Report on a scrutiny visit to

HMP Pentonville

by HM Chief Inspector of Prisons

27 October and 3-4 November 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/hmiprisons/about-our-inspections/

Aerosol generating procedures (AGPs)
Dental treatments, such as those involving the use of drills, which generate potentially hazardous or infectious air-born materials requiring enhanced infection control procedures and use of protective equipment to ensure the safety of patients and health professionals.

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

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

End of custody temporary release scheme (ECTR)
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.

Purple Visits
A secure video calling system commissioned by 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.

Short scrutiny visit (SSV)
A type of HM Inspectorate of Prisons (HMI Prisons) visit in which up to three similar establishments (for example, young offender institutions or local prisons) are visited. The aim of these visits was not to report on how an establishment meets HMI Prisons' Expectations, as in a regular full inspection,

but to give a snapshot of how it responded to the COVID-19 pandemic and to share any notable positive practice found.

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

Introduction

This report discusses the findings from a scrutiny visit (SV) to HMP Pentonville. The SV methodology develops the 'short scrutiny visit' (SSV, see Glossary of terms) approach that HMI Prisons used to provide independent oversight of custodial establishments from April to July 2020. Our previous approach monitored outcomes for prisoners in a small number of key areas at a time when regimes were severely restricted in all prisons. While SVs are still more limited in scope than our full inspections, they increase the intensity of scrutiny. SVs examine the treatment and conditions of prisoners in greater detail and focus in particular on the pace of recovery and proportionality of treatment, while ensuring the safest possible inspection practices.

HMP Pentonville is in north London and is one of the country's oldest and most famous institutions. It is largely unchanged structurally in nearly 180 years and epitomises the challenges confronting ageing, inner-city prisons with transient populations with varied needs.

Pentonville was already an institution of significant concern before the pandemic. This was reflected in poor findings at the previous full inspection in April 2019 and a subsequent independent review of progress in February 2020. At this scrutiny visit, it was pleasing to find that there had been some tangible, if fragile, progress. To the prison's credit, it had continued to focus on the key priorities we had set out at the last inspection, while managing the additional problems created by COVID-19. At the start of the pandemic, the prison had suffered some deaths among staff. At the time of our visit, there were no confirmed staff or prisoner cases.

The prison's age and design limited the degree to which it could provide decent accommodation. Despite a small reduction in population and the recent arrival of some detached duty staff, the prison remained overcrowded and under-staffed. Social distancing was all but impossible in some areas and we saw few attempts by staff to socially distance even where it was achievable. Prisoners had cooperated with the extreme restrictions. Many continued to feel unsafe and were acutely aware of the risks of infection being brought into the prison community from outside.

The busy reception was well organised and procedures were in place to ensure a safe flow of people through the area. COVID-19 testing was now routinely offered to all arriving prisoners and was about to start for staff. Cohorting arrangements appeared to be effective, with prisoners unlocked in groups based on when they arrived. Time out of cell was very limited, and provision of showers and exercise was inconsistent.

In our survey, 32% of prisoners said they felt unsafe and 40% that they were victimised by staff. We were surprised to find that the basic level of the incentives policy had been maintained for low-level transgressions, including limits on spending ability and occasional withdrawal of televisions. Given the already very restricted regime, this was unjustifiably punitive.

The level of violence was slightly lower than before the restricted regime, though with a few significant spikes in incidents. Use of force had similarly fluctuated and we were pleased to see that governance of use of force had improved significantly since our last inspection. Data were being collected more routinely, but trend analysis and subsequent actions remained limited in many areas, including violence, use of force and segregation.

Self-harm had increased in the months since the restricted regime had started and there had been four self-inflicted deaths since our last full inspection. The prison was attempting to address a large number of outstanding Prisons and Probation Ombudsman (PPO) recommendations, but some critical concerns had still not been effectively resolved, including slow responses to emergency cell bells and inconsistent management of assessment, care in custody and teamwork (ACCT) case management of prisoners at risk of suicide or self-harm. However, we were pleased to find that the

Listener scheme was operating well and had been sustained throughout the pandemic with support from the Samaritans. This was a significant achievement.

Staff were appreciative of the good communication and visible leadership in the prison. We heard from many staff that there was a greater sense of common purpose than in the past. However, outcomes for prisoners had so far improved little. We observed many interactions between staff and prisoners that were professional, good-natured and supportive, but we also saw staff being dismissive, unhelpful and, in one case, verbally abusive. While there was an obvious commitment to address such behaviour, this challenge required continuing focus.

Managers were attempting to address the deteriorating physical conditions in the prison and poor state of many cells. The pressure on spaces made this a difficult task. One wing had been closed for redecoration, another landing had been redecorated and funding had been obtained to refurbish the many showers that were dirty, mouldy and unfit for use. The communal areas of the prison were kept reasonably clean and prisoners were employed to sanitise high-use areas throughout the day. However, it was concerning that prisoners often could not obtain cleaning materials for their cells and that, unless they were in full-time work, they could not shower every day. Meals were served very early, with the evening meal serving starting as early as 3.30pm.

Strategic oversight of equality work had recently resumed. Data were being used to understand areas of over-representation, but there were few subsequent actions. A key concern was the inadequate treatment and conditions for prisoners with disabilities. The layout of Pentonville prevented sufficient access to facilities and some prisoners, especially wheelchair users, could not go outside. This was wholly unacceptable. The use of interpreting was also poor, undermining the care of the large population of foreign national prisoners. The introduction of a bespoke intervention programme ('Time4Change') was a positive development aimed at younger prisoners who were over-represented in discipline statistics. The chaplaincy had provided excellent support to prisoners throughout the pandemic, visiting each individual prisoner at least once a week, which was impressive.

Health care was reasonable and medicines administration was safe. However, demand was high, the provision was stretched and many prisoners complained about both access and quality. Waiting times for most health services were reasonable, but there were shortcomings in the appointments system. Over half the prisoners in our survey said they had mental health problems and waits for primary mental health support had increased.

A consistent regime was provided for most, but it was very limited for prisoners who were not in work. Unemployed prisoners generally had no more than 45 minutes a day out of their cells, and we received many comments about the impact of such confinement on prisoners' health and wellbeing. The prison had maintained some workshops with reduced attendance to maintain social distancing, and it was positive that about a quarter of prisoners were in some form of employment. In-cell activity was generally of good quality.

Family support work had been good and the reintroduction of visits had been managed well, with sensible and proportionate supervision. Take up remained low and less than a fifth of prisoners said they had seen their families in person or via video-calling in the previous month. In-cell telephones were a great help to prisoners locked up for long periods.

Sentence planning and risk assessment processes were up to date and the prison had worked hard to reduce the offender assessment system (OASys) backlog. Some risk management procedures were not working effectively. Prisoners were often frustrated at not being able to access relevant offender management staff or pre-release support. It was particularly concerning that more than half the prisoners released in the previous six months had not had settled accommodation and about 14% of these were released with no fixed abode.

Managers, staff and prisoners at Pentonville had shown resilience in managing the demands of the pandemic in an institution with many pre-existing problems. There were signs that the pandemic had

focused the minds of staff and that the positive direction that the governor and senior management team had set was starting to have an effect. Prisoners already faced a challenging prison environment, and the high levels of mental health need reflected the additional negative impact of the pandemic. A sustained focus on our recommendations will be essential if the deep-rooted problems facing the prison are to be overcome.

Charlie Taylor
HM Chief Inspector of Prisons
November 2020

Fact page

Task of the establishment
Local category B resettlement prison for remand and convicted prisoners aged 18 and over

Certified normal accommodation and operational capacity (see Glossary of terms)
Prisoners held at the time of this visit: 988
Baseline certified normal capacity: 899
In-use certified normal capacity: 747
Operational capacity: 1,310 (1,000 at time of visit following a reduction in operational capacity)

Prison status (public or private) and key providers
Public

Physical health provider: Practice Plus Group
Mental health provider: Practice Plus Group, Barnet, Enfield and Haringey Mental Health NHS Trust
Substance use treatment provider: Phoenix Futures
Prison education framework provider: Novus
Community rehabilitation company (CRC): MTC Ltd
Escort contractor: Serco

Prison group/Department
Public sector prisons south - London

Brief history
HMP Pentonville is a large Victorian local prison for remand and convicted prisoners, with four wings unchanged since it was built in 1842. It is one of the busiest prisons in the country with approximately 33,000 movements a year through its reception.

Short description of residential units
A wing – 226 spaces, general remand and convicted prisoners (currently reverse cohort unit/first night centre)
C wing – 160 spaces, general remand and convicted prisoners
D wing – 180 spaces, general remand and convicted prisoners
E1 wing – segregation unit, 12 spaces
E2-5 wings – 136 spaces, general remand and convicted prisoners (currently decanted)
F 1-3 wings – 126 spaces for prisoners requiring substance misuse stabilisation
F4-5 wing – 65 spaces for vulnerable prisoners
G wing – 415 spaces, general remand and convicted prisoners
J wing – 64 space first night centre (currently protective isolation unit)
Health care – 22 beds

Name of governor and date in post
Ian Blakeman, December 2019

Independent Monitoring Board co-chairs
Barry Baker and Dominique Demeure

Date of last inspection
1-12 April 2019

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 (see Glossary of terms) 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/.

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 **Key concern**: While a wide range of data were now collected and analysed, particularly on safety and equality, there was little evidence that the analysis had been used to improve outcomes for prisoners.

Recommendation: Managers should make sure that data are used effectively to identify concerns and take action which leads to tangible and demonstrable improvements in prisoner outcomes.
(To the governor)

S3 **Key concern**: Contrary to national guidance, the prison had decided to maintain the basic level of the incentives scheme. Given the extreme restrictions already in place for all prisoners, this was disproportionately punitive and had resulted in reduced spending ability and withdrawal of televisions in some cases.

Recommendation: Managers should use proportionate means to deal with low-level transgressions by prisoners.
(To the governor)

S4 **Key concern**: The prison was attempting to address a large number of outstanding Prisons and Probation Ombudsman (PPO) recommendations following deaths in custody, but some critical concerns had still not been effectively resolved, including slow responses to emergency cell bells and the variable quality of ACCT procedures.

Recommendation: All recommendations from death in custody reviews should be implemented swiftly. Managers should, in particular, address urgently the slow response to emergency cell bells and the inconsistent quality of ACCT processes.
(To the governor)

S5 **Key concern**: Cells were generally in a poor condition and lacking maintenance. Broken and dilapidated fixtures, graffiti, mould, and broken windows and observation panels were commonplace. Positive efforts were being made to refurbish cells on some wings, but there was a lack of attention to poor conditions in cells that were not being refurbished.

Recommendation: Managers should make sure that all cells are kept in a good state of repair and provide decent living conditions. Problems reported by prisoners should be addressed promptly.
(To the governor)

S6 **Key concern**: Meals were served very early with serving of the evening meal starting between 3.30 and 3.45pm.

Recommendation: The evening meal should not be served before 5pm.
(To the governor)

S7 **Key concern**: Treatment and conditions for many prisoners with disabilities were inadequate. In our survey, 70% of prisoners said they had been victimised by staff and often commented on poor access to facilities. Some prisoners, especially wheelchair users, did not go outside. Others were unable to shower regularly because the shower facilities were not accessible.

Recommendation: Prisoners with disabilities should not be held in Pentonville if they have no ready access to outdoor exercise areas and key provision, such as work and education.
(To HMPPS)

S8 **Key concern:** Time out of cell for unemployed prisoners was restricted to about 45 minutes a day. Showers and outdoor exercise were offered to these prisoners on alternate days except Saturdays which meant that they were not able to shower and go outside each day.

Recommendation: All prisoners should be able to have a shower and outdoor exercise every day.
(To the governor)

S9 **Key concern**: During the previous six months, 58% of prisoners had been released with no settled accommodation and 14% with no accommodation, which was far too high. Nearly a quarter of prisoners receiving support with accommodation were released with no accommodation arranged for the day of release.

Recommendation: The prison should continue to work with community partners, with appropriate support from HMPPS, to ensure that no prisoners are released without settled accommodation.
(To HMPPS and the governor)

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 the following examples of notable positive practice during this visit.

- Listeners had been able to carry out their important work throughout the pandemic. The Samaritans had initially provided the necessary training, mentoring and support remotely and, as soon as they were authorised to return to the prison, had provided that support in person. (See paragraph 1.13.)

- A bespoke 12-session intervention programme, 'Time4Change', had been developed for 18-25-year-old prisoners who were over-represented in discipline statistics. Pre- and post-programme outcomes were monitored to assess if the intervention had had any impact on behaviour. The use of mentors and a counsellor between sessions provided helpful support. (See paragraph 2.16.)

- Chaplains met every prisoner each week to provide individual support. They also undertook daily visits to vulnerable prisoners in need of additional support. These included prisoners who found social interaction difficult, those in prison for the first

time, prisoners with learning support or literacy needs, and those experiencing bereavement and family illness. (See paragraph 2.21.)

- In-cell work packs provided by PACT (Prison Advice and Care Trust) on the theme of relationships were of a high quality. They were tracked and assessed, with prisoners receiving certificates after completion. This was a good initiative to help keep prisoners occupied with purposeful and rehabilitative work during long periods confined to cells. (See paragraph 4.6.)

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 prison had received concerning inspection reports over several years. It was positive that managers had continued to focus on many of the key priorities set out at the last inspection despite the additional demands created by the pandemic. For example, a programme of cell and shower refurbishment was ongoing and governance of areas such as use of force had improved. However, outcomes for prisoners had yet to improve significantly and in some critical areas, such as implementation of death in custody recommendations, progress had been poor (see paragraph 1.27).

1.2 Managers and staff had shown resilience in managing the demands of the COVID-19 period. There were signs of a more collaborative staff culture than we had seen at the previous two full inspections. Our staff survey was generally positive about management support for staff during the pandemic. Communication with staff was good. An informative and well-managed daily staff briefing was attended by managers from around the prison. It was an effective way to make sure that important messages and developments could be shared quickly and cascaded down to other staff in the prison.

1.3 Communication with prisoners was also good and included use of the prison television channel, regular and informative newsletters and some information shared through 'red band' orderlies. While prisoners had cooperated with and supported the measures taken by the prison to control the pandemic, the strain of the extreme restrictions they had experienced was evident. In our survey, more than half the prisoners said they had mental health problems and many commented on the difficulty presented by having so little time out of cell (see paragraph 3.1).

1.4 Managers were re-establishing services in line with exceptional delivery models (see Glossary of terms). However, they had also taken some appropriately risk-assessed local measures, including keeping prison workshops open throughout the pandemic with reduced numbers (see paragraph 3.2).

1.5 Managers had implemented quarantine and shielding arrangements in accordance with national directives. Many prisoners continued to feel unsafe and were acutely aware of the risks of infection within the prison community. In our survey, about a third of prisoners who said they understood the restrictions said they did not see them as still being necessary, and many commented on the lack of staff adherence to social distancing and the failure to wear masks. Only 46% in our survey thought they were being kept safe from the virus and prisoners most often mentioned that staff did not take the risk of infection to prisoners seriously enough. Prisoners also said that they were unable to maintain personal hygiene and that there was a slow response to emergency cell bells (see paragraph 1.28). Most staff in our survey said that it was difficult to maintain social distancing and we saw little attempt to do so even when it was possible.

Arrival and early days

1.6 The prison was receiving about 10 to 15 new arrivals a day on up to six days a week. The reception building was clean and spacious. A movements corridor around the building allowed prisoners to proceed along a one-way route through various reception procedures while maintaining social distancing.

1.7 The temperatures of arriving prisoners were taken while they were still on the vans on which they arrived. Any prisoner with a high temperature was immediately taken to the wing designated as the protective isolation unit (PIU).

1.8 COVID-19 testing was now routinely offered to all arriving prisoners with results available within five days. Almost all prisoners agreed to be tested and any who declined were relocated to the PIU.

1.9 Initial screening on reception was reasonable. Other reception processes were well organised but social distancing was not routinely observed and there was not enough use of telephone interpreting for first night interviews.

1.10 All prisoners were offered a shower and a hot meal. Most prisoners were able to make a phone call on their first night. An appropriate exception was prisoners with contact restrictions, for whom a member of staff made a call the following day.

1.11 Cohort arrangements on the reverse cohort unit (RCU, see Glossary of terms) appeared effective. Prisoners were unlocked in cohorts based on their date of arrival. The regime on the RCU allowed for a shower and outdoor exercise on alternate days apart from Saturdays, when canteen was distributed to prisoners. This meant that at weekends some prisoners had a gap of two days between showers and exercise. We spoke to several prisoners who told us that even this very limited regime was not always adhered to.

1.12 Induction on the RCU was delivered by staff members at the cell door and was very limited. An induction booklet, updated to reflect the restricted regime, had only just been published. There were plans to translate it into the five most commonly spoken languages at the prison.

1.13 There was limited use of peer support in reception and on the RCU, but Listeners (prisoners trained by the Samaritans to offer emotional support to fellow prisoners) were readily available in both locations (see paragraph 1.26).

Managing behaviour

1.14 In our survey, 32% of prisoners said they felt unsafe, similar to our finding at the last full inspection, and 40% said that they had been subject to some form of bullying or other victimisation by staff. Prisoners often mentioned factors such as concern about the pandemic (see paragraph 1.5), frustrations about being locked up for very long periods and staff being dismissive of their needs.

1.15 A violence reduction policy and safety strategy with an ambitious action plan had been launched at the beginning of 2020 and was being tracked by the manager overseeing safer custody. However, the plan was not discussed in any forum, including the well-attended monthly safety meetings which had resumed in June after a three-month suspension. The safety meetings considered useful data and key themes were often identified. However, further investigations or actions did not consistently follow (see key concern and recommendation S2).

1.16 The prison had a good understanding of how the lockdown had affected security. An increase in the risk of drugs and other items being thrown over the walls had been addressed with the co-operation of the police. The number of finds had significantly reduced. A body scanner had been installed in reception and was being used when concealment was suspected. Specialist equipment was being used to test for traces of drugs on incoming correspondence.

1.17 Levels of violence were lower than before imposition of the restricted regime, but there had been a spike in both assaults by prisoners on staff and other prisoners during the summer. Violence had since reduced again and the prison was trying to understand and develop a response to the drivers of violence, such as the role of gang affiliation. Some meaningful action had been taken to tackle violence, such as unlocking for exercise by landing on those wings where the incidence of violence was high. However, analysis was sporadic and issues that had been identified were not always followed up.

1.18 The use of challenge, support and intervention plans (CSIPs, see Glossary of terms) to respond to violence was improving but inconsistent. During August, when the level of violence was particularly high, only five CSIPs were opened, while in October 19 CSIPs were open. CSIPs were used overwhelmingly for perpetrators of violence, despite the violence reduction policy indicating that they should also be used for victims.

1.19 The number of use of force incidents had initially reduced after the restricted regime had been adopted but had spiked to high levels during the summer. Oversight of incidents had improved since our last full inspection. Specific incidents were considered at a fortnightly meeting and overarching issues and trends at a monthly meeting, although the analysis of trends remained limited. Good efforts had been made to ensure that all paperwork was completed for all incidents. All planned use of force and incidents where batons were drawn or used were now scrutinised, as were a minimum of 10% of other incidents. There was evidence that both good and poor practice were being identified and followed up with the relevant staff. Managers told us that this process was helpful in promoting the use of body-worn cameras. The reviews focused on proficiency in the use of techniques, with little consideration of whether force was necessary in each incident.

1.20 The recently refurbished segregation unit was full during our visit but stays in the unit were usually short. Prisoners had daily showers, phone calls and exercise. The showers were in a very poor state and had been closed for refurbishment just before our visit. Since the restricted regime had come into place, oversight of segregation had been limited to one segregation monitoring and review group meeting.

1.21 The use of adjudications had decreased since the imposition of the restricted regime. Offences consisted primarily of violence, unacceptable language and behaviour, possession of unauthorised items or non-compliance with instructions. Independent adjudications had resumed in June by video-link, which was positive. Oversight of adjudications had been very limited with only one adjudication standards meeting taking place since the restricted regime. Three months of data were considered at the meeting but they were not fully explored nor were trends considered that could have improved outcomes (see key concern and recommendation S2).

1.22 Contrary to national guidance, the prison had decided to maintain the basic level of the incentives policy scheme to provide additional sanctions for low-level transgressions unsuitable for formal disciplinary procedures. This was disproportionately punitive in the context of the existing COVID-19 restrictions. The basic regime mainly involved restrictions on spending, but some prisoners who were considered to have committed additional infractions had their televisions temporarily withdrawn. There was no clear policy and limited governance of the basic regime and understanding among staff of how and when to use sanctions was inconsistent (see key concern and recommendation S3).

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

1.23 The number of self-harm incidents in the six months following the imposition of the restricted regime was higher than in the previous six months, but the number of incidents had fluctuated widely. There had been a steep increase during the summer, but the number had reduced in September to half the August figure. Little had been done to understand the reasons for such fluctuations.

1.24 Our review of case notes and ACCT documentation (assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm) indicated some good care planning, but ACCT care maps were generally rudimentary or incomplete, and a large number of reviews were not multidisciplinary. Managers had recognised that the previous ACCT quality assurance process had not been effective and they were in the process of implementing a new procedure. In our survey, only 40% of prisoners who had been on an ACCT said they had felt well cared for.

1.25 Safety intervention meetings had resumed once a fortnight in June. These useful meetings facilitated the sharing of information between safety and wing staff about specific prisoners of concern, including those on ACCTS and CSIPs. Progress was tracked and we saw evidence of identified actions being followed up and completed.

1.26 Listeners were available to prisoners on every wing and space was provided for face-to-face meetings. The Samaritans had provided training and mentoring to the Listeners throughout the restricted regime. Data and issues related to the Listener scheme were discussed at the monthly safety meeting.

1.27 An automated safer custody telephone line was in place and well publicised. Prisoners' families could leave a message on the line if they had concerns about prisoners. At least one call a day was received and as many as eight calls on some days. The number and nature of the calls were discussed at the monthly safety meeting. Messages should have been followed up and responded to within 24 hours, but a test message left by an inspector received no response.

1.28 There had been four self-inflicted deaths since our previous full inspection, one of them during the restricted regime. The prison was rightly prioritising their response to internal learning reviews of these deaths as well as the high number of outstanding recommendations from the Prisons and Probation Ombudsman reports. However, a significant amount of work remained to be done, even on major issues such as response times to emergency cell bells which remained poor. Managers had developed and were implementing an emergency cell bell action plan, but it had yet to make a meaningful impact. Throughout most of the year, more than 30% – and on some wings as many as 50% – of cell bells were not responded to within five minutes, and many were taking considerably longer to answer. In comments on our prisoner survey, many prisoners expressed concerns for their safety given the length of time it was taking to get a response to cell bells (see key concern and recommendation S4).

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 In our survey, only 58% of prisoners said that most staff treated them with respect, but 68% said there was a member of staff they could turn to if they had a problem. Only 27% of prisoners said that a member of staff had asked them how they were getting on in the last week.

2.2 We saw many examples of good-natured and supportive interactions between staff and prisoners, with staff addressing prisoners by their first name, offering assistance, and asking how they were. However, we also observed several instances of staff being dismissive or unhelpful, and in one case we witnessed a member of staff shout and swear at prisoners, which was wholly unacceptable. We also continued to see some examples of prisoners not being challenged appropriately by staff, for example, on one occasion, a prisoner ran across the netting with no challenge by staff.

2.3 Key work (see Glossary of terms) had stopped at the outset of the pandemic but had now been reintroduced to a limited extent. The number of sessions delivered each week had risen slightly in August and September 2020. All key work was delivered by in-cell telephone and sessions were appropriately focused on prisoners who were younger or more vulnerable. However, NOMIS records (Prison Service electronic data) and conversations with prisoners showed that not all prisoners who fell into these categories were receiving regular key work. Sessions recorded on NOMIS showed good levels of personal engagement, but little evidence of focus on sentence plans or rehabilitation. The prison planned to reintroduce key work more comprehensively, but there was no strategy or timeline for progress.

Living conditions

2.4 The age of Pentonville presented a challenge in maintaining the prison to a decent standard. Overcrowding remained a problem, and many prisoners shared cells that were not suitable for two people. In addition, cells were generally in poor condition. We saw deficiencies such as broken observation panels and windows, lack of natural light, leaking pipes and sinks, broken or missing furniture, graffiti and mould. Prisoners said that it often took a long time for issues with cells to be addressed once they had reported them. Managers were aware of the problems and were taking some action to address them: cells on the top floor of G wing had been partially refurbished and E wing was temporarily closed for a complete refurbishment (see key concern and recommendation S5).

2.5 The cleaning cupboards on the wings had been restocked at the start of the pandemic and staff told us that they had enough cleaning products for prisoners to keep their cells clean. However, in our survey only 28% of prisoners said they could get cell cleaning materials once a week, and many told us that it was still sometimes difficult to access cleaning materials. There were limited materials in some of the cleaning cupboards when we checked them.

2.6 Communal areas were in a better condition than cells and were routinely kept clean, although on one wing a broken toilet had led to (clean) water seeping into some occupied cells and on to the landing. This had not been repaired in almost a week. In addition to wing cleaners, 'red band' prisoners, who could move around the wing freely, had been recruited to work as full-time cleaners and they made sure that high-contact surfaces were sanitised throughout the day.

2.7 There were continuing complaints of infestations of cockroaches and mice and pest control had attended the prison several times in recent months.

2.8 Only 16% of prisoners in our survey said they could shower every day, which was very poor. Only prisoners who were in full-time work were offered a shower every day, while most prisoners were offered a shower every two days. We had numerous reports of prisoners going without showers for longer than this. One prisoner commented:

> *'I've been in Pentonville for two months now. I have never experienced a time in prison as tough as this, I have never had association since I've been here, there's been weeks where I haven't had a shower due to COVID lockdown. When I am able to shower … I fear catching COVID because nobody cleans the shower.'*

2.9 Showers were mouldy, dirty and unhygienic. Funding had been acquired to refurbish them. Work had already started and was due to continue into 2021.

2.10 In our survey, only 35% of prisoners said they could obtain sufficient clean clothing and 23% clean bedding. This was reflected in prisoners' conversations with us. Managers said that they had an adequate supply of these items but were aware that distribution to those who needed them was a problem. They were exploring ways to make sure that suitable clothing, bedding and towels were consistently available.

Complaints, legal services, prisoner consultation and food and shop

2.11 Just over a third of prisoners in our survey said it was easy to make a complaint. The number of complaints was high in comparison to similar prisons and had been on an upward trajectory from July before starting to reduce in September. A large number had not received a timely response and quality assurance of the process was underdeveloped. No trend and pattern analysis was carried out to help identify and address recurring themes.

2.12 Consultation with prisoners had resumed to some extent. Wing forums and formal Prison Council meetings were not taking place, but the latter were due to restart shortly after our visit. Managers had in the meantime started to meet Prison Council representatives, and newsletters provided a feedback section for prisoners. User Voice staff were now visiting the prison each week to speak to Prison Council representatives, which was positive, and their contact details had been added to prisoners' PIN accounts.

2.13 In our survey, 44% of prisoners said that the food was at least reasonably good. We heard many complaints about the quality and delivery of the food which was prepared two to three days in advance. We saw poor practice in storage, with food left uncovered in the fridge. Portion sizes were small, and all meals were taken to prisoners' doors. Some snacks were provided. Meals were served very early: in particular, serving the hot evening meal started between 3.30 and 3.45pm. Keeping the meal warm until the end of the service line presented a problem (see key concern and recommendation S6).

2.14 The prison shop continued to operate effectively. The shop was overseen by the duty governor which mitigated the risk of missing items.

Equality, diversity and faith

2.15 The strategic equality meeting had started again in August and the minutes indicated good discussion and action planning. Local data were interrogated and staff were aware of areas of over-representation; these included a higher proportion of young black males in use of force and adjudications statistics, and a higher proportion on the basic level of the incentives scheme. Some of these findings were recurring and actions had so far been limited (see key concern and recommendation S2).

2.16 The introduction of a bespoke intervention programme (called 'Time4Change') was positive. This was aimed at 18-25-year-old prisoners who were over-represented in disciplinary statistics. The first cohort had recently completed the 12-session course. Pre- and post-programme outcomes were monitored to assess the impact of the intervention on behaviour, and the use of mentors and a counsellor between sessions provided helpful support.

2.17 The discrimination incidents reporting process was managed well by the equality adviser. Delays had occurred previously, but these had been rectified at the time of our visit and there was no backlog.

2.18 An equality questionnaire to identify the needs of prisoners with protected characteristics had resulted in focused individual support. The questionnaire had recently been revised by the speech and language therapist to make sure that it was accessible.

2.19 Treatment and conditions for prisoners with disabilities were inadequate. In our survey, 70% of those with disabilities said they were victimised by staff. They had poor access to facilities and some prisoners, especially wheelchair users, did not go outside. Others were unable to shower regularly because the shower facilities were not accessible (see key concern and recommendation S7).

2.20 Some support for foreign national prisoners had been provided throughout the restricted regime, including by the chaplaincy who helped prisoners to complete forms. Home Office visits had also restarted. However, use of professional interpreting was poor across the prison, including in reception and health care (see paragraphs 1.9 and 2.23). We met several isolated prisoners who spoke little English and were unable to communicate with staff.

2.21 Despite the suspension of communal worship, the chaplaincy remained active in the prison and provided an impressive level of care to prisoners. Each prisoner received a visit from a chaplain every week and prisoners identified as having additional vulnerability were supported through a programme of daily visits. These included prisoners who found social interaction difficult, those in prison for the first time, prisoners with learning support or literacy needs, and those experiencing bereavement and family illness. Religious services were broadcast through the in-cell television. Good pastoral support was provided.

Health care

2.22 Effective partnership working was evident. COVID-19 outbreak plans described all key milestones associated with the pandemic and measures to be adopted in the event of escalating concerns. A risk register enabled clinical care to be prioritised based on need.

2.23 Prisoners continued to be given a full health screening on arrival and those with acute alcohol and drug problems received good support on the reverse cohort unit (RCU, see Glossary of terms). However, professional interpreting services were poorly used and the health needs of foreign nationals were not fully identified. A number of recovery plans (see Glossary of terms) for health care had been developed to improve outcomes from health service provision. No prisoners met the exceptionally at-risk criteria, but six prisoners with underlying health conditions who felt vulnerable were given a separate regime on their respective wings.

2.24 Primary care staffing had remained consistent with appropriate managerial oversight. Agency nursing staff were used, but they were familiar with the patients and the environment. Waiting times for most primary services were reasonable. However, in our survey, only 23% of prisoners said the quality of health care was good and 69% said it was difficult to see a doctor. Prisoners did not always receive advance notice of their appointments which caused frustration and missed appointments. Some innovations had been introduced to enable more flexible, face-to-face access to the GP, physiotherapist and nursing team. For example, most primary care services were now operating from C wing, rather than the health care centre, and were facilitated on a daily, wing-by-wing rotation. Prisoners had in-cell telephones, but most were in double cells and incoming calls could only be facilitated from wing offices. Privacy could not be guaranteed and meaningful, confidential contacts through this route could not easily be achieved.

2.25 Other services such as the podiatrist and optician were still operating from the health care centre, with access determined through triage and clinical risk. There had been a rise in waiting times for routine care. Prisoners with long-term conditions had been identified and care plans reviewed. No urgent external health appointments had been delayed, but many routine appointments had been cancelled by hospital out-patient teams. This was now being addressed. We saw a comprehensive ledger of all routine appointments that had been cancelled and planned reappointments. Many hospital consultants had been able to make telephone contact with their patients.

2.26 Dental services had continued throughout the pandemic, concentrating on urgent care and pain management in line with national guidance. Access was triaged on the basis of written applications and information supplied by the primary care team. This inevitably had an impact on routine care: 29 patients had been waiting 14 to 33 weeks for a routine appointment. Treatment options were also more limited than those in the community with no access to aerosol generating procedures (see Glossary of terms).

2.27 Only one prisoner was in receipt of a personal care package following a social care assessment (see Glossary of terms) and the support provided appeared appropriate. The local authority was visiting the prison to undertake assessments when required. We saw an example of excellent support for a particularly vulnerable prisoner, which enabled effective transition to the community on release. The prisoner, who had dementia and communication difficulties, was supported from the prison gate to his home through a coordinated multi-agency approach, which included family members.

2.28 Core mental health services were being maintained, but high demand for these services had caused a significant increase in waits for primary mental health support. In our survey, 53% of prisoners said they had a mental health problem which was more than at the previous full inspection. Specialist secondary services were delivered by a multidisciplinary team from Barnet, Enfield and Haringey Mental Health NHS Trust. Acute and urgent care were prioritised. The work of the impressive well-being day centre, which had delivered an extensive range of group and therapeutic activities, had been curtailed during the pandemic, albeit some were due to be reinstated in the near future. Some modifications had been made to the regime on the inpatient unit, but occupancy levels had fallen and good support had been maintained. There had been some delays in facilitating transfer to hospital under the

Mental Health Act, including to psychiatric intensive care units, but transfers to other local facilities occurred promptly.

2.29 Clinical support remained effective for prisoners with drug and alcohol problems on arrival and during their time at Pentonville, with 117 patients in receipt of opiate substitution therapy. There was good collaboration with Phoenix Futures (an organisation that supports prisoners recovering from substance misuse), which provided psychosocial support for 346 prisoners. Face-to-face contacts had been maintained. There was no group work, but some modules were now delivered via workbook or one-to-one tailored support. Pre-release support was prioritised, recovery workers helped to facilitate community appointments and naloxone was supplied on release where needed.

2.30 The administration of medicines from wings was efficient, safe and well supervised. Governance and oversight were thorough. Local policies and in-possession arrangements had been reviewed to improve efficiency. Overall, prescribing arrangements, pharmacy support and medicine supply were effective, with clinical pharmacy advice accessible to patients. All patients leaving the establishment were provided with an adequate supply of medicines or prescription if required.

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 A consistent regime had been delivered since the start of the pandemic, although time out of cell for unemployed prisoners was restricted to about 45 minutes a day. Showers and outdoor exercise were offered to these prisoners on alternate days, except Saturdays (see key concern and recommendation S8). The strain of restricted time out of cell was a recurring theme in prisoners' comments. For example, one said:

> *'I really think the unproductive time spent 23/24 hours every day, week in week out is not good for people and their physical and mental wellbeing. I'm holding it together only because this is not my first time in prison. I feel sorry for anyone who is new to prison as this is a really bad first experience. I need a job or education (neither available yet).'*

3.2 About 23% of the population was in employment and some of this group also undertook in-cell education. Full-time workers were receiving approximately six hours a day out of their cell, with 'red band' workers receiving nearly twice that. It was positive that prison-run work activity, such as textiles and recycling, had remained open during the pandemic with reduced numbers to enable safe social distancing. However, only four prisoners were working in the textiles workshop which had a capacity of 12.

3.3 An additional 21% of prisoners were completing in-cell education. Teaching staff had not yet restarted face-to-face teaching but were on site to collect and mark completed work. Regular dialogue and consultation between prison and education leads had continued. This had led to some improvements, such as simplifying the worksheets.

3.4 A range of in-cell activity was available including distraction packs, games and worksheets from different departments, such as PACT (Prison Advice and Care Trust) and the gym (see paragraph 4.6).

3.5 The library had been closed until August. Bookshelves were installed on the wings and a drop and collect book service was offered. Library stock had been consistently replenished, including through external donations. More recently, prisoners had been able to request books and information services via the applications process, which had resulted in a significant increase in book loans from September. Items were delivered to cells by the 'red band' cleaners.

3.6 Following the closure of the gym, weekly circuit training had been offered, initially in addition to scheduled outdoor exercise sessions. However, it was now offered during those sessions, further reducing the amount of outdoor activity. Take-up had, unsurprisingly, reduced.

3.7 PE staff had delivered a range of in-cell work activity from the start of regime restrictions. More recently, they had developed inter-wing-based competitions and 30-day challenges, which was positive.

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 resumed in August and were managed well. However, the number of visits remained low, at about a third of the reduced capacity. In our survey, only 5% of prisoners said they had seen family or friends face to face in the last month. Staff, prisoners and visitors wore face masks and social distancing was practised. No inappropriate sanctions had been imposed on the rare occasions when visits restrictions were breached.

4.2 Prisoners understood why they had to sit at a distance from their visitors, but the restrictions resulted in less privacy and a less satisfactory experience for some prisoners and families we spoke to. The visitors' centre was no longer accessible for friends and families to use as a waiting area and there was no shelter from the rain.

4.3 In our survey, 91% of prisoners said they were able to use the phone every day if they had credit. Prisoners appreciated access to in-cell telephones which had been installed at the beginning of the year. This was supported by additional phone credit and prisoners had been able to maintain reasonably good contact with families during the suspension of social visits.

4.4 Since August, the prison had had access to video calls, known as 'Purple Visits' (see Glossary of terms). Although take-up was higher than in many other prisons, only a fifth of the total capacity was being used. In our survey, 12% of prisoners said they had seen family or friends using video calls in the previous month.

4.5 Tablet computers had been used on three occasions to support prisoners who had suffered a bereavement. The email-a-prisoner scheme for families to send and potentially receive emails from prisoners was well used, with over 1,000 emails received each month since the start of the restricted regime. However, the prison did not enable prisoners to send replies.

4.6 PACT (Prison Advice and Care Trust) staff were available to support visitors in the visitors' centre. They were still not working in the prison but had provided good quality in-cell work packs on the theme of relationships. These were tracked and assessed, and prisoners received certificates on completion.

Sentence progression and risk management

4.7 Offender management work focused on milestone events such as recategorisation, parole and offender assessment system (OASys) assessments. Efforts were made to hold face-to-face meetings when a complex need was identified, but much contact with prisoners was through in-cell telephones. Private interview space was limited and face-to-face contact with offender managers had significantly reduced. Prisoners expressed frustration that they could not see relevant staff to support their progression. In our survey, only 29% of prisoners who knew their custody plan targets said that staff were helping them to achieve the targets.

4.8 There had been a significant reduction in the backlog of OASys risk assessments and sentence plans since the last full inspection. At the time of our visit, 14% of prisoners eligible for OASys had not had an initial assessment of their risk and needs and 3% of reviews were outstanding or late in relation to HMPPS guidance.

4.9 Prison offender managers had not experienced problems in contacting their community counterparts throughout the restricted regime, and we saw evidence of information-sharing in a small sample of cases that we reviewed.

4.10 As the prison was intended for short stays only, there was no accredited offending behaviour work. Prisoners received some relevant support through the Sycamore Tree project (victim awareness course), which had been run once since the start of the restricted regime. Others had undertaken motivational work with offender managers to prepare them for progressive transfers.

4.11 Re-categorisation was largely a file-based exercise, with limited face-to-face contact with prisoners. Prisoners could make written submissions, but take-up was low and some prisoners we spoke to were not aware of this. Three prisoners had been transferred to open conditions since the start of the restricted regime and there were no significant delays in the transfer of prisoners to category C prisons.

4.12 The monthly interdepartmental risk management team meeting was failing to make sure that all relevant prisoners were discussed in good time before release. Meetings had not always taken place during the pandemic and attendance was variable at meetings that had been convened. Managers recognised that all relevant prisoners should be discussed in plenty of time ahead of release to improve management oversight. However, at the time of our visit, fewer than half the prisoners subject to MAPPA (multi-agency public protection arrangements) who were due for release in the next two months had had their MAPPA management level recorded.

4.13 At the time of our visit, only three prisoners were subject to mail and telephone monitoring under public protection measures, and this was undertaken efficiently. However, the suspension of social visits had led to a significant increase in phone use, and the prison lacked the resources to complete as much random phone monitoring as before the pandemic.

Release planning

4.14 An average of 90 prisoners were released from Pentonville each month. Resettlement services were delivered by MTC Ltd via the London Community Rehabilitation Company (CRC). Staff had withdrawn face-to-face support for prisoners at the start of regime restrictions. Most discussion of resettlement planning was still carried out through the internal post or by telephone. In the previous six months, only 65% of prisoners due for release had had a review of their resettlement needs completed, and only 46% in our survey said that anybody was helping them prepare for release.

4.15 Prison records indicated that the need for accommodation support had increased since the beginning of the restricted regime in March and a very high number of prisoners were released without stable accommodation. In the previous six months, 58% of prisoners had been released with no settled accommodation and 14% were released homeless. St Mungo's provided support for prisoners with accommodation: nearly a quarter of prisoners receiving their help had been released homeless or with only an appointment, not knowing where they would stay when they left the prison (see key concern and recommendation S9).

4.16 The difficulties in securing accommodation had led to only 41% of those eligible for home detention curfew being approved. Three prisoners had been released under the end of custody temporary release scheme (ECTR, see Glossary of terms).

4.17 The CRC continued to support prisoners to open bank accounts. Debt advice and support for prisoners to make benefits applications was available through 'Switchback' and 'Standout', mentoring and resettlement support services (see websites at: https://switchback.org.uk and https://www.standout.org.uk).

4.18 No prisoners symptomatic with COVID-19 had been released. Face masks and hand sanitiser were provided for those undertaking onward travel. Through-the-gate mentoring support was available to a small number of prisoners via 'Switchback' and 'Only Connect' (see website at: https://onlyconnectuk.org).

4.19 The CRC ran a departure lounge in reception, a service which about half the prisoners who had been released had used over the previous six months. It made sure that prisoners knew where they were going and what was expected of them as part of their licence conditions. Mobile phones could be provided where needed to enable contact with families and professionals, although only one phone had been issued since March.

Section 5. Appendices

Appendix I: Scrutiny visit team

Hindpal Singh Bhui	Team leader
Nadia Syed	Inspector
Christopher Rush	Inspector
Rebecca Mavin	Inspector
Caroline Wright	Inspector
Stephen Eley	Health care inspector

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.