restrictions had limited the prison's therapeutic work and was in danger of affecting the management of behaviour and staff-prisoner relationships. Left unchecked, these weaknesses were likely to undermine the prison's therapeutic ethos and recovery from the effect of the restrictions.

**Recommendation: HMPPS and the governor should work together to support and apply tailored measures for managing the COVID-19 pandemic at Grendon that aim to protect the ongoing viability of the therapeutic community.**
(To the governor and HMPPS)

## Education, skills and work (Ofsted)

S5 During this visit Ofsted inspectors conducted an interim assessment of the provision of education, skills and work in the establishment. They identified steps that the prison needed to take to meet the needs of prisoners, including those with special educational needs and disabilities.

### Next steps

S6 Prison leaders and the education provider should devise a plan that increases the contact between prisoners and tutors to make sure prisoners receive adequate support, including additional learning support, to make at least the expected progress in their education.

S7 Prison leaders and the education provider should make sure that all prisoners are given the opportunity to study towards accredited qualifications as soon as possible.

S8 Prison leaders should make sure that prisoners have access to high-quality information, advice and guidance that helps them to achieve their career ambitions.

S9 Managers should review the needs of prisoners for education, skills and work so that they can make sure the new delivery plan for 2021-22 is fit for purpose and meets prisoners' needs.

## Notable positive practice

S10 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.

S11 Inspectors found one example of notable positive practice during this visit.

S12 The introduction of a pathway for the treatment of obesity promoted prisoner well-being and reduced their risk of developing serious disorders, particularly as clinicians had identified that some had gained weight due to the inactivity arising from the COVID-19 restrictions. (See paragraph 3.28)

# Section 1. Leadership and management

In this section, we report mainly on whether leaders and managers are responding effectively to the challenges of the pandemic, the proportionality of restrictions on activity and movement, whether recovery plans are in place and understood by staff and prisoners, the support provided to prisoners and staff, and the effectiveness of cohorting arrangements.

**1.1** The management team had worked effectively in partnership with health care providers and Public Health England in reducing the risk of COVID-19 since the introduction of restrictions in March 2020. There had been just two confirmed prisoner cases since the start of the pandemic, both of which were transfers in and were successfully identified by reception testing. The implementation and use of reverse cohorting arrangements (see Glossary of terms) had prevented further spread of the virus among the population.

**1.2** There had been effective communication with prisoners and staff about the restrictions. In our survey, 95% of prisoners said they knew what the restrictions were and 88% said that the reasons for restrictions had been explained. Likewise, 84% of staff agreed strongly or somewhat that they had been kept informed about what was expected of them since restrictions began.

**1.3** Throughout the pandemic, newsletters had been distributed to prisoners to update them with developments. Continued one-to-one support from therapists took place at least monthly and had been beneficial in helping prisoners understand the need to keep people safe from COVID-19.

**1.4** While only 62% of prisoners who responded to our survey felt that they had been kept safe from the virus, prison managers had implemented appropriate measures to respond to the pandemic. For example, while it was not always possible for staff to maintain social distancing on residential units because of the restricted space, during our visit, all prisoners and staff wore face coverings and one-way systems to limit contact were clearly signposted. There was good access to hand sanitiser stations and cleaning equipment throughout the prison. This was particularly important given the worn-out nature of prisoner accommodation and that recent failures in the night sanitation system (see paragraph 3.8) had resulted in prisoners not having regular access to fresh water or toilets. Staff had access to regular COVID-19 testing kits, which had further contributed to the prevention of infection in the prison. All prisoners in the priority groups who had been offered the vaccine had accepted this.

**1.5** While the prison was fundamentally a very safe and respectful environment, we identified some frailties in the governance of key meetings, and some were yet to recommence with vigour. For example, a range of data was presented in a joint safety and equality report to a small forum that included representatives from safety, security and health, but there was little evidence that it was fully analysed and addressed. During our visit, several prisoners from protected groups expressed concern about how they were treated, including examples of discriminatory treatment by staff towards prisoners from a black or minority ethnic background, which was contributing to a lack of confidence in the discrimination reporting system (see paragraphs 3.15 and 3.19 and key concern and recommendation S3). These perceptions and concerns would normally have been raised within the daily life of the therapeutic community (see Glossary of terms), which was now affected by the restrictions imposed under the pandemic.

**1.6** While the governor and leaders had attempted to maintain the therapeutic culture at Grendon throughout the restrictions, and the prison had been well prepared to progress to stage two of the HMPPS recovery plan, which would have supported further therapeutic

work with prisoners, the implementation of stage four restrictions in January 2021 had further affected programme delivery. The prison had only recently been able to reintroduce small groups. (See key concern and recommendation S4.)

**1.7** Grendon benefited from a highly skilled staff group of specialists and therapists that, combined with a reduced prison roll, had enabled the therapeutic community approach to continue in a diluted form. However, it was clear that the impact of the withdrawal of full therapeutic services was beginning to take its toll and contributed to an increase in anxiety for some prisoners. (See key concern and recommendation S4.)

# Section 2. Safety

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

## Arrival and early days

**2.1** Due to the relatively static nature of the long-term population at Grendon, and the fall in transfers in as a result of COVID-19 restrictions, there were very few arrivals and prisoners seldom had to wait together, either on transport or in reception. The reception area was reasonably clean and staff complied fully with COVID-19 procedures. It was positive that the prison no longer routinely used handcuffs to move prisoners from transport in secure areas into reception. The booking-in process was respectful and prisoners we spoke to were positive about their experience.

**2.2** New arrivals were initially located in the reverse cohort unit (RCU), where they were offered a shower and telephone call on their first night and staff completed initial induction procedures, including safety checks. Those on the RCU could not access peer supporters and, due to its role as a therapeutic community (see Glossary of terms), Grendon did not operate the Listener scheme (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). (See paragraph 2.16.) However, all prisoners could use a mobile phone to call the Samaritans on request.

**2.3** Prisoners on the RCU had less time out of cell than the rest of the population, which, coupled with the low numbers of arrivals, meant they had little opportunity to interact with others. However, testing for COVID-19 on days one and six allowed prisoners to be moved at the earliest opportunity to the assessment unit. while still minimising the risk of spreading the infection within the establishment.

**2.4** The residential assessment unit introduced new arrivals to therapy and community life, and assessed their suitability to join one of Grendon's communities. The unit provided a more detailed peer-led induction, and new arrivals told us they had been told most of what they needed to know.

## Managing behaviour

**2.5** In usual times, prisoners had played an active role in violence reduction and behaviour management through the therapeutic process. Each therapeutic community had a constitution, which sets out expected behaviour and outlines the consequences for transgression. Most inappropriate behaviour and disputes were dealt with by referring those involved to a group meeting. Repeated or more serious breaches of the constitution may lead to a commitment vote by other prisoners that determines whether the individual can remain a part of the therapeutic community. Acts of violence invariably led to a transfer out of the prison.

**2.6** Prison leaders told us that the democratic approach was a contributory factor in the low number of adjudications, which were used as a last resort. There had been only 11 adjudications in the previous six months, with most awards suspended to encourage improvement in behaviour. Due to the therapeutic nature of the prison there was no segregation unit and we found no evidence of unnecessary restrictions placed on prisoners in normal accommodation.

**2.7** The usual prison incentives scheme did not apply due to the therapeutic nature of Grendon. All prisoners were automatically assigned to, and remained at, the enhanced level (but without the reviews or warnings usually associated with the scheme). In the absence of more formal therapy due to the restrictions, any behaviour that required challenge was dealt with one-to-one by a specialist officer. Despite this, we found that some issues appeared to have been left unresolved, which had the potential to undermine the democratic approach.

**2.8** Levels of violence remained very low, with one prisoner assault and one assault on staff in the previous six months. Despite this, in our survey 23% of respondents said they currently felt unsafe, 41% reported victimisation from other prisoners and 32% victimisation from staff. The prison had continued to produce monthly safety data, but there was no evidence that it had sought to understand prisoner perceptions of safety during the period of restrictions.

**2.9** The use of force remained very low at three incidents in the previous six months. All were brought to the attention of the quarterly use of force meeting. There were errors in the documentation for all three incidents, even though the October 2020 use of force committee meeting had highlighted a need for improvement. As part of the therapeutic nature of Grendon, only one officer per community was required to carry a body-worn video camera (BWVC). However, local records indicated that the number of BWVCs varied in use each day and not all that were due for issue had been taken by staff.

**2.10** The prison had continued to hold a monthly security meeting throughout most of the period of restrictions. These were supplemented by a useful fortnightly meeting between security and residential therapeutic staff that made sure that all relevant intelligence was recorded and shared. In the previous six months, one prisoner was transferred out of Grendon due to security concerns.

**2.11** One in five prisoners who responded to our survey, said it was easy to get illicit drugs. The prison had carried out some drug testing during November and December, which resulted in four prisoners testing positive. The prison had a proportionate approach to mail and telephone monitoring and used drug detection equipment available in nearby establishments to reduce the entry of illicit substances.

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

**2.12** The most recent self-inflicted death in custody was in 2019 and the prison had taken measures to complete the resulting death in custody action plan.

**2.13** The number of self-harm incidents at Grendon remained low and had reduced during the first nine months of restrictions compared with the same period in 2019. The prison had continued to produce useful monthly data on self-harm. However, there was no evidence of any strategic work to understand the reasons that led individuals to self-harm in the absence of formal therapeutic work nor identified actions to reduce the incidents of harm further.

**2.14** Every prisoner had at least one individual support and welfare (check-in) meeting a month. Records of these meetings were generally comprehensive and demonstrated good support. Unit staff we spoke to clearly knew the prisoners on their community very well and we saw examples of staff spending time with those who were struggling to cope. For example, we saw a wing officer walking round the garden area for a considerable time talking to a prisoner who had received bad news. The weekly multidisciplinary health and therapeutic community meeting between wing and health care staff shared understanding of prisoners who might need additional support, such as referral to the mental health team.

**2.15** In our survey and during the visit, a majority of prisoners who had been on assessment, care in custody and teamwork (ACCT) case management for risk of suicide or self-harm said that they had been well-supported. However, some said they felt they needed to go on ACCT because they were no longer getting support from therapy groups. The documentation we examined was thorough and demonstrated personalised, continuous support for those on ACCT, although regular management checks had not always been recorded.

**2.16** There was no formal Listener scheme, which managers said was because self-harm and the issues that might contribute to this should be addressed in group sessions. However, Samaritans mobile phones were available on request by those in crisis. Each wing had at least one safer custody peer representative, although some had not received additional training and were not entirely clear of their role. The prison was developing a new job description for safer custody peer workers to address this concern.

# Section 3. 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

**3.1** Throughout our visit we observed positive and supportive interactions between staff and prisoners. It was clear that many of the staff group, including managers, specialist officers and therapists, had a clear understanding and knowledge of the prisoners. This was reflected in our survey where 80% of prisoners said that most staff treated them with respect and 92% that they had a member of staff they could turn to if they had a problem. However, during our conversations with prisoners we consistently heard from some that staff-prisoner relationships had declined from their previous high levels. Some said this had begun before the pandemic restrictions had been introduced and others told us that it was a result of reduced time out of cell and a lack of formal group therapy, combined with the increased anxieties and challenges that had arisen from the pandemic.

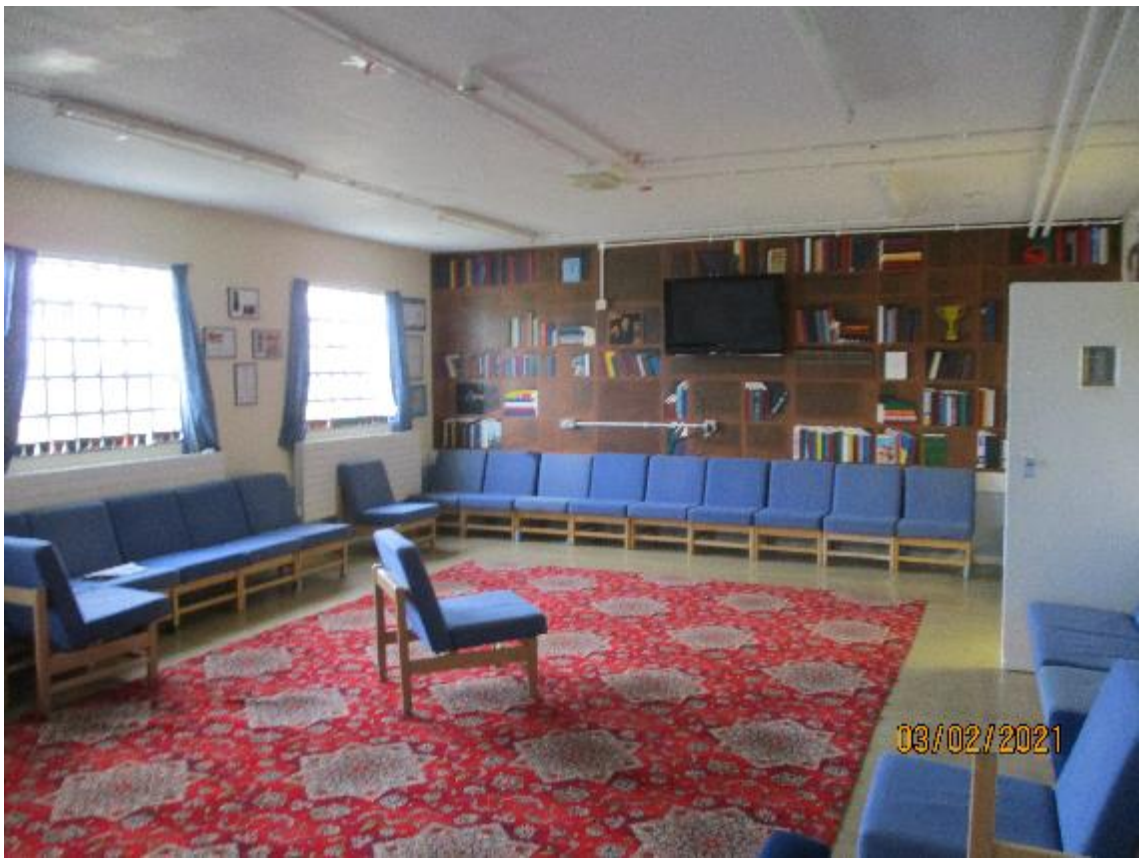
**3.2** Residential staff consisted of specialist prison officers who had undertaken additional training to work in a therapeutic community (see Glossary of terms). These specialist staff had continued to receive support through weekly support groups and regular formal supervision. Despite this continued support, 60% of staff who responded to our survey said their morale had declined since the beginning of the COVID-19 crisis. Many who we spoke to attributed this to the lack of therapy work with prisoners that underpinned the role of Grendon. However, some were also frustrated by a perceived lack of engagement by senior managers on COVID-19 arrangements and changes to the regime.

**3.3** Because of Grendon's role as a therapeutic community, it had not been required to implement the national prison key work system (see Glossary of terms). In our survey, 68% of prisoners said a member of staff had asked them how they were getting on in the last week. Staff entries into prisoners' electronic case notes were more detailed than we usually see, demonstrating engagement with prisoners and meaningful and informed discussion.

**3.4** Black and minority ethnic prisoners raised some concerns (see paragraph 3.15) and in our survey 38% of them reported being victimised by staff. The reasons for this were not clear during our short visit and the prison needed to explore these perceptions further. (See key concern and recommendation S3.)

## Living conditions

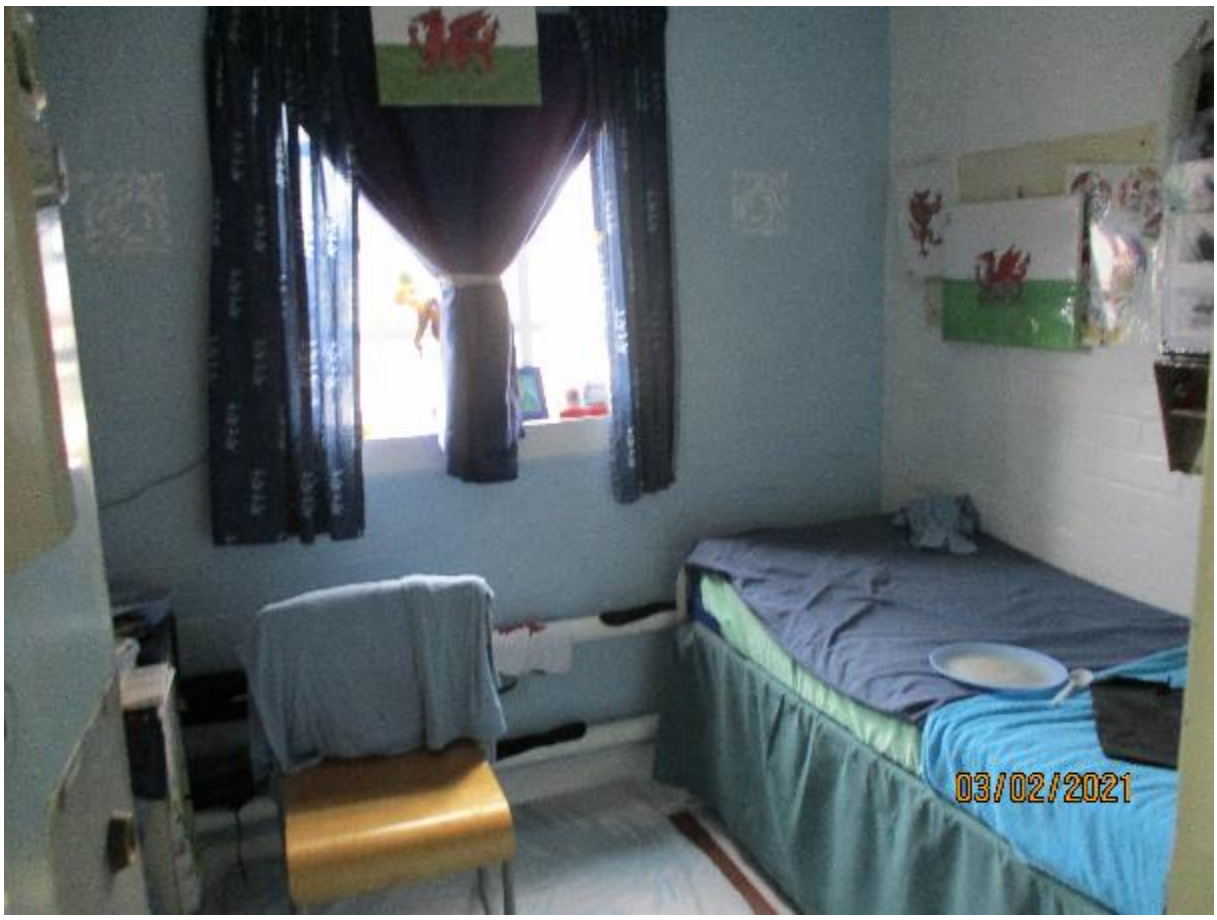
**3.5** All residential units and communal areas were relatively clean, but, with the exception of therapy group rooms, (see photograph) their fabric was worn and in need of investment. The external environment, while clean, was bland and unwelcoming with some buildings looking particularly decrepit. There had been little attention to making some of the outside areas more pleasant and conducive to prisoners' well-being.




Therapy room


Exterior exercise yard

**3.6** All prisoners had single cells which were small; some required repairs, for example to damaged flooring. However, there was little evidence of graffiti, they were adequately furnished, and prisoners were able to personalise them.

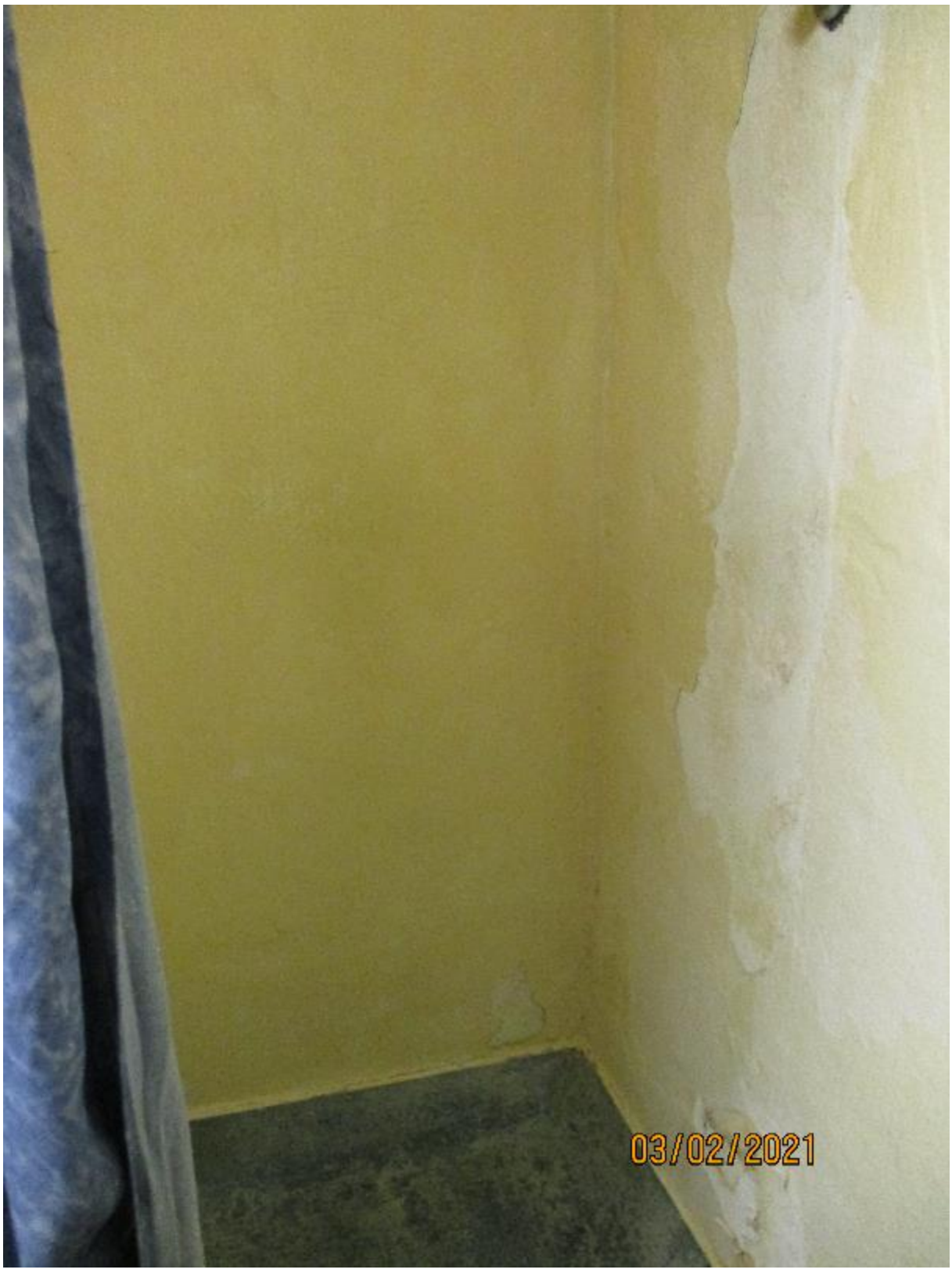



Inside a cell

**3.7** In our survey, 83% of prisoners said they could access cell cleaning materials each week. They had good access to wing laundries and 82% said they were able to get cleans bedding and 90% clean clothing each week. Hand sanitiser was available on wings and there were enhanced cleaning schedules, including additional touchpoint cleaning.

**3.8** The cells had no toilet, sink or running water and nearly all prisoners were subject to 'night sanitation' procedures if they wanted to use toilets at night, in which they had to make a request through a keypad in their cell. Some prisoners reported delays in access to toilets and had to use in-cell pots, which was unsanitary and degrading. This situation was exacerbated when the sanitation system malfunctioned, as it had recently for two nights on one wing. Depending on the time of day that the system failed, staff and prisoners said that additional hygiene items, such as hand sanitiser and additional water, were not always issued. This was not consistent with Grendon's overall ethos of prisoner care.

**3.9** Almost all prisoners in our survey (99%) said that they could shower daily. However, many of the communal shower rooms were in a poor condition and needed some refurbishment.




Shower


Shower floor


Flies on shower ceiling

## Complaints, legal services, prisoner consultation and food and shop

**3.10** In our survey, 76% of prisoners said it was easy to make a complaint and forms were readily available on units. However, complaint boxes were emptied by members of the safer custody team, which compromised the confidentiality of the process. In the previous six months, 268 complaints had been submitted, an increase of approximately 20% since the same period 12 months ago. There was limited analysis of complaints to identify trends, but it was not clear what happened to this data. Although responses to complaints were quality assured, in the previous six months nearly a fifth were answered late. The prison had recently introduced a tracking system to assess the timeliness of responses (including to applications). It was too soon to judge its effectiveness.

**3.11** Prison offender managers (POMs) usually assisted prisoners with legal rights issues, such as contacting solicitors about parole, but in the last year they had had such limited access to prisoners (see paragraph 5.8) that most of this work was done by staff on the wings. The prison encouraged the use of video technology for prisoners to consult their legal representatives, although in-person legal visits could be facilitated if required.

**3.12** Formal prisoner consultation had stopped at the start of the pandemic restrictions, but a modified monthly forum had recommenced, albeit with fewer prisoners in attendance to allow for social distancing. Meeting minutes indicated some positive changes following prisoner feedback, such as authorising purchases of selected catalogue items from approved suppliers.

**3.13** Provision of food had been largely unaffected by the restrictions. In our survey, 94% of prisoners said the quality of food was good or reasonable. Prepared food continued to be distributed from the main kitchen each day to be cooked in wing kitchens. Positively, prisoners could still use toasters, microwaves and standalone grills, with appropriate cleaning procedures to mitigate the risk of COVID-19. The arrangements for prisoners to make purchases from the prison shop were adequate, but some prisoners reported delays in receiving catalogue orders; this was sometimes due to insufficient available prison staff to process incoming parcels.

## Equality, diversity and faith

**3.14** The focus on equality work had lapsed during the pandemic. At the time of our visit there was no up-to-date equality strategy or action plan. Governance meetings, combined with work on safety, had been reintroduced in June 2020, but minutes did not indicate a broad analysis or discussion of data resulting in targeted actions. There had been no formal support groups or consultative forums for prisoners from protected groups since March 2020 and there were no nominated lead staff for individual protected groups. It was therefore unsurprising that, even with a relatively small population, the prison could not easily identify the number of prisoners from each protected group.

**3.15** In our survey, there were few significant differences in responses between prisoners from protected groups and other prisoners about their experiences during the restricted regime. However, during our visit, many black and minority ethnic prisoners expressed concerns about discriminatory and ill-judged behaviour from staff. One common example given was that when black prisoners congregated together they were instantly referred to as a 'gang' by staff, a term they did not use for groups of white prisoners. Further examples were provided of a small minority of staff who had made inappropriate comments and 'banter' involving race to black and minority ethnic prisoners. (See key concern and recommendation S3.)

**3.16** The Grendon Advisory Panel, a multidisciplinary group of eminent professionals who advised the prison on the promotion and development of its therapeutic regime, had been exploring whether current selection processes could potentially exclude a disproportionate number of black and minority ethnic prisoners from obtaining a place at Grendon. While the constraints of COVID-19 had stalled progress, it was a concern that although a focus group had been convened by a member of the Unlocked graduate programme (see Glossary of terms) to explore these issues 12 months previously, there had been little progress in acknowledging and addressing them. (See key concern and recommendation S3.)

**3.17** Limited but valuable support continued to be provided for some protected groups, including LGBT and older prisoners, but some deficiencies remained. For example, one elderly prisoner had been waiting for his hearing aids to be repaired for over a year, while another mobility-impaired prisoner had to strip wash in his cell because climbing the stairs to access the nearest available showers was too arduous for him (see also paragraph 3.31).

**3.18** Peer support 'Buddies' helped prisoners with disabilities, although they had no formal training or supervision. Not all prisoners with a personal emergency evacuation plan (PEEP) were identified by cell, which would have been an unnecessary risk in an emergency.

**3.19** In the previous six months, six discrimination incident reporting forms (DIRFs) had been received compared with 15 in the corresponding period 12 months previously. Forms were not available on all wings and there was no independent scrutiny of responses to them. Some prisoners we spoke to were sceptical about their effectiveness and felt that the DIRF process was sometimes used by staff against prisoners, which undermined prisoner confidence in the system. (See key concern and recommendation S3.)

**3.20** The post of managing chaplain had recently been filled after being vacant for about a year. Despite this gap, and the lack of communal worship, the small chaplaincy had remained active in the prison since the start of the restrictions, providing socially distanced face-to-face pastoral support and facilitating individual prisoner prayer when required. Chaplains made regular visits to residential units and attended reviews, where possible, for at-risk prisoners being supported through assessment, care in custody and teamwork (ACCT) case management. The team provided valuable support for prisoners who had suffered bereavement and had facilitated the use of computer tablets to stream the funerals of relatives and friends. Positively, the prison was risk-assessing prisoners to be escorted to attend funerals in person, and one had been approved to attend during the pandemic.

# Health care

**3.21** The well-led health services at Grendon (and the adjacent Spring Hill open prison) were provided by Practice Plus Group (PPG) and its subcontractors. In our survey, 71% of prisoners thought the overall quality of health services was good.

**3.22** Effective partnership arrangements between the prison, health commissioner and providers ensured oversight, with Public Health England advice as required. Learning from untoward events had continued during the COVID-19 restrictions. For example, the prison and PPG undertook a joint training exercise in December 2020 to practise responses to emergency situations, which had been recommended by the Prisons and Probation Ombudsman following a death in custody in the prison.

**3.23** Health staffing had occasionally seen shortages due to the pandemic, but there had been no disruption to services and there had been successful recruitment of nurses and psychologists to increase the range of therapy offered from April 2021.

**3.24** Grendon had not experienced an outbreak of COVID-19, but staff awareness was high and there were local infection prevention and control measures to manage an outbreak, including enhanced screening and COVID-19 testing. Two asymptomatic cases of COVID-19 had been identified at reception and successfully managed. Learning from the management of a COVID-19 outbreak at Spring Hill had informed approaches at Grendon, including the use of oximeters to monitor those vulnerable to oxygen de-saturation.

**3.25** The COVID-19 vaccine was being rolled out in line with Public Health England priority groups and all prisoners who had been offered the vaccine had taken it. Shielding arrangements were in place, although 38 prisoners advised to shield had declined to do so. All prisoners had access to free vitamin D supplements via the prison shop, which reduced the likelihood of deficiency due to reduced exposure to sunlight.

**3.26** Social distancing markers were clear in health care and waiting room capacity had been reduced to maintain distance. Correct personal protective equipment was available.

**3.27** A full range of primary care services were provided, with short waiting lists and few failures of patients to attend. Nurse specialists provided ongoing care of patients with lifelong conditions, such as asthma and diabetes. The service had maintained immunisation programmes, such as influenza, and national screening programmes, such as for bowel cancer.

**3.28** Service developments had continued throughout the restrictions. For example, a pathway for the treatment of obesity was being developed commencing with national obesity awareness week in January and dietetic sessions, which was positive practice, especially as clinicians had noted that some prisoners had gained weight due to the lack of activity during the restrictions. Increased use of laptop computers by clinicians had enabled them to access patients on the wings for remote assessments.

**3.29** The health centre was dated, but clean. Two consulting rooms and the dental suite had been refurbished to a high standard, which was a tangible improvement since our last visit.

**3.30** Time for Teeth dental services were good, with prompt triage for those requiring urgent screening and only 10 patients having to wait a week for non-urgent treatment. A waiting list of patients requiring aerosol-generating procedures (see Glossary of terms) inherited from 2020 had been successfully reduced to 10.

**3.31** Buckinghamshire County Council provided remote assessment of the social care needs of prisoners. No one was in receipt of a social care package as we inspected. The prison did not appear to track orders it had placed for daily living aids and, subsequently, one elderly prisoner had waited too long for the arrival of a special chair to aid his independent living (see paragraph 3.17).

**3.32** Mental health and substance misuse practitioners had maintained face-to-face contact with patients since May, which was impressive, and achieved target response times. Both teams coordinated care with the therapeutic community therapy team so that services were complementary.

**3.33** Barnet, Enfield and Haringey Mental Health NHS Trust provided secondary mental health services alongside PPG primary mental health care. During our visit, 35 patients were on the caseload, with practitioners noticing an increase in prisoners requiring support for anxiety problems. There had been no recent transfers to hospitals under the Mental Health Act. A senior clinician told us: 'I am surprised by the resilience of the men at Grendon'.

**3.34** Midlands Partnership NHS Trust offered psychosocial substance misuse services, with 14 active patients and 43 others contacted annually. Group relapse prevention education had

ceased due to the restrictions. The programme was being delivered via in-cell work materials with weekly support. No patient was receiving opiate substitution therapy (which was expected to have been completed before entry to the therapeutic community).

**3.35** Sigma supplied medicines efficiently and they were stored in an orderly way. The dispensary was small and clean. All risk assessments were up to date for 144 patients who held medicines in their possession. Medicine administration times had been extended to accommodate cohorting arrangements. We observed meticulous and confidential administration of medicines.

**3.36** It was rare for a prisoner to be discharged into the community, but those who were received assistance to find a GP and dentist, harm minimisation advice, and training and supplies of naloxone (to manage substance misuse overdose) if necessary.

# Section 4. Purposeful activity

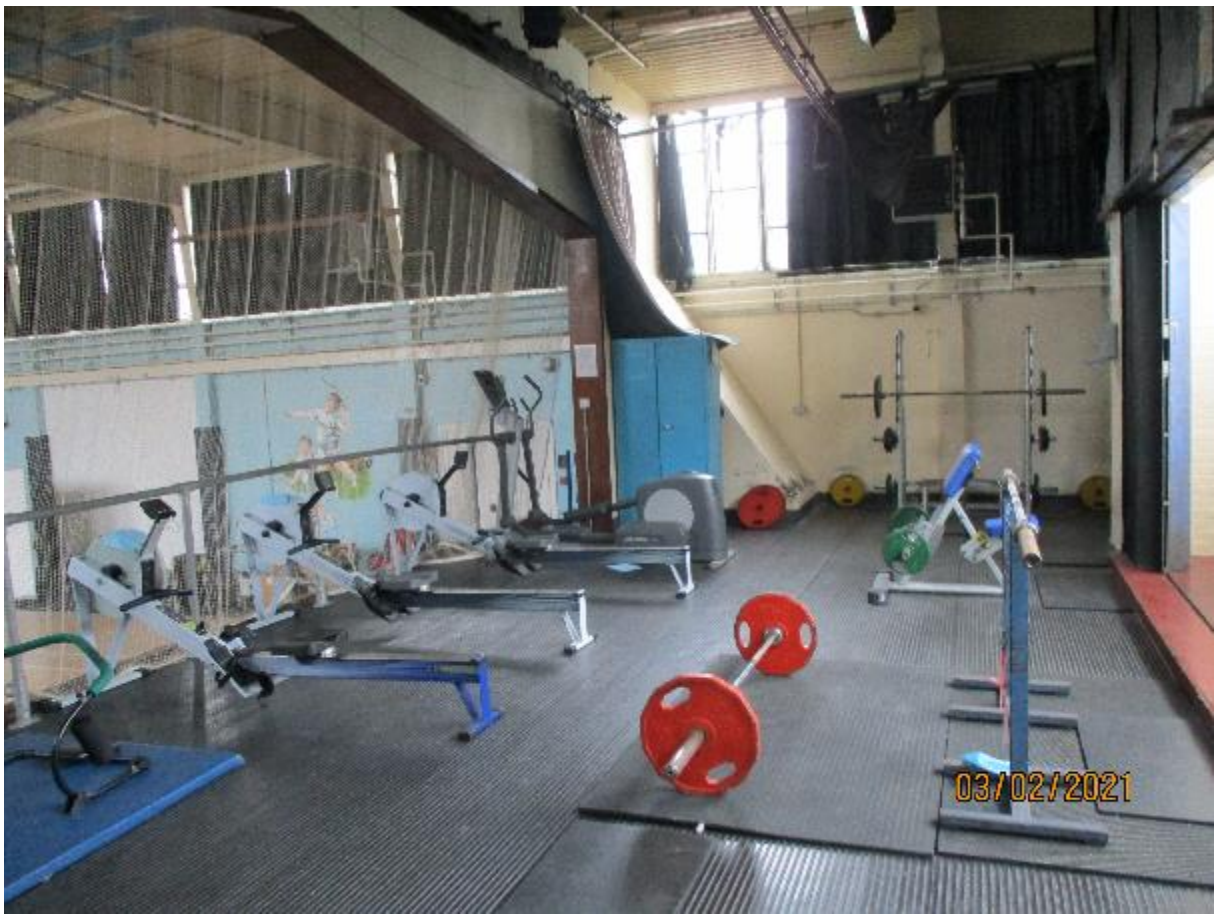
In this section we report mainly on time out of cell; access to the open air; provision of activities; participation in education; and access to library resources and physical exercise. Ofsted inspectors joined us on this visit to provide an assessment of the provision of education, skills and work in the establishment. They focused on:

- What actions are leaders taking to provide an appropriate curriculum that responds to the reasonable needs of prisoners and stakeholders and adapts to changed circumstances?
- What steps are leaders, managers and staff taking to make sure the approaches used for building knowledge and skills are appropriate to meet the reasonable needs of prisoners?

A summary of their key findings is included in this section. Ofsted's interim visit letter is published in full on our website: https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/

**4.1** Prisoners at Grendon had felt the impact of the pandemic particularly acutely given their previous experience of time out of cell. Under the restricted regime, which was consistent, most received approximately three hours a day out of cell, including 60 minutes in the open air. While this was better than we have seen at many other prisons during the pandemic, it was far less than the more than 11 hours a day observed at our last inspection. During their time unlocked, prisoners could move freely around their wing, had access to telephones and could complete domestic activities, such as cell cleaning. New arrivals in the reverse cohort unit received less than one hour a day out of cell. However, with the provision of regular testing for COVID-19, their time on this unit was now brief (see paragraph 2.3).

**4.2** HMPPS guidance had restricted the prison's ability to open the gym and it had been closed for prisoners since March 2020, apart from a short period between September and December. PE officers continued to deliver outdoor circuit sessions, provided at least twice-weekly, and were scheduled to supplement wing-based time out of cell arrangements.




Gym

**4.3** Prisoners we spoke to were generally positive about the temporary wing library services. While the library remained closed, it had continued to provide an outreach service since June and prisoners were able to borrow books, DVDs and console games. The enthusiastic librarian had made sure a variety of books were available on wings and had prepared the library for when it could be opened safely, with a one-way system and safety screening. The establishment of a virtual reading group was positive.

**4.4** Leaders had designed the education, skills and work provision to complement the prison's primary therapeutic ethos. A delay in the introduction of paper-based education activity packs for prisoners to complete in their cells had left them without any education opportunities for an extended period. The subjects available to prisoners were relatively limited and focused on functional skills English and mathematics.

**4.5** Prison leaders were keen to reintroduce face-to-face learning as soon as national restrictions allowed them to do so. They had developed appropriate plans to implement the return to learning and had started to consider how they could combine in-cell learning with face-to-face teaching.

**4.6** Leaders recognised that the wide range of activities offered by external organisations had been severely limited as a result of the pandemic. Prisoners had been unable to take part in activities that would have had a positive benefit for their time in prison.

**4.7** Education staff had undertaken a large amount of professional development throughout the pandemic. However, it was too early to judge the impact of this training on their teaching practice.

**4.8** Teachers had focused on assessing prisoners' submitted work to make sure that it enabled the achievement of qualifications. However, too many prisoners did not receive effective feedback to help them improve the quality of their work over time.

# Section 5. 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

**5.1** Although social visits were not currently available due to national restrictions, socially distanced visits had been offered from late July until December 2020 (with some pauses for community restrictions) and prisoners were generally enthusiastic about them. Prisoners and visitors had observed the restrictions in place. The visits room was being refurbished, including a new children's area, and was likely to be ready by mid-April 2021. The Prison Advice and Care Trust (PACT) was contracted to support social visits and managers were trying to make sure that PACT staff would be on site again when social visits restarted.

**5.2** Around one-third of prisoners had a Purple Visit (see Glossary of terms) video call with family or friends at least once a month. They were now able to have two calls a month and our survey showed that 20% of prisoners took this opportunity. Most prisoners we spoke to told us that video calls were a reasonable substitute for a social visit and that the technical difficulties had reduced. Video calls took place off the wings in an impersonal office; plans to improve the environment with a mural had not yet been achieved.

**5.3** Grendon did not have a family engagement worker as the therapeutic processes encouraged and supported prisoners to maintain or re-establish their own contact with families and friends. Prisoners spoke positively about the support they received from their communities in this respect and told us about facilitated meetings with family members to address historic problems. This work was not currently happening because of the COVID-19 restrictions, reflecting how the pandemic had compromised the specific aspects of the therapeutic community (see Glossary of terms).

**5.4** There was little evidence of a strategic approach to contact with children and families. Leaders did not know which prisoners never had visits or had not had a visit or a video call since the start of the pandemic or which of them had small children. Some resources to help prisoners keep in touch with young children, such as puzzles and stories to share, had been available from August 2020 and were popular, but supplies had run out and they were no longer offered. The librarian had just launched a new activity based on Storybook Dads (where prisoners usually record a story for their children) to fill this gap, but there had been no take-up so far.

**5.5** Although there were no in-cell telephones, the amount of time that prisoners had out of cell (see paragraph 4.1) and the fact that they could move freely on and off the exercise yard meant that they had reasonable access to communal telephones. In our survey, 90% of prisoners said they could use the telephone every day during their period of unlock. Since February 2021, prisoners had also been able to leave their cells to use the telephone for five minutes on one evening a week, which they valued.

**5.6** The prison had some restricted-function mobile phones for prisoners to use. These were not available routinely (because delivering and collecting the telephone from a cell reset the night sanitation queuing system, see paragraph 3.8), but they could be used by prisoners isolating because of COVID-19.

**5.7** In our survey, 41% of prisoners reported problems with sending or receiving mail, although we found no procedural weaknesses to explain this and public protection monitoring did not cause unnecessary delay. Post room staff told us that the local postal service could be unreliable and that post was sometimes delivered too late to be processed on the same day. The email a prisoner scheme for friends and family to send in emails, including the reply service, worked well.

## Sentence progression and risk management

**5.8** Prison offender managers (POMs) had not been allowed to see prisoners in person since January 2021. Their contact with prisoners had varied during 2020, but face-to-face interviews had been possible from September to December. This lack of in-person contact was offset to some extent by the availability of therapy staff on the wings and their knowledge of individual prisoners. Due to the roll-out of the offender management in custody (OmiC) model (see Glossary of terms), most of the POMs, who were probation-trained, had only started working at Grendon within the last year and some of their relationships with prisoners were underdeveloped.

**5.9** Parole assessments and recategorisation reviews had continued and were broadly up to date. Eight prisoners had not had a timely offender assessment system (OASys) review, although there was a good explanation for each delay and a plan for it to be resolved. In normal circumstances, prisoners had therapy reviews, which included an annual sentence plan review as well as their periodic OASys reviews, but these had not been possible for eight out of the previous 12 months and around 100 were now overdue.

**5.10** Progressive transfers of prisoners to lower category prisons had been possible since August 2020. During our inspection, nine category D prisoners were awaiting transfer to open conditions and some had been waiting for more than three months, which was too long. Leaders had altered the assessment process to allow prisoners assessed as suitable for therapy to move from the assessment unit into the communities more quickly than previously, freeing up space for more new arrivals (see paragraph 2.3).

**5.11** Public protection processes, including multi-agency public protection arrangements (MAPPA), were sound, with the identification and management of risks to the public on prisoners' arrival and release. The inter-departmental risk management team (IDRMT) generally met every month and had a good focus on protecting the public. The agenda was appropriate and discussion detailed, but generally only offender management staff and one security representative attended and so it was insufficiently integrated into the overall work of the prison. Leaders were working on improving local systems for communicating child contact and harassment restrictions across the prison.

**5.12** Offending behaviour work consisted of various forms of therapy. In normal circumstances, prisoners typically had some form of therapeutic group activity in the morning, followed by a period of reflection. In the afternoon, they had a job that contributed to community life. Some prisoners also engaged in art, music or drama therapy and there was a regular programme of evening events. Since March 2020, although little of this had been able to happen, the continued presence of therapists and specialist officers, and the high staff-prisoner ratios, had maintained a therapeutic milieu, albeit in a modified and weaker form. Some therapeutic processes to manage community relationships were still being used (see paragraph 2.7), although prisoners told us that these were less frequent than previously and not always when required. We saw that staff made themselves available to prisoners for conversations during unlock periods and some prisoners told us about continuing active support from wing staff. Some prisoners clearly felt the absence of therapy groups and meetings very keenly and a minority had decided that, with release dates approaching, they

needed instead to transfer to a resettlement prison. Positively, there was no evidence that the number of prisoners leaving therapy prematurely had increased.

**5.13** During our visit, staff began delivering one small group meeting a week for each prisoner (instead of the usual three), which was a positive first step towards recovery. These groups had also met from September to December 2020. Leaders had detailed plans to increase the volume of therapy delivered and were awaiting authority from HMPPS to do so. (See key concern and recommendation S4.)

## Release planning

**5.14** No releases were expected in the next six months and there had been only two in the previous six months. Both prisoners were released to approved premises and there was evidence of close working between the POM, the community offender manager (COM) and wing staff to make sure that their needs were identified and met. Records showed that the support offered to both prisoners had been caring and comprehensive. Staff had facilitated telephone conversations with the COM because face-to-face contact was limited by the COVID-19 restrictions.

**5.15** Staff could arrange for prisoners to access community rehabilitation company (CRC) services at HMP Spring Hill, and we saw an example of this being done to support a prisoner's employment on release.

# Section 6. Appendices

## Appendix I: Background and methodology

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.

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.

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.

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.

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/hmiprisons/about-hmi-prisons/covid-19/short-scrutiny-visits/.

As restrictions in the community eased, and establishments became more stable, we expanded the breadth and depth of scrutiny through longer 'scrutiny visits' (SVs) focusing 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.

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.

Each SV report includes an introduction, which provides 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. SV 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 are set out under each of our four healthy prison assessments.

Ofsted inspectors joined us on this visit to provide an interim assessment on the education, skills and work provision in the prison. A summary of their findings is included in Section 3 and a list of the next steps they expect the prison to take follows our key concerns and recommendations. Ofsted's interim visit letter is published in full on our website: https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/

SVs are carried out over two weeks, but 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/

## Scrutiny visit team

This scrutiny visit was carried out by:

| | |
|---|---|
| Ian Dickens | Team leader |
| Jeanette Hall | Inspector |
| David Owens | Inspector |
| Kam Sarai | Inspector |
| Paul Tarbuck | Health care inspector |
| Alec Martin | Researcher |
| Helen Ranns | Researcher |
| Joe Simmonds | Researcher |
| Ken Merry | Ofsted inspector |

# Appendix II: 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.

## Ofsted interim visit report

Ofsted's interim visit letter on how the establishment is meeting the needs of prisoners during COVID-19, including prisoners with special educational needs and disabilities, is published in full alongside the report on our website: https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/

# Appendix III: 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/

**Aerosol generating procedures (AGPs)**
Certain medical and patient care activities that can result in the release of airborne particles (aerosols) and a risk of airborne transmission of infections that are usually only spread by droplet transmission.

**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.

**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.

**National framework for prison regimes and services**
This framework sets out how HM Prison and Probation Service (HMPPS) will take decisions about the easing of the COVID-19 restrictions in prisons. The national guidance aims to ensure consistency in decision-making by governors. See: https://www.gov.uk/government/publications/covid-19-national-framework-for-prison-regimes-and-services

**Offender management in custody (OMiC)**
The offender management in custody model has been implemented in two phases across the closed male prison estate. The first phase entails prison officers undertaking key work sessions with prisoners and was implemented during 2018-19. The second phase, case management, was introduced on 1 October 2019 and is still being rolled out. It established the role of the prison offender manager (POM).

**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).

**Therapeutic community**
Therapeutic communities provide group-based therapy within an environment that promotes positive relationships, personal responsibility and social participation. Therapeutic communities address a range of prisoner needs, including interpersonal relationships, emotional regulation, self-management and psychological well-being.

**Unlocked graduate programme**
The Unlocked charity was established in 2016 following the Coates review into prison education. The programme aims to attract high-calibre graduates to work in the UK prison service to help break the cycle of reoffending: https://unlockedgrads.org.uk/

Any enquiries regarding this publication should be sent to us at the address below or:
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This publication is available for download at: https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/

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