



Report on an unannounced inspection of

HMP & YOI Styal

by HM Chief Inspector of Prisons

20 September and 4–8 October 2021



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Introduction

Located in the buildings of a former children's home, Styal is an unusual setting for a prison, with its Edwardian houseblocks situated along tree-lined avenues. At the time of our visit the prison housed 362 women, most of whom were on remand or serving short sentences, with a substantial minority serving four or more years. The site provides excellent opportunities to develop independent living, but also presents some challenges, particularly in supervising women inside the houses and around the grounds.

COVID-19 restrictions had meant that women were locked in their houses together – with up to four sharing a small room – for long periods of time. Under such conditions it was perhaps not surprising that there had been an increase in levels of violence since we last inspected as frustrations began to spill over into confrontations.

Though restrictions had begun to be lifted, the leaders had sensibly decided not to return to the previous free-flow movement around the prison. Instead they had put in place measures that allowed for better knowledge of where all the women were, with more contained movement and better roll checks. This, coupled with improved physical security, had led to a reduction in the prison's long-term problems with drugs entering the premises.

Leaders had also sought to address the high levels of self-harm among some of the women and to improve care for the most vulnerable, putting into place the learning from the four self-inflicted deaths since our last inspection. An impressive, weekly safety interventions meeting (SIM) sought to understand the needs of and provide for those most at risk, including the excellent Stepping Stones programme. This bespoke support continued to operate during the pandemic. In addition, the Valentina unit was used for women who needed higher levels of care.

Despite this strong, whole-prison approach, some women with acute mental health difficulties still ended up in the bleak segregation unit, where some caring staff did their best to support the women in completely unsuitable conditions.

On the Bollinwood house unit, outside the perimeter fence, a small number of women were living in open conditions. During the pandemic, release on temporary licence (ROTL) had been curtailed. This meant that many lost their jobs outside the prison and, for much of lockdown, they were unable to use temporary release to maintain contact with their family or put in place plans for their release. Although ROTL had restarted, an overcautious approach meant women were heavily restricted in where they could go; visits to the town were not allowed and women could not use the local park to exercise, leaving outdoor exercise space as no more than a walk around the car park at the prison. Although these women were allowed into the prison for health care, they could not go to the prison shop or get their hair cut in the salon. A priority for leaders must be to restore this provision so that women on the Bollinwood house unit have the opportunity to begin to experience life as a citizen, and women behind the fence have an incentive to move to open conditions.

One of the houses (Bronte) had recently been refurbished, and conditions were good on the more prison-like Waite wing, but much of the existing provision remained substandard. Rotting windows, leaks, damp, broken equipment and mould were ubiquitous in the houses and in some homes 20 women were sharing two lavatories and showers.

A strong and cohesive senior team left inspectors optimistic that this prison can continue to improve provision for what is a complex and often needy population. This will be dependent on building the capabilities of existing staff, while dealing with any poor behaviour that holds back progress, and critically, making sure that attrition rates do not increase. Only with a full complement of effective and dedicated staff will this prison be able to offer the care, challenge and regime that will support the rehabilitation of this group of women.

Charlie Taylor

HM Chief Inspector of Prisons

October 2021

About HMP & YOI Styal

Task of the prison/establishment

HMP & YOI Styal is a women's local and resettlement prison in Cheshire

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

Women held at the time of inspection: 362

Baseline certified normal capacity: 486

In-use certified normal capacity: 422

Operational capacity: 422

Population of the prison

- Approximately 90 women received each month
- Approximately 74 women released into the community each month
- 17 foreign national prisoners
- 30 prisoners from black and minority ethnic backgrounds

Prison status (public or private) and key providers

Public

Physical health provider: Spectrum

Mental health provider: Greater Manchester Mental Health

Substance misuse treatment provider: Spectrum

Prison education framework provider: Novus

Community rehabilitation company (CRC): HMPPS (Unified Probation Services)

Escort contractor: GeoAmey

Prison group/Department

Women's estate

Brief history

Styal was originally a children's home, looking after children under 'Victorian Poor Law.' In 1956 the cottages began to hold Hungarian refugees and in 1960 Prison Commissioners purchased the site and three years later it opened as a semi-secure prison for women.

In April 1999, the female wing at HMP Risley closed and in winter 2005/2006 HMP Buckley Hall re-roled to the male estate meaning HMP Styal became the only female establishment in the north-west. HMP Styal currently has capacity for up to 486 women and receives remanded and convicted adults and young adults from courts all over the north-west serving any type of sentence from a few days to life.

Short description of residential units

Waite Wing – First night centre/ RCU and normal accommodation

A1 – Bronte – currently closed and waiting to be reopened following refurbishment.

A2 – Gaskell – normal accommodation

B1 – Acorn – mother and baby unit

B2 – Bruce – Incentivised substance-free living
Houses B3 to E3 - general population
H1 – Valentina – A quiet space for prisoners requiring a temporary location for timeout and respite.
Care & separation unit – a small unit for segregated prisoners
ADD – Bollinwood Unit – a small open unit outside of the closed site

Name of governor and date in post

Michelle Quirke, March 2021

Leadership changes since the last inspection

Danny Khan, May 2019 – March 2021

Mahala McGuffie, 2015 – 2019

Prison Group Director

Steve Bradford

Independent Monitoring Board chair

Lynne Heath

Date of last inspection

23 April – 6 May 2018

Section 1 Summary of key findings

- 1.1 We last inspected HMP & YOI Styal in 2018 and made 43 recommendations, three of which were about areas of key concern. The prison fully accepted 31 of the recommendations and partially (or subject to resources) accepted six. It rejected six of the recommendations.
- 1.2 Section 8 contains a full list of recommendations made at the last full inspection and the progress made against them.

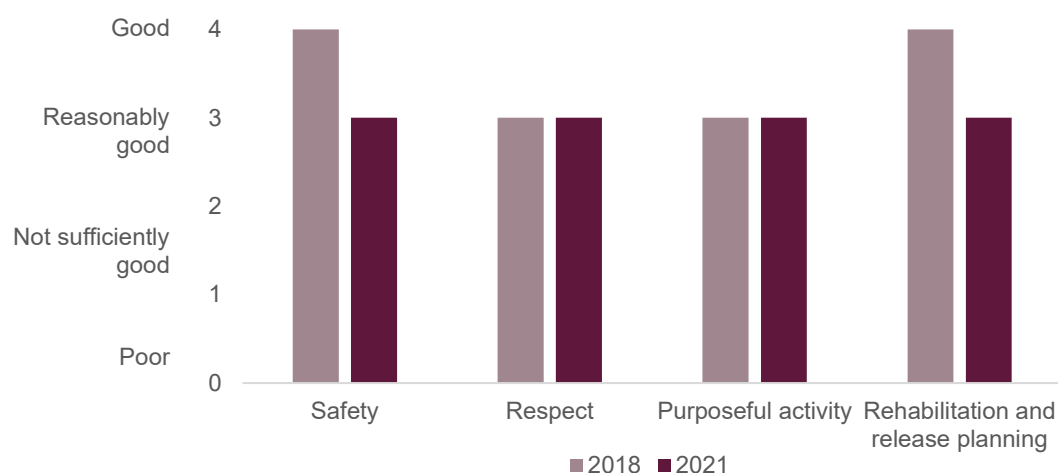
Progress on key concerns and recommendations from the full inspection

- 1.3 Our last inspection of HMP & YOI Styal took place before the COVID-19 pandemic and the recommendations in that report focused on areas of concern affecting outcomes for women at the time. Although we recognise that the challenges of keeping prisoners safe during COVID-19 will have changed the focus for many prison leaders, we believe that it is important to report on progress in areas of key concern to help leaders to continue to drive improvement.
- 1.4 At our last inspection, we made one recommendation about key concerns in the area of respect. At this inspection we found that this recommendation had been partially achieved.
- 1.5 We made one recommendation about key concerns in the area of purposeful activity. Ofsted carried out a progress monitoring visit alongside our inspection to assess the progress that leaders and managers had made towards reinstating a full education, skills and work curriculum. They judged it was too early to assess whether recommendations made at the last inspection had been achieved.
- 1.6 We made one recommendation about key concerns in the area of rehabilitation and release planning. At this inspection we found that this recommendation was no longer relevant.

Outcomes for women in prison

- 1.7 We assess outcomes for women in prison against four healthy prison tests (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.8 At this inspection of HMP & YOI Styal, we found that outcomes for women had stayed the same in two healthy prison areas and declined in two.
- 1.9 These judgements seek to make an objective assessment of the outcomes experienced by those detained and have taken into account the prison's recovery from COVID-19 as well as the 'regime stage' at which the prison was operating, as outlined in the HM Prison and

Figure 1: HMP & YOI Styal healthy prison outcomes 2018 and 2021



Safety

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

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

- 1.10 In our survey, almost all women said there was a member of staff they could turn to and significantly more than at our last inspection said a member of staff had checked on them in the last week to see how they were getting on. Most interactions between women and staff were respectful and some staff showed a high level of empathy and skill in dealing with women in crisis. On occasions, however, we observed unhelpful responses from staff to some very basic requests.
- 1.11 There had been four self-inflicted deaths since the last inspection, three of which had taken place during the early days in custody. First night arrangements had been improved considerably. Recorded rates of self-harm were higher, but three-quarters of all incidents in recent months had involved a small number of women who had repeatedly self-harmed. The rate had steadily decreased over the last eight months and the strategy of targeted support and engagement ensured very good and proactive care for women with complex needs, including the innovative Stepping Stones project. However, the quality of record-keeping in assessment, care in custody and teamwork (ACCT) documents was poor.
- 1.12 Leaders had responded well to lessons learned about the vulnerability of pregnant women and unexpected births. There was a new system to

identify women sent to prison for their own protection, but the collection of data was not yet systematic or focused.

- 1.13 Responses to our survey showed that the vast majority of women continued to feel safe. The rate of violent incidents had increased significantly since 2018, but most were not serious and reflected a build-up of frustration. All violent incidents were investigated well, and the management of perpetrators and victims was good. The safety intervention meeting provided good multidisciplinary oversight of violence and self-harm. Women were now better supervised around the grounds which had brought much needed order and control across the prison. There were plans to improve the level of supervision throughout the houses.
- 1.14 The five women held in the segregation unit had very complex needs and most of them were awaiting a mental health assessment to determine if they would transfer to a secure hospital. Segregation staff interacted well with them, but the unit was bleak and the regime was still too limited. No special accommodation had been used over the last year.
- 1.15 The number of times physical force had been used against women by staff had increased. Most incidents involved minimal force, although we reviewed some incidents where it was excessive.
- 1.16 The focus on reducing the availability of drugs was appropriate and the investment in security measures had led to improvements but the lack of technology to identify internally secreted items was difficult to understand. Local innovation had led to the development of an incentivised substance-free living unit, which was the first in the women's estate.

Respect

At the last inspection of HMP & YOI Styal in 2018, we found that outcomes for women were reasonably good against this healthy prison test.

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

- 1.17 Women now had in-cell telephones and access to video calling which helped them stay in touch with their children and family. Social visits had restarted but uptake was low. There were plans to restart family days and hold them each weekend.
- 1.18 Women living on the mother and baby unit received reasonable support, but not enough was done to promote the welfare of babies and young children through contact with family members in the community.
- 1.19 The prisoner council was well established, and the house representatives' scheme was a good peer support initiative which gave women a sense of purpose and pride and promoted an ethos of

community in the prison. Women lacked confidence in the application and complaints systems. There was adequate legal provision and the availability of free legal advice was good.

- 1.20 In our survey, about a third of women said the food was good. The choice of meals and provision for those who lived in self-catering houses were reasonable. Most women had access to a small shop on site for clothes and the weekly canteen.
- 1.21 The grounds and outdoor areas were very pleasant and well maintained. Waite wing was clean, cells were well equipped and the refurbished showers were an improvement. Some of the houses were dilapidated, cramped and not fit for purpose.
- 1.22 Governance of health services was strong. Primary care was effective but there were occasional staff shortages. Services specific to the needs of women were provided, including screening, contraception and pre- and post-natal care. Appropriate packages of social care were provided. Mental health care was good and transfers under the Mental Health Act were timely. The substance misuse service delivered interventions appropriate to women's needs.
- 1.23 Local medicines management arrangements and pharmacy oversight of prescribing practice were robust. Supervision of medicines administration on Waite wing was poor, which created unnecessary risks.
- 1.24 There was no equality strategy and, in our survey, there were differences in perceptions of treatment among the protected characteristic groups. Local and national data showed disproportionate outcomes in some key areas but there was a lack of evidence that these had been fully addressed. Support for individual women with protected characteristics was adequate but responses to discrimination incident report forms were not always robust.
- 1.25 There was unmet need among transgender prisoners who told us that staff repeatedly misused pronouns and that they faced delays in accessing basic items. Women with physical disabilities had difficulties with access in the houses and other key buildings.
- 1.26 There was still no provision for corporate worship, which was poor.

Purposeful activity

At the last inspection of HMP & YOI Styal in 2018, we found that outcomes for women were reasonably good against this healthy prison test.

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

- 1.27 Ofsted carried out a progress monitoring visit of the prison alongside our full inspection and the purposeful activity judgement incorporates

their assessment of progress. Ofsted's full findings and the recommendations arising from their visit are set out in Section 5.

- 1.28 Most women lived in houses and were never locked in their rooms. Those on Waite wing were locked in their cells when not involved in activities and new arrivals only had about 45 minutes out of their cell each day, which was poor. Women on Waite wing who were not in purposeful activity had between two and three hours out of cell each day. At the time of the inspection, about 60% of the population were employed in full-time work or activities.
- 1.29 There were too few opportunities for women to benefit from peer working or recreational and social activities. The gym provision was reasonable, but the library service was poor.
- 1.30 From September 2021, when the prison moved to Stage 2 of the recovery plan (see Glossary of terms), face-to-face induction had been reintroduced and all education classes and workshops had reopened, with reduced numbers to enable social distancing. Many women still did not have an activity place and about 70 were waiting to complete their induction.
- 1.31 In-cell education packs were very popular. Prisoners found the content engaging and said that the marking and feedback on their work were good.
- 1.32 Prisoners' English, mathematics and additional learning needs were now assessed effectively at induction which informed their allocation to activities. Face-to-face teaching and effective quality assurance processes had restarted.
- 1.33 There had been a reduction in the learning and skills budget and not all the education places that had existed before the pandemic would be restored. Accredited training in workshops such as cleaning and horticulture had not yet been restored.
- 1.34 Prison managers had developed partnerships with companies and organisations which delivered very high-quality contract work on site, for example Televerde, Recycling Lives, and Clinks. These organisations developed good employability skills and supported employment on release.
- 1.35 No prisoners were undertaking RoTL (release on temporary licence) for work, but three were preparing to take up placements outside the prison in the near future.
- 1.36 A peer mentoring training programme was about to be restarted to address the lack of trained mentors.

Rehabilitation and release planning

At the last inspection of HMP & YOI Styal in 2018, we found that outcomes for women were good against this healthy prison test.

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

- 1.37 The focus on work to reduce reoffending had been sustained during the pandemic. Good support was given to help women deal with their past experiences of trauma. However, there were no short, structured interventions for women who had been victims of domestic abuse. An impressive counselling service had continued during the pandemic and had been expanded. The range of interventions to address attitudes, thinking and behaviour was too limited and more interventions were needed for women serving short sentences. The personality disorder service and the psychology team provided excellent support to some women with complex needs.
- 1.38 Remanded and unsentenced women were unable to access help with housing or finances. The extent and quality of housing and finance support available to sentenced women depended on the provider in their home or release area.
- 1.39 Home detention curfew procedures were well managed but there was a lack of suitable and safe BASS (Bail Accommodation Support Services) accommodation. In recent weeks, opportunities for release on temporary licence (ROTL) to help women build family ties had gathered pace.
- 1.40 The open unit had lost its purpose during the pandemic. The women were poorly supported and were unable to access some of the most basic services available in the main prison. Most requests by women for access to the local community, for example to go shopping, get a haircut or go swimming, were denied.
- 1.41 The offender management unit was well staffed with an appropriate mix of prison offender managers. Caseloads were manageable. Contact with women was regular and purposeful.
- 1.42 The handover from prison to community offender managers was timely and well managed. The interdepartmental risk management team meetings were frequent and well attended but did not routinely consider all high-risk women approaching release. Restrictions on contact with children were not always enforced and there was a significant backlog of phone calls waiting to be monitored.
- 1.43 Several months after major changes to resettlement services started, new providers were not yet all in place and the delivery model lacked clarity. Through-the-gate support on the day of release had reduced since the last inspection.

Key concerns and recommendations

- 1.44 Key concerns and recommendations identify the issues of most importance to improving outcomes for women in prison and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of women.
- 1.45 During this inspection we identified some areas of key concern and have made a small number of recommendations for the prison to address those concerns.

- 1.46 Key concern: Plans to improve supervision of the houses had been delayed because of staff shortages. This hindered the oversight of women at risk of self-harm and meant that staff were not always available to address violence promptly or respond to requests from women in a timely way.

Recommendation: Sufficient staff should be in post to provide effective supervision of the women living in the houses so that they feel safe from harm.

(To HMPPS and the governor)

- 1.47 Key concern: About 70% of the population lived in houses. These were kept clean by the women, but some were dilapidated and not fit for purpose. There were numerous outstanding repairs, many houses suffered from damp and window frames were rotting and damaged. Toilet and bathroom facilities were limited and some houses only had two toilets for about 20 women. Showers and baths were often unpleasant and in a poor state. Bedrooms were sometimes too small to hold three or four women comfortably. Furniture in these rooms was often in a poor condition.

Key recommendation: All residential accommodation should be decent and in a good state of repair including sufficient facilities for the numbers of women. (To HMPPS)

- 1.48 Key concern: Some of the practices used to administer medicines to patients unable to attend the medicine hatches were poor and presented risks to the women. The transport of controlled drugs in an insecure bag was unacceptable.

Key recommendation: The dispensing of medicines, including controlled drugs, should be carried out legally, safely and in line with established policy. (To the governor)

- 1.49 Key concern: There were not enough opportunities for women to progress. Release on temporary licence (ROTL) had been very slow to restart after the pandemic which had badly affected women living on the mother and baby unit and the open unit. The open unit had lost its purpose and women living there were poorly supported and rarely visited by prison staff. There were few incentives to progress to the unit which women did not regard as a worthwhile progression opportunity.

Key recommendation: All eligible women should have the opportunity to build family ties and develop links with the community through regular ROTL. The prison should take a more proportionate approach to granting ROTL, including releasing women to access provision in the local community. (To the governor)

Notable positive practice

- 1.50 We define notable positive practice as innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for women; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.
- 1.51 Inspectors found five examples of notable positive practice during this inspection.
- 1.52 The additional checks on new arrivals made by the safer custody team provided a further opportunity to assess individual risks and start to address them. (See paragraph 3.6)
- 1.53 The Stepping Stones programme provided very vulnerable women with recreational and social activities including arts and crafts, attending the gym together and relaxation techniques. This helped to improve their confidence in interacting with staff and other women and progressing into education, skills or work. (See paragraph 3.14)
- 1.54 The safety and security team worked together in an intelligence hub which produced very good coordinated data. Comprehensive analysis of the data identified emerging patterns and trends which were shared with senior leaders at a range of strategic meetings. (See paragraph 3.25)
- 1.55 The prescribing pharmacist was reviewing patients' responses to anti-depressant medication at regular intervals in line with the National Institute for Health and Care Excellence (NICE) guidelines. This ensured optimum benefits of the medicines for patients and prescribing to enhance outcomes. (See paragraph 4.83)
- 1.56 An impressive counselling service called 'Time For Me' had delivered talking therapy to women throughout the pandemic. Women who self-referred could access 10 hours of counselling to explore their experiences of trauma. The service had expanded to meet the high demand. (See paragraph 6.4)

Section 2 Leadership

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

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for women in prison. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 A strong, cohesive leadership team at Styal was committed to improving outcomes for women. However, staff attrition rates were high with almost a third of basic grade prison officer posts vacant which meant that the regime could not always be reliably delivered. Leaders had ended the unconstrained free flow of women around the grounds which had left them unaccounted for and education, work or medical appointments frequently missed. However, much of the violence occurred on the houses where the degree of supervision by staff was limited. Leaders needed to take urgent action to address this.
- 2.3 Leaders had set appropriate priorities, but most staff said that these had not been clearly communicated to them. There were formal strategic plans for most functions, but many were not specific to Styal which was poor. Action plans did not include systems for monitoring progress and setting targets.
- 2.4 Leaders had responded well to the challenges of the pandemic and there was a clear commitment to ensuring that the regime recovered as soon as possible in coming weeks. The number of women accessing education had improved and was better than we have seen in many other prisons. Evening and weekend video calls had been provided and family days were to be reinstated once the restrictions and staffing permitted. However, more needed to be done to ensure that babies and young children regained regular contact with family members in the community with the relaxation of COVID-19 restrictions. We were concerned that they were isolated in a prison setting with no chance to bond with people who might be involved in their longer-term care.
- 2.5 A third of basic grade officers had been in post for less than two years and many middle managers were also new in post. The governor recognised the need to develop the capabilities and confidence of middle managers to hold others to account. This need was reflected in our staff survey results. For example, few staff who responded to our survey were having regular meetings with their line manager and most felt that poor behaviour by staff was not always challenged. Leaders had commissioned a review of working relationships to identify solutions and promote good practice, but they had not yet reinstated

the full range of staff training and development opportunities and the current training plan lacked ambition.

- 2.6 Leaders had maintained positive working relationships between staff and prisoners. We were particularly impressed with the skill of some staff in managing women with complex needs in a caring and empathetic manner. However, some staff engaged too little with the women and had adopted a less caring attitude to their work.
- 2.7 Leaders had secured funding from the Ministry of Justice for major improvement projects as they recognised that living conditions in most of the houses were not fit for purpose. There were too few toilets and showers which undermined decency and the fabric of some houses was beyond repair. Leaders had also shown good commitment to the women by providing clothing and underwear more suitable than the poor-quality items issued by HMPPS.
- 2.8 Leaders had not paid enough attention to the needs of women living in Bollinwood House. Provision was poor for an open unit where a range of ROTL opportunities and freedom to develop resettlement plans should have been available.
- 2.9 Leaders were focused on continuous improvement in, for example, physical security, oversight of the use of force and the development of the intelligence hub. A well-considered range of actions had been implemented to address recommendations by the Prisons and Probation Ombudsman following self-inflicted deaths. Innovation was also good in some key areas. For example, leaders had developed an impressive approach to reducing self-harm which was having a positive impact on outcomes. The targeted support given to women with complex needs and those who regularly self-harmed was notable. Driven by an enthusiastic middle manager, the ISFL unit (incentivised substance-free living) was the first in the women's estate and showed creativity in addressing need on the part of leaders at all levels.
- 2.10 Reductions in the prison's learning and skills budget meant that not all the pre-pandemic education places would be restored. The model for resettlement provision introduced following the reunification of the probation service lacked consistency and clarity. Women received different levels of support depending on their release area, which was unfair.

Section 3 Safety

Women, particularly the most vulnerable, are held safely.

Early days in custody

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

- 3.1 Leaders had taken steps to address continuing problems with the escort contractors, but despite this, some women continued to travel to Styal in the same vehicle as men. This was not only inappropriate but led to unnecessarily long journeys for women as they travelled via male establishments. Some women arrived at the prison late in the evening which reduced the time staff had to undertake all the necessary safety checks and for the women to settle in before being locked up for their first night.
- 3.2 There were about 100 new receptions each month. Women received good individual support on arrival and, in our survey, 84% told us that they had been treated well in reception. Processes were thorough, including interviews with prison and health care staff, with an appropriate focus on safety. Rub-down searching was undertaken, but the lack of technology to detect secreted items presented a risk to the safety of the prison (see paragraph 3.40).
- 3.3 Women were supported well during their time in reception. They were not locked in holding rooms, which was positive, but some areas lacked privacy, particularly when using the telephone. A full-time peer worker in reception provided a good service in answering women's questions about prison life and offering reassurance about what to expect in their first few days. Women were given a hot drink and were able to access donated clothes if they needed them.
- 3.4 Support provided on the first night in prison had improved considerably. The first night centre had been moved from one of the houses to one side of Waite wing (see paragraph 3.18), a larger unit which allowed better oversight of prisoners. Women were able to remain on the induction wing for longer if necessary, for example if they were detoxing and needed more time to settle in. New arrivals were routinely checked by staff on their first night. They then spent up to 10 days in quarantine to reflect COVID-19 restrictions.



Waite wing induction landing

- 3.5 Reverse cohorting (see Glossary of terms) arrangements were managed safely and women mixed only with the same small group whom they had arrived with. The regime was very limited with women spending about 23 hours in their cells each day (see paragraph 5.1), only having a shower and 30 minutes in the open air. Women who refused to have a second COVID-19 test at day 7 could only shower on alternate days, which was inappropriate.
- 3.6 There were some good initiatives to enhance support in the first few days. A member of the safer custody team completed checks on all newly arrived women on their first and sixth days to assess vulnerability and identify safety concerns (see notable positive practice paragraph 1.52). The induction peer worker made sure that new arrivals had all the basic supplies they needed and women could ask for basic canteen supplies while waiting to make their first order.
- 3.7 Women received good support from the induction peer worker who gave them information and checked in with them throughout their time on the first night centre. Induction services were limited. A range of agencies visited the women, but many contacts took place at the cell door and lacked privacy. Groups such as the Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) were not involved in the induction programme.

Promoting positive relationships and support within the prison

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

Safe and healthy relationships

- 3.8 In our survey, 85% of women said there was a member of staff they could turn to and 43% compared with 28% at the previous inspection said a member of staff had checked on them in the last week to see how they were getting on. Staff knew the women well and most interactions that we observed were respectful. Many staff showed a caring approach and a high level of empathy and skill in dealing with women in crisis. Most staff understood how previous trauma could affect behaviour and responded appropriately to signs of distress. On occasions, however, we saw unhelpful responses from a few staff who were dismissive of very basic requests which increased women's frustration.
- 3.9 The key work scheme (see Glossary of terms) had been in place for five months and all women had an allocated member of staff to provide consistent support. Records of interactions that we looked at were of reasonable quality and indicated that most women had a session with their key worker at least once a month.
- 3.10 Despite this, only 62% of women in our survey said that staff treated them with respect and women with a mental health condition and/or a disability were far more negative than their peers. The reasons for these perceptions were unclear (see paragraph 4.95).
- 3.11 Intimate relationships between women were managed appropriately with good sharing of information between staff. Relationships that were not considered healthy were monitored and appropriate action taken to address any concerns.

Reducing self-harm and preventing suicide

- 3.12 There had been four self-inflicted deaths since our last inspection which was more than in comparable prisons. Three had been committed on the first night unit. Recorded rates of self-harm, while much higher than at our previous inspection, were now lower than at similar prisons following a steady decrease over the previous eight months.
- 3.13 A small number of women accounted for three-quarters of all self-harm incidents in the previous six months. There was a clear approach towards reducing self-harm through targeted support to these women. Responsibility for this work was taken across the prison, including the learning and skills and health care departments. This was

complemented by an impressive and well-attended weekly safety intervention meeting to review women with multiple risk factors and deliver a good suite of interventions to support them. Some women with complex and multiple needs had been allocated to important jobs such as peer working and were clearly benefiting from this approach.

- 3.14 There was a sensible focus on day-to-day help for women to avoid getting into personal crisis which might trigger self-harm. The range of support was very good including counselling, therapy dogs, a reflection room and a reflection garden, to formal interventions such as a personality disorder service (ADAPT - see paragraph 6.6) and enhanced management (STEM) run by the psychology team. Other initiatives included Stepping Stones (see paragraph 3.24) which helped to prepare women for activity and to interact with each other while engaging in other activities such as crafts, attending the gym and relaxation (see notable positive practice paragraph 1.53). Targeted support plans had been developed for women who needed shorter-term goals for the week ahead. These plans alerted staff to ways of supporting them and points at which further support might be needed. Arrangements for constant supervision of women deemed at high risk of self-harm and in crisis were good. Women were able to keep personal possessions and engage in activity where appropriate.



The reflection garden

- 3.15 The quality of ACCT records (assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm) was not good enough. Care plans were particularly poor and did not fully reflect the concerns or triggers displayed by women. Quality assurance procedures had recently been reviewed and, at the time of the inspection, these weaknesses had started to be addressed.

- 3.16 In our survey, only a quarter of women said that it was easy to see a Listener which reflected the difficulty of recruiting them during the pandemic. Sensible steps had been taken to ensure that Listeners were on call at times of most need and an ad hoc service was provided at other times.

Recommendation

- 3.17 **ACCT documents should record identified risk and care plans should reflect the specific concerns and circumstances of each woman.**

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

- 3.18 Leaders were addressing recommendations made by the Prisons and Probation Ombudsman (PPO) following the four self-inflicted deaths (see paragraph 3.12). First night arrangements were now more robust. These included the move of the first night centre to a larger and more appropriate unit, additional first night checks by the safer custody team and health care staff based on the centre throughout the night. PPO recommendations were reviewed each month by the safer custody team.
- 3.19 Thorough local investigations were carried out when women attempted to take their own lives. These included reflection on good practice and lessons learned to ensure continuous improvement.

Protecting women, including those at risk of abuse or neglect

- 3.20 There were strong links between the prison and the local safeguarding adults board and investigations into adult safeguarding had been coordinated to ensure that all appropriate actions were taken.
- 3.21 Leaders had recently implemented a system for recording women who were remanded into custody for their own safety due to a lack of mental health placements and provision in the community.

Promoting positive behaviour

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

Supporting women's positive behaviour

- 3.22 The level of violent incidents had increased significantly since 2018 and was higher than in similar prisons, but most incidents were not serious. Data showed that the rate of violence had been increasing each month during the pandemic and many incidents reflected frustration among the women caused by the restrictions. There were early signs of the rate reducing with the lifting of regime restrictions.

- 3.23 Most women said they felt safe but perceptions among those with a mental health problem or a disability were more negative and this included higher levels of victimisation from staff and other women (see paragraph 4.98).
- 3.24 All violent incidents were investigated well, and the management of perpetrators and victims was good. The range and quality of support included the innovative Stepping Stones initiative (see paragraph 3.14), which provided women with coping strategies. The use of Valentina house, a temporary location for time-out and respite, gave women the opportunity to experience a different regime and focus on individual targets to reintegrate into the general population. All violent incidents were discussed at the safety intervention meeting which provided good multidisciplinary oversight of complex and challenging prisoners.
- 3.25 The safety and security teams worked well together, forming an intelligence hub which produced very useful, coordinated data. These data were analysed to identify emerging patterns and trends and shared at a range of strategic meetings with senior leaders. However, the violence reduction strategy was not specific to issues at Styal and did not set out actions to be taken (see notable positive practice paragraph 1.54).
- 3.26 About 35% of the population were on the enhanced level of the incentives scheme. Three designated houses for women on the enhanced level offered a range of incentives and rewards such as cooking facilities and evening association. Women said that they enjoyed living with like-minded women and the houses provided a level of normality and communal living. However, the houses only accommodated about half the women on the enhanced level. Those who were located elsewhere could not experience the same rewards and had fewer incentives to behave well.

Adjudications

- 3.27 There had been 947 adjudications in the previous 12 months. Hearings were informal and were held on the women's residential unit rather than in the segregation unit, which was positive.
- 3.28 Women were placed on report for appropriate reasons and awards were not too punitive. Conduct reports completed by wing staff and, in some cases, a key worker gave an up-to-date summary of the prisoner's behaviour. Not all the records of hearings were detailed and the hearings were not always underpinned by restorative justice principles to enable women to understand the impact of their behaviour.
- 3.29 There was good oversight of adjudications, with senior leaders quality assuring 10% each month and communicating the learning from these reviews. There had only been one meeting during the previous year to monitor the use of adjudications and to identify and investigate trends.

Segregation

- 3.30 At the start of the inspection, five women were held in the segregation unit, in most cases following violent incidents. Some had very complex needs and were waiting for mental health assessments to determine if they would transfer to a secure hospital.
- 3.31 We observed staff interacting well with the women and they were knowledgeable about the reasons for their behaviour. Some women had successfully reintegrated into the general population, and some were able to access the Stepping Stones project (see paragraph 3.14) during the day, returning to the segregation unit at night.
- 3.32 Four of the women had been judged to need three officers to unlock them because of their unpredictable and at times violent behaviour. We only saw one risk assessment to justify this decision and we were not confident that it was always necessary or reviewed regularly.
- 3.33 Living conditions on the unit were bleak and institutional, for example toilets in the cells had no seats and there were no electricity sockets to plug in televisions. Exercise equipment and a bench had been added to the exercise yard but the area remained bare.



Segregation exercise yard

- 3.34 Women could use the telephone in their cell and, although the daily regime had improved slightly since our last inspection, it remained too limited. For example, meals were taken to the cells which was unnecessary and women only came out of their cell for a shower and a short period of exercise each day.

Recommendation

- 3.35 **The segregation unit should provide a decent and comfortable environment for women, including the installation of electricity sockets in each cell.**

Use of force

- 3.36 Special accommodation had not been used in the previous year, but staff had used physical force 199 times, which was a high number in comparison to similar prisons and higher than at our last inspection of Styal. However, most of the incidents involved minimal force and a few women had accounted for about half of all the incidents.
- 3.37 Oversight of the use of force had improved. All incidents were scrutinised by a senior leader and learning points were identified. Monthly data were analysed to identify emerging patterns. These were shared with leaders and informed a quarterly meeting with the deputy governor to monitor trends.
- 3.38 Most use of force records were up to date. Records gave a good account of how the incident arose and demonstrated evidence of good de-escalation techniques. There were limited recordings from body-worn cameras, and the system had been broken throughout September 2021. Cameras were often not switched on early enough to capture the lead-up to the incident and did not always film the whole incident. In some of the incidents that we viewed, the use of force was excessive, for example when more than one officer held on to a woman's arm. In one example, inappropriate language was used. About half the women were debriefed by a member of the safety team to help them understand why force had been used and to talk about their experience.
- 3.39 Staff training in approved use-of-force methods had been paused during much of the pandemic and only about one-third of staff were in date with this.

Security

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

- 3.40 Drug testing had been suspended since the start of the pandemic, but it had fully re-started at the beginning of October 2021. Before COVID-19 there had been a high positive test rate. As a result, significant investment had been put into improving physical security, such as an additional perimeter fence and CCTV around the grounds. This had contributed to a reduction in drug supply. One woman told us: 'Initially it was easier to get class A drugs in this prison than it was on the streets, but it's getting harder.' Drug supply remained a threat. Our survey showed that more than a third of women said they were still easy

to get hold of. In common with all women's prisons, there was no sophisticated technology to identify secreted items when women arrived.

- 3.41 An incentivised substance free living house (ISFL) had been established, the first in the women's estate, and was overseen by an enthusiastic middle manager. It held eight women at the time of our inspection and had a real community feel. Women were able to order and cook their own food together and two peer mentors who lived on the unit offered good support. One woman told us: 'This is the happiest I've felt in prison. I'm drug free'. Other women spoke very positively about their treatment and believed it would not have been possible for them to become drug free without the support of the house.
- 3.42 Supervision of prisoners around the grounds had improved, including escorts to activities and appointments. The lack of supervision in the houses was concerning and planned improvements had been delayed by staff shortages.
- 3.43 A good flow of information was processed quickly by the security department and there was an appropriate focus on reducing drugs and violence. The security and safety teams had worked very well together to form the intelligence hub (see paragraph 3.25). A monthly newsletter of security information and news was circulated to all staff.
- 3.44 The drug strategy did not yet address the issues specific to Styal and lacked a longer-term plan to reduce the supply and demand. However, very good data were gathered and analysed thoroughly by the intelligence hub and a designated drug strategy manager had recently been appointed.

Recommendation

- 3.45 **Appropriate technology should be made available to detect women secreting illicit items on arrival. (To HMPPS)**

Section 4 Respect

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

Relationships with children, families and other people significant to women

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

- 4.1 Despite the pandemic restrictions, 47% of women responding to our survey said that staff had encouraged them to maintain contact with their family and friends compared with 26% at our previous inspection. Women now had in-cell telephones which they could use each day from 6am to 10pm. Video-calling was well used and an average of 118 calls were made each month. Available time slots had been amended to enable prisoners to make calls at weekends and evenings. A video booth had recently been introduced for prisoners to contact social workers and psychologists in the community, which was an important provision for many women, particularly those with children in local authority care.
- 4.2 Family support services were provided by Phoenix Futures who were working with about 80 women at the time of our inspection. Most contact was via in-cell phones although some face-to-face meetings had just restarted. Family engagement workers helped women to liaise with community services concerning their children and their care, also assisting with letterbox contact where appropriate (a formal arrangement for birth parents, relatives and adoptive parents to share information about children). They could also refer women to the family law solicitor who visited the prison each week and the telephone counselling service provided by Image, a charity which supported women after bereavement or loss of contact with a child.
- 4.3 The Prison, Advice and Care Trust (PACT) had introduced a new service called the 'Visiting Mum Project' to help women from Wales to maintain contact with their children and families. This service was working with 10 prisoners at the time of our inspection. They helped with preparing children to visit women as well as arranging transport for family members to the prison.
- 4.4 The new visits centre being built outside the prison was almost finished and the visits hall had been repainted and refurbished to provide a more welcoming environment. Popular family days were no longer

organised, but there were plans to hold them every weekend which was a positive initiative.



Visits hall

Mother and baby unit

- 4.5 The mother and baby unit (MBU) was run by Family Action. Six mothers and babies were living on the unit at the time of our inspection. The unit was clean, but the accommodation required refurbishment to create a stimulating environment for babies. Mothers living on the MBU were helped by family support workers with the care of their babies and young children. They did not always have equitable access to the wider regime of the prison, for example they had not been invited to the prisoner council meeting.



Mother and baby unit

- 4.6 Not enough community visits were made to promote the welfare of babies and young children by socialising or involving immediate family members in their care. The continuing disproportionate COVID-19 restrictions had prevented children from leaving the prison for the last 18 months to socialise with family and carers, nor had family support workers been able to take children for exercise in the community to familiarise them with the sights and sounds of daily life. The absence of these initiatives deprived babies and toddlers of opportunities to experience normal activities and to form vital emotional attachments, which were essential for their well-being.

Recommendations

- 4.7 **Women living on the mother and baby unit should have access to the full prison regime.**
- 4.8 **Babies and children living on the mother and baby unit should have opportunities to experience community activities in accordance with their development needs and well-being.**

Living in the prison community

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

Consultation and support within the prison community

- 4.9 The prisoner council had remained in place throughout the pandemic. It was well established, well attended and chaired by a senior leader. Representatives from the houses who attended the council said that feedback needed improvement and minutes of the meetings did not always indicate the changes made as a result of issues raised by the women.
- 4.10 The house representatives' scheme was a good peer support initiative which gave women a feeling of purpose and pride and promoted a sense of community. Peer work was available in some key areas such as reception, induction and safer custody but many other roles had ceased during the pandemic and needed reinstating.

Recommendation

- 4.11 **The range of peer support roles should be increased to develop women's mentoring skills and support the well-being of other prisoners.**

Applications

- 4.12 The applications system was unreliable, and women were frustrated by this. In our survey, only 54% said that applications were dealt with fairly and only 40% that applications were dealt with within seven days. Application forms were not always readily available on the residential units. There was no system to track responses to applications and no formal quality assurance process.

Recommendation

- 4.13 **Women should receive a timely and good quality response to their applications.**

Complaints

- 4.14 Women had submitted just over 1,000 complaints during the previous 12 months, double the number at our last inspection and higher than most comparable prisons. There were basic deficiencies in the complaints procedure, for example the full range of forms were not readily available on residential units and women did not always understand the process.
- 4.15 The deficiencies undermined women's confidence in the complaints system. In our survey, only 41% felt that complaints were dealt with fairly and only 33% said that they were dealt with within seven days. We were not confident that complaints were logged and responded to promptly and responses to complaints that we looked at did not demonstrate robust investigations. However, some of these issues were starting to be identified through the quality assurance procedure.

Recommendation

- 4.16 **Women should receive a prompt and full response to their complaints.**

Legal rights

- 4.17 In our survey, 61% of women said it was easy to communicate with their solicitor or legal representative, compared with 43% at the previous inspection. Leaders had organised a free legal advice clinic for women which was a positive initiative. Legal visits took place twice a week, which was enough to meet the demands of a reduced population. Video link facilities were also available.
- 4.18 In our survey, 57% of women said that staff had opened their legal mail in their absence. Records in the mail room did not support this perception and women needed reassurance.

Living conditions

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

- 4.19 The grounds, gardens and outdoor areas provided a pleasant environment. Most of the women either lived in a house or on Waite wing which provided more typical cellular accommodation.
- 4.20 Most women on Waite wing lived in single cells which were well equipped. The showers had been refurbished, and the communal areas were clean and in good repair.



Waite wing

- 4.21 About 70% of the population lived in houses. These were kept clean, but some were dilapidated and not fit for purpose. There were numerous outstanding repairs, many houses suffered from damp and window frames were rotting and damaged. Toilet and bathroom facilities were limited and some houses only had two toilets for around 20 women. Showers and baths were often unpleasant and in a poor state. Bedrooms were sometimes too small to hold three or four women comfortably. Furniture in these rooms was often in a poor condition (see key concern and recommendation 1.47).
- 4.22 Most women wore their own clothes. HMPPS did not provide a good range of prison issue clothing or underwear for women and leaders at Styal had obtained these from other sources to meet the need. They had also bought non-prison-issue bath towels in response to women's requests, which was positive.
- 4.23 New arrivals could receive parcels during their first 28 days, and women had access to a small shop for clothes on site. Women who could not afford to buy from the shop relied on a limited supply of donated clothing (see paragraph 4.106). The weekly canteen list contained a good range of items, some of which reflected discussions at prisoner forums, including items catering for gender or ethnicity. Some transgender prisoners, however, said that they were not well catered for (see paragraph 4.103).
- 4.24 Waite wing had a new cell bell monitoring system. The time taken to respond to emergency call bells in the houses was not monitored, and women said there were often delays in staff responding. We saw occasions when staff did not deal with the main reason for the call.

- 4.25 The main kitchen was clean and in good working order. Women were given hot meals at lunchtime and cold meals in the evenings. However, in our survey, only 37% of women said the food was good. These perceptions needed to be better understood. There was a four-week set menu and the kitchens sent food comment logs out to prisoners every week. Women on the mother and baby unit were given additional food. Four houses had self-catering facilities which were valued by the women. The kitchens were well equipped and spacious. Women in self-catering houses budgeted and selected food among themselves which helped to develop key life skills.
- 4.26 The kitchens had provided themed food for Black History Month and were alert to cultural and religious events. The preparation and storage of halal food was not always well managed and risked cross-contamination.
- 4.27 There were some communal seating areas on Waite wing, but they were not used, and women were usually locked behind the cell door following collection of their meal.

Health and social care

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

- 4.28 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC issued 'requirement to improve' notices following the inspection (see Appendix II: Further resources).

Strategy, clinical governance and partnerships

- 4.29 Spectrum community interest company (CIC) delivered health and social care services and sub-contracted some specialist services. The health needs of the women were being met, albeit the health needs assessment was out-of-date because of COVID-19 restrictions. Working relationships between the prison and health care were being re-defined following leadership changes but remained strong. Close operational cooperation forged during COVID-19 outbreaks was evident.
- 4.30 Clinical governance systems were strong and NHS compatible, with overt changes following serious incidents and comments by service users. Reception health and risk assessments had been strengthened, new perinatal mental health and midwifery practitioners had been appointed following recommendations from deaths in custody reports, and Spectrum was implementing a new skin ulcer/wound care management system to address concerns expressed by patients.

- 4.31 Other than mental health care, the perceptions of women responding to our survey about their health care were negative. Women we spoke to were more positive and Spectrum's anonymised monthly patient experience audit demonstrated 85% satisfaction since April 2021.
- 4.32 Health services were well led by an experienced clinical manager and delivered by GPs, visiting specialists and experienced nurses providing 24-hour cover. Despite strenuous attempts to recruit registered nurses, the service remained reliant on agency staff and the nursing team was occasionally stretched. Services to women had not been disrupted. Staff members were being developed to deliver nurse-led services, and paramedics and pharmacy technicians had been appointed to diversify the workforce and facilitate different ways of working.
- 4.33 Staff had good access to managerial and clinical supervision. Access to mandatory training had been affected by COVID-19 restrictions and a large number of staff were not in date for resuscitation skills updates. Managers were aware of this and had arranged dates for training in the next six weeks.
- 4.34 Spectrum electronic bulletins to staff to ensure prompt learning from adverse incidents had continued during the pandemic, which helped to ensure that care was based on safe practices.
- 4.35 Health staff were clearly identifiable and a guide to uniforms was displayed in health care and on the wing. We observed sensitive interactions between health staff and patients.
- 4.36 SystmOne (electronic clinical record) was used by all clinicians, including visiting midwives. Clinical records that we examined included care plans, consultation notes and medication records.
- 4.37 Spectrum had a wide range of policies and advice available to staff, for example procedures for managing communicable diseases and guidance on safeguarding adults and children.
- 4.38 The health centre was easily accessible and well used. The building was dated and in need of remedial work such as wall plastering. Health promotion posters were placed in the corridors and waiting areas. The clinical rooms on the Waite wing were good and all health clinical rooms were now clean and met infection control standards.
- 4.39 Emergency resuscitation equipment was placed at key points in the prison. The kit provided by health care was in date and regularly checked but we saw no record of the automated external defibrillator equipment in the gym being checked. Most prison staff understood how to call medical assistance in an emergency. Birthing packs were available in the prison, in the event of unexpected labour. Spectrum clinical staff were trained in basic manual paediatric life support.
- 4.40 The management of health care complaints had improved since 2018. The system was now managed separately to prison complaints and was accessible and confidential. There had only been about five

complaints a month since April 2021, generally about receipt of repeat medicines and wound dressings. Responses to complaints were timely and focused on the issues raised.

Promoting health and well-being

- 4.41 There was no prison strategy to promote the well-being of prisoners but several departments such as catering, health care and the gym undertook well-being projects.
- 4.42 Health promotion was a prominent feature in health care and had recently restarted on the Waite wing. The national calendar of events was followed and a peer worker ably assisted in activities and supplied wing representatives with health promotion materials for use in their residences.
- 4.43 Local and national screening was carried out for health conditions, including blood-borne viruses, chlamydia, COVID-19, diabetes, abdominal aortic aneurysm and bowel screening.
- 4.44 A wide range of age-appropriate and seasonal vaccines were in use, such as MMR and influenza. The uptake of COVID-19 vaccine reflected that in the community. Uptake among young women was good, which contrasted with our recent experience of men's prisons.

Sexual and reproductive health (including mother and baby units)

- 4.45 Reproductive and sexual health posters and leaflets encouraged women to get checked and seek advice. There was good access to breast and cervical screening programmes and women were encouraged to consider their contraceptive options.
- 4.46 All women were formally offered pregnancy tests soon after arrival. Those who declined were offered a test on at least two further occasions.
- 4.47 Ante-natal and visiting midwifery services were easily accessible and valued by women. New mothers confirmed that they had agreed birthing plans before giving birth, although options had been limited during COVID restrictions.
- 4.48 A dedicated midwife had been appointed and was to start in November 2021. The role included training prison officers to assist pregnant women and to look out for signs of labour.
- 4.49 Admission to the mother and baby unit (MBU), was by application. Women could move on to the MBU a few weeks before their expected date of delivery (see paragraph 4.5).
- 4.50 Post-natal services delivered by health visitors were well thought of by the women we spoke to and guidance to mothers on child-rearing practices such as baby feeding was evidence based.

- 4.51 We observed a large number of wasps which were infesting the unit. Despite action by the prison, a mother and baby had recently been stung.

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

- 4.52 On arrival and during their first week women were offered thorough screening and assessed for health needs using national templates. They were also offered health promotion advice during the first week and a women's health check and pregnancy test if required. Access to the person escort record had improved since 2018 but acquiring information from community health providers remained a challenge.
- 4.53 A confidential system for medical appointments was operated efficiently by health administrators. Telephone triage and consultations enhanced opportunities to talk to clinicians. There was a suitable timetable of clinics and urgent issues could be dealt with on the same day. Clinics included nurse triage and treatments, GPs, midwifery, optometry, physiotherapy and sexual health services. Waiting times were in line with the community and non-urgent GP appointments were available in most cases within 14 days. In some cases, appointment slips did not reach the patients who missed their appointments. However, the did-not-attend rate was low at 5% or below for the GP and dentist.
- 4.54 GPs, a nurse practitioner and associate nurse managed long-term conditions effectively. Care planning and record keeping on SystemOne were good and most associated screening such as diabetic retinopathy was up to date.
- 4.55 The administration team system managed external hospital diagnostic and treatment appointments efficiently, with few cancellations.
- 4.56 All women were offered a pre-release health check and information on community support agencies. On the day of release patients received medicines to take home as necessary, and information for their GPs.

Mental health

- 4.57 Greater Manchester Mental Health NHS Trust delivered mental health services. A seven-day service was delivered, including assessment, low intensity psychological interventions and trauma-informed support.
- 4.58 All women were screened on arrival by a nurse followed by a full assessment by a mental health nurse within 24 hours. The service had a clear referral pathway and a nurse reviewed new referrals each day.
- 4.59 Some prison staff had received mental health awareness training. This had stopped during the pandemic but would be reintroduced once restrictions had eased.
- 4.60 The mental health team were working with 88 women, and staff from different disciplines worked together as a team to benefit patients. Managers made sure that staff had a range of skills to enable good quality care. Care and treatment interventions were suitable for the

patient group and consistent with national guidance. Group work had stopped and waiting lists were starting to increase. There was no group work running during the inspection week and further work was needed to find an appropriate room for future delivery.

- 4.61 Agency staff had been used to ensure that there were enough nursing and medical staff to deliver care. Recruitment for most vacancies had taken place, with staff awaiting security clearance. The mental health team consisted of nurses, including learning disability practitioners, psychiatry, psychology, and IAPT practitioners (improving access to psychological therapies). Innovative perinatal support had been introduced since our last inspection. New referrals and more complex cases from the wider multidisciplinary health care team were discussed.
- 4.62 A duty worker responded to acute concerns about prisoner welfare and the team contributed regularly to ACCT meetings. Medical interventions, including anti-psychotic medicines, were available and we saw evidence of regular associated physical health checks for patients.
- 4.63 Patients we spoke to were positive about the care and support they received. Care records reflected the assessed needs of patients and gave a detailed account of care delivered. Care plans were clear but not personal enough. Risks were identified and managed effectively. Women subject to the care programme approach received good support.
- 4.64 Discharge planning was effective and included work with prison colleagues and community services to ensure continuity of care on release. Patients requiring specialist care and treatment under the Mental Health Act were transferred to hospital promptly.

Social care

- 4.65 An appropriate memorandum of understanding had been produced in 2021 with Cheshire East Council (CEC) for the provision of social care.
- 4.66 Spectrum staff screened prisoners on arrival and referrals were made to CEC if necessary for further assessment of need. Dedicated social care staff, trained to undertake specialist assessments, responded in a timely manner to referrals, co-ordinated by the primary care clinical manager.
- 4.67 Basic social care support plans were in place and women's needs were met. Equipment and adaptations were available, such as an adjustable hospital bed. Women had cell call bells for use in an emergency, although these were not alarms that could be reached easily.
- 4.68 Women had access to advocacy for support and could raise a confidential complaint.
- 4.69 CEC spoke of a positive relationship with the prison and were confident about the quality of care provided.

- 4.70 Spectrum used the national Dying Well in Custody Charter approach for women in palliative care. This was rarely needed.

Substance misuse and dependency

- 4.71 The drug and alcohol strategy was up to date, and members of the substance misuse team regularly contributed to drug strategy meetings. Spectrum clinical and psychosocial staff were co-located which engendered a team approach to managing care. We saw evidence of close working with partners, including engagement with the ISFL unit (see paragraph 3.41).
- 4.72 Spectrum delivered substance misuse training during prison officer induction, but this had stopped during the pandemic. Ad hoc information was available during World Café (learning by structured discussion) training days for new officers.
- 4.73 Care during prisoners' early days in custody had improved. On arrival, all women received a needs assessment and appropriate prescribing where necessary. All women were closely monitored to manage symptoms of withdrawal safely.
- 4.74 At the time of inspection, 90 women were prescribed opiate substitution treatment. Prescribing was flexible and tailored to individual need. Plans were agreed with the patient and there was clear evidence of regular reviews. Drug workers attended the weekly health care multidisciplinary team meeting to discuss complex cases.
- 4.75 Interventions focused on recovery included one-to-one work and group work such as harm reduction, relapse prevention, management of cravings and holistic therapies. During COVID-19 restrictions, some recovery work had been completed by telephone and in-cell recovery packs, although this had largely reverted to face-to-face contact for the 163 women on the case load.
- 4.76 Drug and alcohol gym sessions were delivered to support recovery. Mutual aid support was accessible, Alcoholics Anonymous had restarted, and peer mentors were based on the ISFL unit. The range of psychosocial services met the women's needs and was valued by the patients we spoke to.
- 4.77 Patient care notes recorded regular contacts and reviews and were adequate. However, care plans would have benefited from personalisation and identification of medium- to longer-term recovery goals. There was a good dual diagnosis pathway for patients with mental health and substance misuse needs.
- 4.78 Discharge and transfer planning arrangements were effective. Information and advice were imparted on avoiding overdose after release and naloxone (to reverse the effects of opiate toxicity) was given to women on release, as needed.

Medicines and pharmacy services

- 4.79 There was good oversight of medicines management through robust governance and regular medicines management meetings. However, some dispensing practices were unsafe and required immediate attention (see key concern and recommendation 1.48). Abusable medicines were monitored and errors were recorded, discussed and addressed to avoid recurrence
- 4.80 Prescribing was subject to clinical audit and pharmacy staff spoke of the benefit of weekly peer supervision which took place virtually with other prison establishments.
- 4.81 Systems to order, transport and store medicines were safe and effective and there was an established prescribing formulary.
- 4.82 Medication reconciliation took place at reception and was recorded on SystmOne. Out-of-hours cupboards were adequately stocked and could be accessed by clinical staff in health care and on Waite wing. There were clear procedures for acquiring urgent medicines out of hours from community pharmacies.
- 4.83 Pharmacy staff had restarted medicines reviews with patients, either face to face or on the telephone. The clinical practice-based pharmacist was reviewing patients who had started anti-depressant medication in line with the evidence base, which was good (see notable positive practice paragraph 1.55).
- 4.84 Medicines were administered three times a day from health care and Waite wing and arrangements were adequate for women requiring night-time medicines. The reporting of missed doses was weak and the policy had not been followed in the four cases that we reviewed. We observed poor supervision by custody staff of the medicine queues on Waite wing, which created a risk of bullying and diversion.
- 4.85 Secondary dispensing (an illegal practice) was occurring in the segregation unit where nurses were 'potting up' medicines, delivering them to each cell and relying on printed prescriptions in the absence of access to SystmOne. Methadone was administered in the same way and we observed a delivery on Waite wing while prisoners were unlocked, which was an insecure and poor practice. These issues were brought to the attention of Spectrum.
- 4.86 About half the population at Styal received medicines in possession. Records that we sampled contained in-possession risk assessments that were regularly reviewed, in line with best practice. Pharmacy staff conducted intelligence-based and routine cell spot checks when necessary.
- 4.87 Clinical staff could administer a good range of medicines without a prescription, supported by an up-to-date suite of patient group directions (which enable clinicians to supply and administer prescription-only medicines). Women could buy basic self-care

medicines from the canteen and pharmacy staff had good oversight of requests for painkillers.

- 4.88 There were suitable arrangements for women to receive adequate supplies of medicines on release or transfer.

Recommendation

- 4.89 **Prison officers should consistently monitor and manage medication administration queues to reduce the opportunities for bullying and diversion.**

Dental and oral health

- 4.90 Smart Dental, directly commissioned by NHS England and Improvement, delivered a good and responsive service. A full range of NHS community dental services were available to patients.
- 4.91 Women had prompt access to medicines following dental intervention and oral health and disease prevention were well promoted.
- 4.92 The dental team undertook daily clinical triage of applications and appointments were made accordingly. There was a short waiting list for routine treatment of about two weeks, which was good. Dental staff spoke positively of the introduction of in-cell telephones. The dental suite had its own line and patients could be triaged immediately on receipt of an application or referral.
- 4.93 The dental suite was bright and modern, with a separate decontamination area and X-ray room, and met all necessary infection prevention standards. Dental equipment was maintained and serviced regularly.

Equality, diversity and faith

Expected outcomes: There is a clear approach to promoting equality of opportunity, eliminating discrimination and fostering good relationships. The distinct needs of women with protected and minority characteristics are addressed. Women are able to practise their religion and the chaplaincy plays a full part in prison life, contributing to women's overall care, support and rehabilitation.

Strategic management

- 4.94 Leaders were trying to embed equality into their work, but there was no strategy and their key priorities or measures of success were unclear. There was a clear structure for the management of equality work and each head of function led on supporting a protected group with an allocated middle manager and a peer worker to promote the work. Quarterly equality meetings were well attended and chaired by the deputy governor. The work was informed by quarterly forums with

women from each protected group, but these had only recently started following the pandemic.

- 4.95 Progress varied for each protected group and, in our survey, there were some differences in perceptions of treatment among some groups. Local and national prison data showed disproportionate outcomes in some key areas. Actions relating to equality in the safer prisons action plan were sensibly informed by some of these data. However, there was limited evidence of whether actions had been taken or routinely followed up.
- 4.96 Nine discrimination incident report forms (DIRFs) had been submitted in the previous six months, which was a very low number. Replies to DIRFs that we reviewed showed that staff did not always challenge discrimination. Responses were not always timely or robust and lacked detail and depth. All DIRF responses were now quality assured by the governor, who had identified similar weaknesses, but there was no external, independent scrutiny of responses.

Recommendation

- 4.97 **Responses to complaints of discrimination should be thorough, timely and subject to external, independent scrutiny.**

Protected and minority characteristics

- 4.98 In our survey, 26% of women with a disability said that they felt unsafe at the time of our inspection compared with 7% of their peers (see paragraph 3.23). It was difficult for women with physical disabilities to access the houses and other key buildings. Efforts had been made to address the physical limitations of the site and to improve accessibility and leaders responded to feedback about the barriers that individuals faced.
- 4.99 About 9% of the population were from a black or minority ethnic background. In our survey, they reported significantly worse experiences of their reception into Styal than white prisoners. Leaders were aware of unequal outcomes for this group, but limited actions had been taken to address this. The canteen list catered for a wide range of ethnicities and various initiatives had been taken to mark cultural events such as Black History Month. At the time of inspection, a counselling service was being set up to cater for the needs of black and minority ethnic women (see paragraph 6.4).
- 4.100 Foreign national women comprised about 4% of the population. Efforts had recently been made to translate documents into other languages, but progress was slow. Leaders had started to identify the needs of foreign national women on arrival, which enabled staff to tailor activities and opportunities for them. This was very positive. A manager responsible for work with foreign national women had recently been appointed.

- 4.101 Provision for older and younger women was very limited. A newly renovated house (Bronte) had been earmarked for young adults, but it remained empty and there was no specific support for this cohort at the time of inspection. In our survey, only 31% of women under 25 felt safe during their first night in Styal compared with 69% of other women. This perception needed addressing. There were some examples of younger women being buddied together for support and prison staff had engaged with girls transitioning to the adult estate before their arrival.
- 4.102 In our survey, gay and bisexual women responded significantly more negatively on bullying and victimisation and on being physically restrained or segregated. Some women we spoke to felt that the policy on intimate relationships was discriminatory or inconsistent and they would have benefited from a better understanding of how leaders approached the management of relationships (see paragraph 3.11).
- 4.103 There was some unmet need among transgender and non-binary prisoners. They told us that staff repeatedly misused pronouns and that they faced delays in acquiring basic items such as chest binders. They sometimes felt unsupported and this was compounded by limited options in the prison shop. Not enough was done to ensure that both staff and prisoners were well informed of and sensitive to these prisoners' needs.

Faith and religion

- 4.104 In our survey, only 53% of women said that their faith was respected, compared with 73% at the previous inspection. Corporate worship had still not restarted following the pandemic, which was poor and a disappointingly slow response compared to other prisons. The chaplaincy provided women with religious materials each week to compensate for this and faith-based classes had restarted for small groups of women.
- 4.105 The chaplaincy was fully staffed and accessible. In our survey, 76% of women said they could speak to a chaplain in private if they wished. The team carried out all their statutory duties including seeing women on induction and participating in ACCT reviews.
- 4.106 The chaplaincy provided clothes and underwear for women in need. They had played an important pastoral role during the pandemic talking to women on their in-cell phones. They supported bereaved women and used technology to enable virtual attendance at funerals. They also supported women after deaths in custody. The reflection garden behind the chapel was an excellent space for women and a great resource for the chaplaincy.

Section 5 Purposeful activity

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

Time out of cell, recreational and social activities

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

- 5.1 About 70% of the population lived in houses. They were never locked in their rooms and had free access around their house during the day and night. Those on Waite wing were locked in cells when they were not in activities and our checks indicated that 60% of women were locked up on that unit during the core day with about two to three hours out of their cells. New arrivals only had about 45 minutes out of their cell each day, which was poor.
- 5.2 In our survey, 59% of women compared with 21% at our previous inspection said that they could go outside for exercise more than five days in a typical week if they wished. Our findings indicated that women could have about one hour outside in the fresh air each day, although not always at weekends.



Waite wing exercise yard

- 5.3 At the time of the inspection about 60% of the population were employed. Most were in part-time work or activities, and a few were full time. These women had a maximum of about 11 hours out of their cell on weekdays. Further easing of COVID-19 restrictions shortly after our inspection would increase this proportion significantly.
- 5.4 There were too few opportunities for women to benefit from peer working or recreational and social activities. It was disappointing to find that the library service was poor, and access was inconsistent and limited for most prisoners. Most women living on Waite wing had not been to the library for more than a year. Time at the library was dictated by staff availability and, if prisoners were able to attend, their time was rushed and limited to only 30 minutes.
- 5.5 Books and DVDs had been taken to the houses and wings throughout the pandemic, but the system for recording items borrowed from or returned to the library was not robust. Many books and DVDs were missing, and stock was depleted. Recreational library sessions such as reading groups, coffee mornings and scrabble sessions were no longer organised, and there was no clear plan to restart these activities.
- 5.6 The gym provision was reasonable and provided a good range of regular exercise sessions for women to attend about three times a week. Evening sessions were also available for women living on the enhanced houses who had been working during the day. During the earlier days of the pandemic, women had been able to go outside to do circuits and exercise sessions on the grass. Indoor gym sessions and exercise classes had now resumed.

Education, skills and work activities



This part of the report is written by Ofsted inspectors. From May 2021 Ofsted began carrying out progress monitoring visits to prisons to assess the progress that leaders and managers were making towards reinstating a full education, skills and work curriculum. The findings and recommendations arising from their visit are set out below.

- 5.7 Ofsted assessed that leaders were making reasonable progress towards ensuring that staff teach a full curriculum and provide support to meet women's needs, including the provision of remote learning.
- 5.8 During the national restrictions, leaders and managers had had to reduce the education, skills and work provision but ensured that women had access to in-cell learning packs, initially in English and mathematics. During the pandemic, teachers developed a wide range of learning packs in subjects including history, beauty therapy, personal

development and catering. Managers deployed small teams of women in essential work and critical workshops, such as cleaning, kitchens and laundry.

- 5.9 The learning packs were well produced and proved very popular with women, including many who would not otherwise have attended education. Teachers produced attractive and engaging learning resources, incorporating exercises to check learners' progress. Women appreciated the supportive feedback that teachers provided when marking their workbooks.
- 5.10 In May 2021, when the restrictions began to be lifted by HMPPS, managers re-started classroom learning promptly, prioritising mathematics, English, and access for women who did not benefit from learning independently in their cells. One-to-one outreach support was available for women whose first language was not English. Managers re-established effective quality assurance processes alongside the return of classroom teaching.
- 5.11 At the same time, industries and prison workshops re-opened, with reduced numbers to permit social distancing. These included workshops run by community organisations, which offered training and work in telesales, recycling, and catering. Women received support from these organisations with their employability skills and with gaining employment on release.
- 5.12 During the restrictions, women were issued with an induction pack to complete in their cells, but many women did not do so. As a result, there was a significant backlog of women who had not received an initial assessment or developed a learning plan. At the time of our visit, staff were delivering additional group inductions to enable these women to catch up and be allocated an appropriate activity place.
- 5.13 From September 2021, more women were able to attend activities and education. At the time of our visit, about 60% were engaged in education, training or work. A reduction in the prison's learning and skills budget meant that not all the pre-pandemic education places would be re-introduced.
- 5.14 During the pandemic, managers found it difficult to recruit instructors, and accredited training in workshops such as cleaning and horticulture had not yet been restored. However, managers had introduced a procedure to record the development of women's employability skills. They had recognised the need for more prisoner mentors and were about to introduce a peer mentoring training programme.
- 5.15 Women enjoyed learning together again in classrooms and industries and developed their confidence as well as subject and vocational skills. Teachers carried out detailed skills assessments to determine learners' starting points. These were used well to set appropriately challenging targets. Learners' work was of a good standard. In hairdressing and beauty therapy, they achieved good standards of competence while practising new skills on prisoner clients. In art, a prisoner was

designing art work for the new visitor centre. She had been motivated to attend art classes after completing a work pack in her cell.

- 5.16 Leaders and managers had developed comprehensive plans for further easing of restrictions. They aimed to replicate the experience of women in the community by ensuring they had at least part-time activity alongside an enhanced programme of enrichment activities such as evening classes, creative writing and music. Their plans included industry-led workshops to prepare women for employment, together with the return of vocational and life skills training.
- 5.17 Managers had well-established links with employers and charities in the region, to provide work for women, and had maintained these links during the pandemic. Three women were preparing to take up work placements outside the prison. Managers had detailed plans to increase participation and to track employment outcomes on release.
- 5.18 Women in education who were identified as having additional support needs were screened by a specialist tutor who developed a comprehensive learning and support plan. However, this support was not routinely provided to women in industries and work. There was not enough specialist resource to support the level of need in the population.
- 5.19 Women spoke very highly of the support they received from teachers and instructors. Support for open and distance learning was good. Information, advice and guidance (IAG) staff helped women with the enrolment and funding processes. These learners had regular access to computers to complete their assignments.
- 5.20 IAG staff interviewed all women promptly during induction, and carried out an assessment of their English, mathematics and additional learning needs. Women received a personal work and learning plan which was reviewed frequently.
- 5.21 Managers had produced a good quality course prospectus describing the education choices available to women. However, this focused solely on education. There was not enough information about other activities, such as industry-led workshops, to ensure that women developed realistic and achievable learning plans at induction.

Recommendations

- 5.22 **Leaders and managers should carry out induction and initial assessment promptly for women who have missed these activities.**
- 5.23 **Managers should provide detailed support plans for all women who have declared additional learning needs.**
- 5.24 **Managers should provide rigorous accreditation for the skills that women gain while in work.**

Section 6 Rehabilitation and release planning

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

Reducing reoffending

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

- 6.1 The prison held a complex mix of women: about a quarter were remanded or unsentenced, just over a quarter were serving short sentences and about 15% had been recalled to custody. So prevalent was the churn of women coming and going from the prison that there were shelves in reception holding the belongings of women who expected to return to prison almost immediately after release. In addition to this population, about a third were serving sentences of more than four years and needed longer-term support, work and interventions.
- 6.2 A strong focus had been sustained during the pandemic on work to reduce reoffending, and some good, practical actions were included in the action plan. The manager had a sound grasp of how this could develop but some weaknesses, such as the delivery of resettlement services (see paragraph 6.19), were not within her control. The needs analysis was not sufficiently robust to ensure that all provision was appropriate. Sources of data such as OASys and NOMIS were not used to inform the analysis.
- 6.3 In our survey, only 36% of women said they had a plan for their time in custody, compared with 59% at the previous inspection. However, most women whom we interviewed could describe basic sentence plan targets and most eligible women had an up-to-date OASys assessment and sentence plan. About 20 women lacked an initial OASys assessment and about three-quarters of assessments were less than a year old, which was better than we often see. Most sentence plans that we looked at were adequate and those completed by a prison offender manager were of a consistently good standard. Progress against sentence plan targets was reasonable in most cases that we reviewed but was sometimes hampered by a lack of interventions (see paragraph 6.5).
- 6.4 Work to help women deal with their experiences of trauma was good (see notable positive practice paragraph 1.56). An impressive counselling service called 'Time For Me' had started in early 2020 and

had so far delivered talking therapy to about 50 women throughout the pandemic using in-cell phones. A range of volunteer therapists, both qualified and trainees, delivered up to 10 hours of therapy to any woman who self-referred and was then assessed for need. Ninety women were on the waiting list for this service which was expanding to meet the high demand and was about to start face to face sessions. Specialist counselling services were due to start in the near future for black and minority ethnic women (delivered by Olive Pathway, a charity which tackles violence and abuse in black and minority ethnic communities) and victims of sexual abuse (delivered by Survivors Manchester).

- 6.5 At the time of the inspection, there were no short, structured interventions to support women who had been victims of domestic violence. An encouraging initiative to identify victims of human trafficking was in its early stages and was to be developed further.
- 6.6 The range of interventions to help women address the attitudes, thinking and behaviour that were linked to their offending behaviour was too limited, but there was excellent support for women with complex personal needs. The ADAPT personality disorder service was helping 22 women, who typically used the service for nine months. It was intended to be a pre-treatment service from which women progressed to further therapeutic work, but about half the service users did not progress. There was no specialist treatment unit at Styal and women were reluctant to move to distant prisons such as Send for this service.
- 6.7 Women's estate psychology services provided one-to-one support to address offending behaviour such as fire-setting and extremism. They had also started to offer drop-in sessions for prison offender managers to help them plan the best approach to managing women with complex needs.
- 6.8 The provision of accredited programmes did not meet the need and consisted only of the Thinking Skills Programme (TSP). Twenty-seven women needed to complete the TSP by March 2022 but only 18 women would do so and a further 35 women were on the waiting list. Some prison offender managers had undertaken one-to-one offending behaviour work, which was commendable but did not address the gap in provision.
- 6.9 Women serving short sentences had little opportunity to address their offending behaviour. Brief interventions had been suspended at the start of the pandemic and the community rehabilitation companies which delivered them had been dissolved and the new providers were not yet running them. The chaplaincy had run one intensive four-day victim awareness course (Supporting Offenders through Restoration Inside) for 10 women during summer 2021.
- 6.10 During the previous three months, about 85% of women released had been housed on the day of release but outcomes were not measured beyond the first night in the community, which was a significant

weakness. The introduction of a housing specialist to oversee and improve accommodation outcomes for women was positive. He had been recruited initially for only a year but his role in training inexperienced new providers was proving critical.

- 6.11 Remanded and unsentenced women were no longer able to access consistent help with housing or finances. New service providers were not contractually required by HMPPS to deliver this, which was a very significant omission. The extent and quality of housing and finance support for sentenced women depended on their home or release area, for example some new regional providers helped women to open a bank account, while others did not.
- 6.12 Department of Work and Pensions staff gave women who were claiming benefits ahead of release good support. Two staff had been back on site since late spring 2021 and could easily speak to women on their in-cell phones to discuss their benefits and make Job Centre appointments for their release.
- 6.13 About half the sentenced population were eligible for home detention curfew (HDC) and 150 women had been released on HDC in the previous 12 months. HDC procedures were well managed and timely, but a lack of suitable and safe BASS (Bail and Accommodation Support Service) accommodation meant that a few women stayed in prison.
- 6.14 Release on temporary licence (ROTL, see Glossary of terms) had been very slow to restart after the pandemic. Although ROTL had been available since early summer 2021, very few women had benefited. During the previous six months, there had been just 13 instances of a woman accessing ROTL for paid work and 31 occasions to build family ties. The lack of ROTL had had a particularly adverse effect on women living on the mother and baby unit (see paragraph 4.7) and the Bollinwood House open unit. In recent weeks, ROTL to help women build family ties had gathered pace but ROTL for work opportunities off site was only just resuming, with one woman successfully interviewing for a job during the inspection.

Recommendations

- 6.15 **Women serving short sentences and recalls should be able to undertake a range of brief interventions to address their attitudes, thinking and behaviour.**
- 6.16 **Women should be able to undertake short, structured interventions to address their experiences of domestic abuse.**

Motivation, engagement and progression

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

- 6.17 There were some very good opportunities to progress at Styal, including the Recycling Lives (offender rehabilitation charity) and Televerde (training and employment for women in prison) workshops. The workshops offered comprehensive support and the potential to take up a job on release. They were impressive and highly valued by the women who worked in them.
- 6.18 Bollinwood House, just outside the prison, was intended to enable 25 women categorised as suitable for open conditions to progress. However, at the time of the inspection the unit had lost its purpose and was a disappointment. The women who lived in the house were poorly supported and rarely visited by staff. Most worked in the Clinks restaurant but none had yet used ROTL to undertake work opportunities in the community. They had not been allowed to go on town visits to the hairdresser, go shopping, visit the library or exercise. They were also not permitted to go into the main prison to use these basic services, which were available to the rest of the population. They felt trapped between the main prison and the community and were extremely frustrated. Their lives were restricted to walking around the car park and we saw them waiting to chat to staff as they left the prison. There were few incentives to progress and, at the time of the inspection, women did not regard the unit as a worthwhile opportunity.
- 6.19 The offender management unit was well staffed with an appropriate mix of prison offender managers who received good support from managers. Caseloads were manageable, particularly given the reduced population. Most women whom we interviewed could name their prison offender manager. Contact with women was in most cases good, regular and purposeful and most women had made progress against their sentence plans within the constraints of limited interventions (see paragraph 6.6). In the best cases, good quality case notes described well-structured, planned contacts with the women. Uniformed prison offender managers were frequently taken away from their offender management work to cover staff shortages and levels of contact between these staff and the prisoners were sometimes inadequate.
- 6.20 Women with indeterminate sentences typically benefited from good quality jobs in some of the best workshops and many lived on enhanced units. They lacked support with managing the implications of their sentences but benefited from good levels of contact with probation staff. Lifer family days were planned for the near future.

Protecting the public from harm

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

- 6.21 Nearly half the women who had an OASys assessment and about a third due for release presented a high risk of serious harm to others. Some aspects of public protection work were effective. Handovers from prison to community offender managers of cases approaching release were timely, well managed and appropriately focused on risk management. We also found evidence of confirmation of MAPPA levels (multi-agency public protection arrangements) ahead of release. Most of the OASys risk management plans that we examined were reasonably good.
- 6.22 The interdepartmental risk management team (IRMT) met every fortnight, which was appropriate for a prison with such a fast-changing population. The meetings were well attended, but not all high-risk cases approaching release were routinely discussed to address any gaps in risk management planning. There had been recent administrative errors in releasing women too early or too late and the new resettlement providers did not have access to OASys risk assessments. These weaknesses were mitigated by the good individual work carried out by offender managers, but the lack of quality assurance was a concern given the volume of short sentences and recalls. Contributions by prison offender managers to MAPPA panels were not good enough and provided too little analysis of risk.
- 6.23 At the time of the inspection, 43 women were subject to mail and phone monitoring. A large backlog of phone calls stretching back some months were waiting to be monitored. This undermined decisions at the IRMT meetings and compromised the prison's ability to contribute to the protection of the public.
- 6.24 Given the poor telephone monitoring, decisions about restricting women's contact with their children were not well informed. Contact restrictions that had been imposed were not always enforced, for example staff intercepting letters in the mail room did not consider all women excluded from contact.

Recommendation

- 6.25 **Public protection procedures should be strengthened to manage women's risks to people living in the community effectively during custody and on release.**

Preparation for release

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

- 6.26 Demand for resettlement support was very high with about 60 women released each month across a vast area that included North Wales, Merseyside, Greater Manchester, Lancashire and beyond.
- 6.27 Several months after major changes to resettlement services started, not all new providers were in place and models for delivery still lacked clarity. Women received different levels of support depending on their release area. A woman from one region, for example, might be able to open a bank account, while a woman from a different region could not. Not all providers had case workers regularly on site.
- 6.28 During the transition, through-the-gate staff had bridged gaps in provision outside their remit and remained in the prison at the time of our inspection. For the time being, they assessed women's needs about three months before release and made referrals to services in the community.
- 6.29 Resettlement plans that we examined were timely and accurately reflected the needs that women described to us. Updates reflected progress made, but some of the outcomes for women remained unclear.
- 6.30 Mentoring support on the day of release had reduced since the previous inspection. Some providers escorted the most vulnerable and complex women from the gate, but this was again inconsistent and depended on the woman's release address.

Section 7 Recommendations in this report

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

Key concerns and recommendations

- 7.1 Key concern (1.46): Plans to improve supervision of the houses had been delayed because of staff shortages. This hindered the oversight of women at risk of self-harm and meant that staff were not always available to address violence promptly or respond to requests from women in a timely way.
- Key recommendation: Sufficient staff should be in post to provide effective supervision of the women living in the houses so that they feel safe from harm.**
(To HMPPS and the governor)
- 7.2 Key concern (1.47): About 70% of the population lived in houses. These were kept clean by the women, but some were dilapidated and not fit for purpose. There were numerous outstanding repairs, many houses suffered from damp and window frames were rotting and damaged. Toilet and bathroom facilities were limited and some houses only had two toilets for about 20 women. Showers and baths were often unpleasant and in a poor state. Bedrooms were sometimes too small to hold three or four women comfortably. Furniture in these rooms was often in a poor condition.
- Key recommendation: All residential accommodation should be decent and in a good state of repair including sufficient facilities for the numbers of women.** (To HMPPS)
- 7.3 Key concern (1.48): Some of the practices used to administer medicines to patients unable to attend the medicine hatches were poor and presented risks to the women. The transport of controlled drugs in an insecure bag was unacceptable.
- Key recommendation: The dispensing of medicines, including controlled drugs, should be carried out legally, safely and in line with established policy.** (To the governor/Spectrum)
- 7.4 Key concern (1.49): There were not enough opportunities for women to progress. Release on temporary licence (ROTL) had been very slow to restart after the pandemic which had badly affected women living on the mother and baby unit and the open unit. The open unit had lost its purpose and women living there were poorly supported and rarely visited by prison staff. There were few incentives to progress to the unit which women did not regard as a worthwhile progression opportunity.
- Key recommendation: All eligible women should have the opportunity to build family ties and develop links with the**

community through ROTL. The prison should take a more proportionate approach to ROTL, including releasing women to access provision in the local community. (To the governor)

Recommendations

- 7.5 Recommendation 3.17: ACCT documents should record identified risk and care plans should reflect the specific concerns and circumstances of each woman. (To the governor)
- 7.6 Recommendation 3.35: The segregation unit should provide a decent and comfortable environment for women, including the installation of electricity sockets in each cell. (To the governor)
- 7.7 Recommendation 3.45: Appropriate technology should be made available to detect women secreting illicit items on arrival. (To HMPPS)
- 7.8 Recommendation 4.7: Women living on the mother and baby unit should have access to the full prison regime. (To the governor)
- 7.9 Recommendation 4.8: Babies and children living on the mother and baby unit should have opportunities to experience community activities in accordance with their development needs and well-being. (To the governor)
- 7.10 Recommendation 4.11: The range of peer support roles should be increased to develop women's mentoring skills and support the well-being of other prisoners. (To the governor)
- 7.11 Recommendation 4.13: Women should receive a timely and good quality response to their applications. (To the governor)
- 7.12 Recommendation 4.16: Women should receive a prompt and full response to their complaints. (To the governor)
- 7.13 Recommendation 4.89: Prison officers should consistently monitor and manage medication administration queues to reduce the opportunities for bullying and diversion. (To the governor)
- 7.14 Recommendation 4.97: Responses to complaints of discrimination should be thorough, timely and subject to external, independent scrutiny. (To the governor)
- 7.15 Recommendation 5.22: Leaders and managers should carry out induction and initial assessment promptly for women who have missed these activities. (To the governor)
- 7.16 Recommendation 5.23: Managers should provide detailed support plans for all women who have declared additional learning needs. (To the governor)
- 7.17 Recommendation 5.24: Managers should provide rigorous accreditation for the skills that women gain while in work. (To the governor)

- 7.18 Recommendation 6.15: Women serving short sentences and recalls should be able to undertake a range of brief interventions to address their attitudes, thinking and behaviour. (To the governor)
- 7.19 Recommendation 6.16: Women should be able to undertake short, structured interventions to address their experiences of domestic abuse. (To the governor)
- 7.20 Recommendation 6.25: Public protection procedures should be strengthened to manage women's risks to people living in the community effectively during custody and on release. (To the governor)

Section 8 Progress on recommendations from the last full inspection report

Recommendations from the last full inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection in 2018, women were well cared for on arrival at the prison. The population had complex needs and there were many challenges, but women were kept safe. Most incidents and problems were related to the breakdown of or tensions within relationships among the women. Self-harm was significant, but women were well cared for and able to access an impressive range of interventions. Security arrangements were proportionate with good attention to problems with drugs. Disciplinary processes were generally used effectively. Aspects of the regime in segregation were weak. Overnight observations of women who were stabilising needed to improve, but other aspects of substance misuse support were good. Outcomes for women were good against this healthy prison test.

Recommendations

Women should be held in court cells for the minimum possible period and arrive at Styal before 7pm. (1.2, repeated recommendation 1.5)

Partially achieved

On their first night, women should be held in clean, graffiti-free cells, receive basic supplies and be able to shower and make a telephone call. (1.7)

Achieved

Induction should only be delivered to women when they are stabilised from the effects of detoxifying. (1.8)

Achieved

Quality assurance checks of the incentives and earned privileges scheme should ensure that it takes an equitable approach. (1.17)

Not achieved

The prison should explore why some women feel inhibited to access the safer custody hub and take action to address their concerns. (1.18)

No longer relevant

Work to support women at risk of self-harm and suicide, and quality assurance of assessment, care in custody and teamwork (ACCT) case management, should focus on the effectiveness of support and quality of engagement by staff. (1.27)

Achieved

Partnership working between the prison, health care and mental health, and relevant regular staff training, should ensure that all women admitted to and discharged from the Dove unit receive consistent evidence-based support that meets their needs. (1.32)

No longer relevant

The prison should take further action to reduce the supply of illicit substances through visits. (1.43)

Achieved

Women in segregation should have access to a daily regime. (1.56)

Achieved

The segregation unit's exercise yard should be improved. (1.57)

Partially achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection in 2018, there was a very strong focus on improving decency. The outside open areas were very good, and Waite wing was clean and functional. The conditions on the houses were very mixed, and some had deteriorated since the last inspection. Women were supported to live decently day-to-day. Peer workers were well used but confidentiality in many areas needed to improve. Most staff were respectful and caring, but a small number were less engaged with the women. Strategic work in equality and diversity was weak, but most outcomes for the protected groups were reasonably good. Faith provision was strong. Complaints were generally well managed although women were negative about fairness. Legal services were good. Health provision was reasonably good, although aspects of medicines management needed to improve. Food provision and prison shop arrangements were appropriate. Outcomes for women were reasonably good against this healthy prison test.

Key recommendations

The Ministry of Justice should reconsider the decision not to provide authority and funding to refurbish the disused buildings outside the prison gate into supported accommodation for women released from Styal. (S44)

No longer relevant

Oversight of peer workers should be sufficient to ensure that their excellent work is not undermined by legitimate concerns that women have about their access to personal information and privileges. (S42)

Partially achieved

Recommendations

The visitors' centre should provide full facilities to meet the needs of visitors. (4.40)

Partially achieved

Visitors should have access to an extended range of refreshments during visits, including healthy options. (4.41)

Not achieved

All women should be able to have at least one weekly visit. (4.42, repeated recommendation 4.46)

Not achieved

Conditions on the houses should be improved so that women have decent bathing and showering facilities, and sufficient graffiti-free furniture. (2.8)

Not achieved

The prison should monitor call bell response times on the houses, and there should be clear guidance for women living on the houses in case of an emergency. (2.9)

Not achieved

The governor should establish systems for the management of equality and diversity that ensure that women from the protected characteristic groups have their needs met. (2.18)

Not achieved

The prison should take action to promote confidence in the complaints system among women, and staff should ensure that their responses to complaints are legible. (2.34)

Partially achieved

All clinical areas should be suitable and compliant with infection control guidelines. (2.49, repeated recommendation 2.84)

Achieved

Women should be able to complain about health services through a separate well-publicised confidential system, and the health applications process should preserve patient confidentiality. (2.50)

Achieved

Women undergoing treatment for alcohol and/or drug withdrawal should receive regular monitoring through the day and night during their stabilisation.

Prescribing should be consistent and flexible, in line with a regularly reviewed local policy that reflects current national guidance. (1.64)

Achieved

Women should have access to pharmacy-led clinics including medicine use reviews, which should be documented in their clinical record. (2.66, repeated recommendation 2.101)

Achieved

Women should receive their medication promptly, including repeat prescription medication and following arrival, so that there are no unnecessary delays or gaps in treatment. (2.67)

Achieved

There should be increased communication and more consistent partnership working between the prison and the mental health team to optimise the delivery of mental health services for women. (2.77)

Partially achieved

Groupwork should be relaunched to maximise the support options for women with primary mental health needs. (2.78)

Partially achieved

Transfers under the Mental Health Act should occur within the current Department of Health transfer time guidelines. (2.79, repeated recommendation 2.120)

Achieved

The prison should develop a memorandum of understanding on social care with the local authority and Spectrum CIC. (2.81)

Not achieved

Purposeful activity

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

At the last inspection in 2018, provision of time out of cell remained very strong. There were many formal and informal opportunities for women to use their time constructively. Ofsted rated learning, skills and work activities as good overall. Aspects of learning and skills leadership were strong and had driven some positive improvements, but English and mathematics provision did not meet the significant need among women. The range of activities had been enhanced and were broadly sufficient for the population. The focus on raising aspirations was excellent, as was the use of peer mentors. However, staff shortages had led to cancellations of some activities, and punctuality required improvement. Outcomes for women were reasonably good against this healthy prison test.

Key recommendation

There should be effective measures to increase significantly the proportion of women who achieve their functional skills qualifications in English and mathematics. (S43)

Not assessed at this inspection

Recommendations

Novus managers should ensure that staffing issues do not disrupt learning, and that the appropriate learning resources are available and used effectively. (3.15)

Not assessed at this inspection

The virtual campus should be fully operational to support women's learning, development and job search. (3.16)

Not assessed at this inspection

Tutors should check women's learning regularly to ensure that they have a secure understanding of the concepts and skills taught in their lessons. (3.25)

Not assessed at this inspection

Tutors and instructors should set women useful individual learning targets and use learning resources to match women's abilities. (3.26)

Not assessed at this inspection

All women should use the appropriate personal protective equipment during activities. (3.31)

Not assessed at this inspection

All women should arrive at their activities on time and should attend education lessons regularly. (3.32)

Not assessed at this inspection

Instructors should recognise and record the skills that women develop during their work inside and outside the prison. (3.36)

Not assessed at this inspection

Resettlement

Prisoners are prepared for their release back into the community and effectively helped to reduce the likelihood of reoffending.

At the last inspection in 2018, leaders had a very strong and developing focus on supporting women to reduce their risk and on release. Offender management work was very good, and public protection arrangements were proportionate. Through-the-gate support and release on temporary licence (ROTL) provision were excellent, although many women left without stable accommodation. Children and families work was strong with a local focus on meeting needs. There was some good support to address a range of women's vulnerabilities, but awareness of human trafficking needed improvement. Outcomes for women were good against this healthy prison test.

Recommendations

MAPPA management levels for MAPPA nominals should be confirmed with the National Probation Service six months before a prisoner's release. (4.15, repeated recommendation 4.20)

Achieved

MAPPA F forms should include concise summaries of relevant risk information. (4.16)

Not achieved

Women should be transferred to the prison closest to their release address at least three months before their home detention curfew eligibility date. (4.20)

Not achieved

All women should be able to access through-the-gate support on their day of release. (4.29)

Not achieved

There should be a greater understanding throughout the prison about the issues faced by trafficked women. The local strategy for identifying and supporting women who are potential or actual victims of trafficking should focus on how women will be supported. (4.49)

Partially achieved

Prison managers should ensure that new arrivals are made aware of any limitations to their future employment due to their offence. (4.57)

Not assessed at this inspection

Finance, benefit and debt support should be readily available to women throughout their sentence. (4.62)

Not achieved

Appendix I About our inspections and reports

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

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

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

Safety

Women, particularly the most vulnerable, are held safely.

Respect

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

Purposeful activity

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

Rehabilitation and release planning

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

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

Outcomes for women are good.

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

Outcomes for women are reasonably good.

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

Outcomes for women are not sufficiently good.

There is evidence that outcomes for women are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of women. Problems/concerns, if left unattended, are likely to become areas of serious concern.

Outcomes for women are poor.

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

Our assessments might result in one of the following:

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

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

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

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

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

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

This report

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

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

Inspection team

This inspection was carried out by:

Charlie Taylor	Chief inspector
Sandra Fieldhouse	Team leader
Natalie Heeks	Inspector
Sumayyah Hassam	Inspector
Rebecca Stanbury	Inspector
Donna Ward	Inspector
Caroline Wright	Inspector
Charlotte Betts	Researcher
Alec Martin	Researcher
Rahil Jalil	Researcher
Isabella Raucci	Researcher
Paul Tarbuck	Lead health and social care inspector
Shaun Thomson	Health and social care inspector
Jo White	Care Quality Commission inspector
Steve Watts	Ofsted inspector
Mary Devane	Ofsted inspector
Jonathan Tickner	Offender management inspector
Martyn Griffiths	Offender management inspector

Appendix II Glossary of terms

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

Care Quality Commission (CQC)

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

Certified normal accommodation (CNA) and operational capacity

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

Leader

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

Protected characteristics

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

Protection of adults at risk

Safeguarding duties apply to an adult who:

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

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 women are held in quarantine for between seven and 10 days.

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).

Special purpose licence ROTL

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

Time out of cell

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

Appendix III Care Quality Commission Requirement Notice

Care Quality Commission Requirement Notice



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

The inspection of health services at HMP & YOI Styal was jointly undertaken by the CQC and HMI Prisons under a memorandum of understanding agreement between the agencies (see <https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/working-with-partners>). The Care Quality Commission issued 'requirement to improve' notice/s following this inspection.

Provider

Spectrum Community Health C.I.C.

Location

HMP & YOI Styal

Location ID

1-670182083

Regulated activities

Treatment of disease, disorder, or injury and Diagnostic and screening procedures.

Action we have told the provider to take

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

Regulation 12 (1)(2)(g)

Care and treatment must be provided in a safe way for service users and the proper and safe management of medicines to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met

There was no proper and safe management of medicines. In particular:

- Secondary dispensing was occurring in the segregation unit where nurses were “potting up” medicines, delivering door-to-door and were relying on printed prescriptions.
- Methadone was also being delivered in this way and was observed to be delivered on the segregation unit and Waite wing while prisoners were unlocked, which was an insecure and poor practice.

Appendix IV Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Establishment staff survey

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

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