



Report on an unannounced inspection of

HMP Buckley Hall

by HM Chief Inspector of Prisons

12–23 February 2024



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Introduction

Opened during the 1990s, Buckley Hall is a category C training prison in Rochdale, with capacity for 469 adult men. The prison was full at the time of our inspection. With about 30 new arrivals each month, and just a few releases, the population of mainly long-term prisoners remained fairly stable, although most men were considered to pose a high risk of harm to the community.

This was our first inspection of Buckley Hall since 2019, when we found some exceptional outcomes, and judged it to be good, our highest score, in safety, respect, and preparation for release. Only in purposeful activity were we more critical, describing outcomes in this test as not sufficiently good. Despite the challenges of recent years our assessments at this inspection remained encouraging. We found some deterioration in safety and respect, but in preparation for release they were good. In purposeful activity, however, improvement was too slow and outcomes were insufficient.

Prisoners spoke positively about their treatment on arrival and most safety indicators compared well with other category C prisons. There was, however, more violence (although little that was serious) more use of force, and a greater number of self-harm incidents. An exception to this generally encouraging picture was the ingress of drugs, with nearly half of prisoners saying they were easy to access and random testing suggesting that well over a quarter of prisoners were active drug takers at the time of the inspection.

Much of the prison's success was predicated upon excellent staff-prisoner relationships, both informally but also through a targeted application of the key work scheme aimed at prioritising higher risk or more vulnerable prisoners. Sadly, this work was undermined by consultation arrangements and systems to support redress which were no longer as effective as they used to be. Similarly, the promotion of fairness and inclusion needed greater prioritisation going forward.

Outside areas were well maintained, but many buildings, including accommodation units, were not aging well. Staff and prisoners did their best to keep the prison clean and most cells, except for the induction wing, were properly looked after, but the prison had a creaking, prefabricated feel which will soon need significant investment.

Prisoners typically had between five and eight hours a day out of their cells depending on their employment status, which again compared well with many similar prisons. We did, however, find 31% of men locked up during the working day, and our partners in Ofsted assessed the overall effectiveness of education, skills and work provision at the prison as 'requires improvement', their second lowest assessment, which meant the prison was not fulfilling its core function as a training establishment. In contrast, there was some good work to promote family engagement and sentence management, and leaders had a good understanding of the treatment needs of its population. Offending behaviour work was quite limited and the prison still needed to meet fully the expectations it had raised with its lifer population, most notably through the proper functioning

of the dedicated Aspire unit. Work to support the very few prisoners released from Buckley Hall was very good, despite the prison not having a resettlement function.

There was evidence of a slow but perceptible decline at the prison over recent years, but the problems were clearly identifiable and easily arrestable. A new governor had arrived recently, and he and other leaders were clear about their priorities and expressed an ambition to re-energise the establishment and restore its high level of performance. The effective partnership culture and excellent relationships we found will greatly assist this endeavour, along with a more systematic and sophisticated use of data.

Charlie Taylor

HM Chief Inspector of Prisons

March 2024

What needs to improve at HMP Buckley Hall

During this inspection we identified 10 key concerns, of which five should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

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

Priority concerns

1. **Rates of self-harm were much higher than at the last inspection and were still rising.** The prison had a limited understanding of the issues that might have contributed to this.
2. **Weaknesses in many important processes, including prisoner consultation, complaints and applications, had undermined the prison's rehabilitative culture.**
3. **The prison service had not invested enough money in the fabric of the jail.** Too many prisoners still lived in cramped conditions and many cells, especially on the induction unit, were grubby. There were unreasonably long delays for major repairs of boilers and showers on some units.
4. **There were insufficient spaces in education, skills and work to meet the needs of the prison population.** Not all prisoners were able to attend purposeful activities, and there was no assurance that the spaces available supported the prisoner's pathway or goals.
5. **Leaders had been too slow to resolve the significant weaknesses within the industrial workshops.** Instructors in workshops did not routinely promote the development of prisoners' English and mathematical skills, nor did they support prisoners with learning difficulties well enough, monitor prisoners' progress or routinely promote reading for pleasure.

Key concerns

6. **Patients requiring an assessment under the Mental Health Act waited too long for a decision about their needs.** They subsequently faced significant delays in being transferred to hospital once a transfer was recommended.
7. **Almost a third of prisoners were locked up during the core day, which was too many for a category C training prison.** Much of this was attributed to regime slippage during roll reconciliation (see Glossary), and staff being unsure of the regime, including when to unlock prisoners.

8. **The personal development curriculum (see Glossary) was relatively new and did not yet have sufficient structure to be effective.** Sessions were ad hoc and not systematically planned or sequenced to make sure prisoners could build their knowledge over time.
9. **Most prisoners had not yet benefited from a mid-sentence review of the career and education advice and guidance they had been given at the start of their sentence.** As such, their progress against agreed personal action plans was not measured or checked.
10. **Public protection arrangements to monitor high-risk prisoners were not robust.** We found examples where prisoners were not subject to telephone or mail monitoring when they should have been. Attendance at the interdepartmental risk management team meeting (which focused on prisoners who posed the highest risk of harm to others) was inconsistent, and discussions and actions were not always documented and tracked.

About HMP Buckley Hall

Task of the prison

HMP Buckley Hall is a category C training prison for adult men.

Certified normal accommodation and operational capacity (see Glossary) as reported by the prison during the inspection

Prisoners held at the time of inspection: 465

Baseline certified normal capacity: 409

In-use certified normal capacity: 409

Operational capacity: 469

Population of the prison

- About 30 new prisoners received each month.
- 95% of prisoners serving sentences of more than four years.
- Approximately 70% of the population presented a high or very high risk of harm.
- 18% of prisoners from black and minority ethnic backgrounds.
- 171 prisoners receiving support from drug and alcohol recovery services.
- About 22 prisoners a month transferred to other establishments.
- About seven prisoners released into the community each month.

Prison status and key providers

Public

Physical health provider: Spectrum Community Health CIC

Mental health provider: Greater Manchester Mental Health NHS Foundation Trust

Substance misuse treatment provider: Change Grow Live

Dental health provider: Smart Dental Care

Prison education framework provider: Novus

Escort contractor: GEOAmey

Prison group

Greater Manchester, Merseyside and Cheshire

Prison Group Director

Paul Holland

Brief history

Buckley Hall opened in 1995 as the fourth private prison in the UK. It returned to public sector management in 2000, became a female training prison in 2003 and then a training prison for men in 2005.

Short description of residential units

A wing	drug recovery unit; incentivised substance-free living (ISFL) unit
B wing	general accommodation
C wing	first night and induction centre; the Aspire (actively supporting progression in a rehabilitative environment) unit
D wing	general accommodation

Name of governor and date in post

Dave McGurrell, January 2024

Changes of governor since the last inspection

Robbie Durgan, November 2019 – December 2023

Rob Knight, January 2017 – November 2019

Independent Monitoring Board chair

Sheelah Jones

Date of last inspection

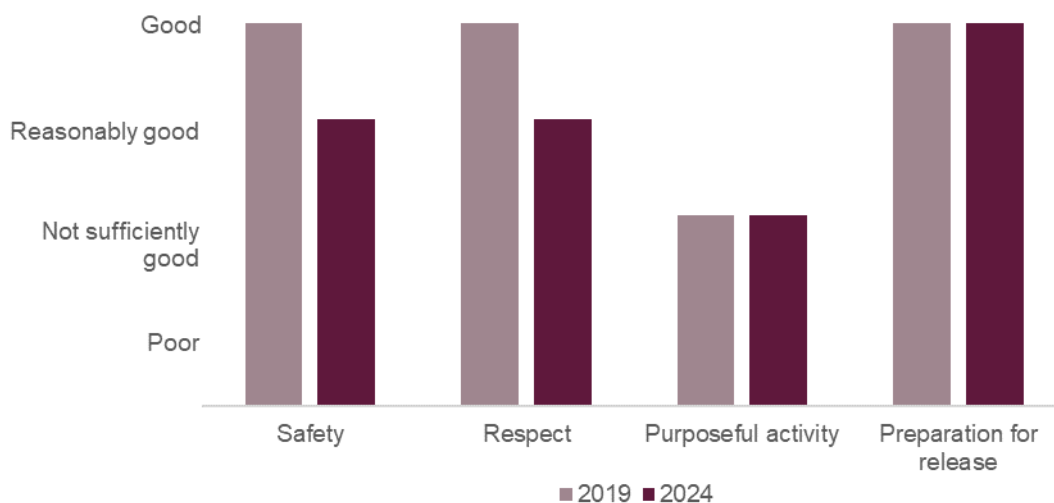
July 2019

Section 1 Summary of key findings

Outcomes for prisoners

- 1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.2 At this inspection of HMP Buckley Hall, we found that outcomes for prisoners were:
- reasonably good for safety
 - reasonably good for respect
 - not sufficiently good for purposeful activity
 - good for preparation for release.
- 1.3 We last inspected HMP Buckley Hall in 2019. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Buckley Hall healthy prison outcomes 2019 and 2024



Progress on priority and key concerns from the last inspection

- 1.4 At our last inspection in 2019 we made 24 recommendations, five of which were about areas of key concern. The prison fully accepted 21 of the recommendations and partially (or subject to resources) accepted two. It rejected one of the recommendations.
- 1.5 At this inspection we found that two of our recommendations about areas of key concern had been achieved, and three had not been achieved. The recommendation about the drug strategy in safety had been achieved. The recommendation about crowded cells in respect

had not. Two of the three recommendations about education, skills and work had not been achieved. For a full list of the progress against the recommendations, please see Section 7.

Notable positive practice

1.6 We define notable positive practice as:

Evidence of our expectations being met to deliver particularly good outcomes for prisoners, and/or particularly original or creative approaches to problem solving.

1.7 Inspectors found eight examples of notable positive practice during this inspection, which other prisons may be able to learn from or replicate. Unless otherwise specified, these examples are not formally evaluated, are a snapshot in time and may not be suitable for other establishments. They show some of the ways our expectations might be met, but are by no means the only way.

Examples of notable positive practice

a)	Four full-time ring-fenced key workers (see Glossary) provided regular, meaningful support for about 40% of the population. Each key worker held a caseload of around 40 prisoners who were either a young adult, a care leaver, serving an indeterminate sentence for public protection (IPP) or had additional complex needs.	See paragraphs 4.3 and 6.14
b)	The popular 'Bakehouse' kitchen initiative allowed prisoners to purchase home-made cakes each week.	See paragraph 4.18
c)	Patients with insulin-dependent diabetes were able to wear a blood glucose monitor on their skin and had the monitor reader in their cell. This meant that the management of their diabetes and insulin was prompt and reduced the risk of possible complications.	See paragraph 4.56
d)	In the Hive, a designated area in the health care unit, with comfortable seating and facilities for hot drinks, the well-being team offered a wide range of therapeutic activities and initiatives, which prisoners greatly valued. Peer advocates actively supported these initiatives, including delivering an innovative learning, accountability, responsibility and managing emotion (LARM) group, targeted at prisoners struggling to cope in the prison environment.	See paragraph 4.71
e)	Twenty-seven prisoners were being treated with a long-acting form of injectable buprenorphine (a synthetic opioid) given weekly or monthly. This reduced the risks of prescribed medicines being stolen or misused.	See paragraph 4.76

f)	Fourteen officers had completed enhanced training in substance misuse and were deployed to the recovery and incentivised substance-free living (ISFL) units.	See paragraph 4.79
g)	Leaders had implemented a wide range of creative activities that were properly scheduled, well promoted, and helped prisoners to learn new skills, including playing chess and learning to play the guitar.	See paragraph 5.28
h)	Leaders met families regularly to discuss their experience when visiting Buckley Hall. These forums included lunch, a tour and a social visit at the end of the meeting, this in addition to a prisoners' monthly allowance.	See paragraph 6.3

Section 2 Leadership

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

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 Most leaders and staff, as well as institutional partners and service providers, understood the priorities for the prison and remained committed to creating opportunities for prisoners to develop and progress through their sentence.
- 2.3 Leaders had cultivated a positive team ethos across most functions of the prison. There was some good work with partners and the voluntary sector to deliver shared objectives, and leaders understood the importance of supporting and developing their staff. There were several ways in which staff were recognised for their work, and leaders hosted many events to improve morale.
- 2.4 The culture of Buckley Hall was defined by good relationships between staff and prisoners. This, along with key work (see Glossary) and multidisciplinary working, had helped to maintain many elements of the positive culture we found at the last inspection; but it was fragile. We saw examples of innovation and creativity, but leaders had not sustained many of the notable practices we praised at the last inspection. They had also failed to address weaknesses in prisoner consultation, applications and complaints processes which undermined their declared ambitions to reinstate a rehabilitative culture at the prison.
- 2.5 The prison was also overcrowded and there had not been investment to refurbish some aging and shabby living conditions. There were also many outstanding repairs, including to broken heating, run down showers and broken interactive kiosks. To the credit of leaders, staff and prisoners, the prison was nevertheless remarkably clean.
- 2.6 A lack of grip on the safety strategy in recent years was reflected in an increase in drug use, violence and self-harm. Leaders in some functions, including safety, had not always used data effectively to inform plans to drive and monitor improvement. There were, however, early signs of improvement. The data indicated that Buckley Hall was still safer than many category C prisons, but leaders understood the need to act swiftly to reverse the upward trajectory evident in their data. Improving safety outcomes was identified as a priority in the leaders' self-assessment report (SAR).

- 2.7 Prisoners could access a wide range of activities and interventions, some of which were particularly inspiring (for example The Hive, see paragraph 4.71). However, the prison was not fulfilling its role as a training prison, in the main because leaders had not made sure there were sufficient full-time spaces in education, skills and work. Leaders had not explored and maximised opportunities to improve employability skills in industrial workshops.
- 2.8 Prison staff recruitment and retention were reasonably good and there were no vacancies for prison officers. However, not all officers were available to carry out operational duties. National leaders instructed the governor to provide officers on detached duty to other prisons where there were staff shortfalls, which resulted in frequent redeployments of the remaining staff that affected the delivery of some tasks. In addition, local leaders did not have a firm grip on regime slippage and frequent failures to reconcile the prison roll, which led to missed appointments and much frustration among prisoners and staff.
- 2.9 A recently appointed new governor had a clear ambition to restore the many positive aspects of Buckley Hall, which the evidence suggested had been in slow decline since we last visited. The senior team were receptive to scrutiny and clearly eager to drive improvement in their functions. We were optimistic and felt the prison was in good hands, and that the leadership were well placed to restore Buckley Hall to its place as one of the better category C training prisons in the country.

Section 3 Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

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

- 3.1 In our survey, 90% of prisoners said they had been treated well by reception staff, and 89% said they felt safe on their first night. The prison received around 30 new prisoners a month. Reception was a welcoming environment, and staff were courteous and sensitive when carrying out reception and health checks. Search procedures were proportionate. All new arrivals were body scanned, and strip searching was intelligence-led, proportionate to the presenting risks and preserving the dignity of prisoners.
- 3.2 All prisoners had a brief interview with first night staff followed by a medical assessment in private. Their property was processed immediately, and they could take permitted items to the induction unit. They could also buy necessities from the prison shop, which reduced the chances of getting into debt in their early days.
- 3.3 While most prisoners spent less than two hours in reception holding areas, they had limited reading materials there and no access to dedicated Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) or peer supporters to talk to them about individual concerns.
- 3.4 Staff on the induction unit conducted safety checks every four hours for the first 72 hours that prisoners were in custody. However, most induction cells were dirty, with damaged furniture and walls that needed painting. Only three of the eight showers in the unit were working, and the availability of hot water and heating was intermittent.



Typical cell on the induction unit

- 3.5 The induction programme kept to schedule and led by a competent peer mentor, although prisoners were not given a copy of the information to take away. Leaders monitored delivery to make sure that all elements of the induction programme were completed. Prisoners were allocated to employment soon after their induction was completed, which meant they could engage in work activity and move off the induction wing relatively quickly.

Promoting positive behaviour

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

Encouraging positive behaviour

- 3.6 Buckley Hall remained a generally safe prison. Levels of violence had risen marginally since the last inspection, but remained lower than at most category C establishments, and there were fewer serious assaults.
- 3.7 Leaders over the past few years had lost grip on work to improve safety outcomes, but this was now being addressed. Safety was identified as the number one priority and leaders had taken steps to improve oversight of this work. A safety analyst had been recruited to improve understanding of the nature and patterns of violence, and there had been some consultation with prisoners to understand their views. There

were also credible plans for key departments to work more closely together to reduce violence, self-harm and substance misuse.

- 3.8 Staff, including key workers (see Glossary), prison offender managers and a member of the mental health team, had helped prisoners to cope with and manage their frustrations in the prison environment (see also paragraph 4.71). Records of the weekly safety intervention meeting (SIM) meeting evidenced some multi-disciplinary discussions about how to progress this support, but generated too few actions as a result (see paragraph 3.37).
- 3.9 Violent incidents were investigated to a reasonable standard, although the subsequent support plans for those involved were not always effective. Prisoners were often set generic targets not linked to their identified needs, and they were not always referred to some of the good interventions available in the prison. For example, The Hive facility and its learning, accountability, responsibility and managing emotion (LARM) initiative (see paragraph 4.71) offered a safe space for prisoners to develop their coping skills but were not routinely considered as possible interventions for prisoners involved in violent incidents.
- 3.10 Most prisoners were motivated to behave well and engage constructively in prison life through a broadly positive culture, characterised by good staff-prisoner relationships, meaningful key work (see Glossary) and encouragement to participate in the prison regime (see paragraphs 4.3 and 5.25). The prison also had several positive features that were not common in all category C prisons. For example, prisoners could eat their meals communally rather than in their cells next to their toilets, and some could buy and cook their own food (see paragraphs 4.15 and 4.19). Prisoners could also progress to a dedicated enhanced unit or to the Aspire unit (see paragraph 6.15), and work was under way to make sure that both units fulfilled their purpose, as this had not been the case recently.
- 3.11 There were several issues that undermined leaders' efforts to maintain and build on the prison's positive culture. Frequent changes of leadership and cross-deployment of staff in the safety team meant that some of the good initiatives we saw at the last inspection had stopped; for example, there was no longer a meeting with new arrivals with a history of violence. There was too little distinction between the enhanced and standard levels of the formal incentives scheme, and some prisoners endured poor living conditions (see paragraph 4.6). Staff did not always set and reinforce high standards of prisoner behaviour, for example vaping and low-level rule breaking sometimes went unchallenged (see paragraph 4.2).

Adjudications

- 3.12 In the sample of adjudication records we reviewed, awards were generally proportionate, but some lacked sufficient exploration of the issues involved. Leaders had started to use a rehabilitative approach to adjudications for prisoners who failed mandatory drug tests; all such

hearings were heard by the same governor, and punishments could be suspended for those who chose to engage with substance misuse services.

- 3.13 There was no significant backlog of adjudications and very few charges were not proceeded with due to delays or paperwork errors. However, a small number of the most serious offences had remained with the police for several months.
- 3.14 Although there were quarterly management meetings to provide governance on adjudications and segregation, and while quality assurance processes picked up some weaknesses, this did not always result in actions to improve practice. Use and analysis of data was also limited and was not, for example, used effectively to identify potential disproportionate outcomes for prisoners with protected characteristics (see also paragraph 4.25).

Use of force

- 3.15 Use of force had increased by 56% since the last inspection and was now at about the average for a category C prison. Around 60% of uses consisted of low-level interventions, such as guiding holds and the use of rigid bar handcuffs to de-escalate situations or to escort prisoners around the site. In the last 12 months, batons had been drawn three times but not used, and the PAVA incapacitant spray had been used once.
- 3.16 Almost all staff wore body-worn video cameras, although they were often switched on too late to record all incidents in full. The sample of incident footage that we reviewed generally demonstrated an effective focus on de-escalation and staff quickly got situations under control. We were confident that force was used as a last resort.
- 3.17 Governance arrangements were not robust; data were not used well to monitor the use of force and allow leaders to act on emerging patterns, and too few incidents were scrutinised by senior leaders at monthly use of force meetings.
- 3.18 There had been six uses of unfurnished accommodation in the last year. Records indicated that uses were appropriately authorised and justified, and most stays were for under one hour.

Segregation

- 3.19 As in most prisons, leaders had taken a narrow view on the role of segregation, using the unit to separate or punish, rather than as a positive intervention or an opportunity to work more effectively with the most challenging prisoners. This was disappointing in a prison like Buckley Hall where leaders had ambitions to reinstate a rehabilitative culture.
- 3.20 The number of times that prisoners had been segregated in the last 12 months had more than doubled since our last inspection, and the unit was often full. The average length of stay remained long, at around 12

days. Some prisoners with very complex needs had also spent long periods in the unit while awaiting mental health assessments or transfers (see also paragraph 4.72).

- 3.21 Leaders attributed the increased use of segregation to prisoners wishing to transfer to other establishments, either because they were in debt or wanted to move closer to home, but this required some deeper analysis to better understand and perhaps reverse this troubling trend.
- 3.22 Staff on the unit were supportive and very knowledgeable about the prisoners in their care. Living conditions were reasonably good; cells were bright, clean and spacious, and some prisoners could access a small gym space. However, the regime remained poor, with most prisoners spending only between 30 and 60 minutes a day out of their cell.
- 3.23 Around one-third of segregated prisoners transferred to other establishments. Reintegration planning for those returning to general location was weak. Basic plans were drawn up soon after prisoners arrived on the unit but were not then updated, so it was not clear how prisoners were progressing towards reintegration.
- 3.24 Quarterly governance meetings did not analyse data sufficiently well to identify potential disproportionate outcomes for prisoners in protected groups (see also paragraph 4.25), and there were too few actions focused on improving practice.



Segregation unit cell (left) and exercise yard

Security

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

- 3.25 Security arrangements were broadly proportionate for a category C prison, and positive staff-prisoner relationships enabled a good flow of reliable intelligence.
- 3.26 In our survey, 48% of prisoners said that it was easy to get illicit drugs, against the comparator of 33%. Over the last six months, 27% of random drug tests had returned a positive result. Leaders had identified the availability of illicit substances as one of the biggest threats facing the establishment, and it was now one of their main priorities.
- 3.27 There was a good multidisciplinary drug strategy, and a dedicated senior leader focused solely on this area, overseeing some excellent joint working between prison staff and substance misuse services. The strategy demonstrated a good understanding of the factors increasing demand, and the importance of engaging prisoners in purposeful activity, creating a sense of community, and maintaining decent living conditions.
- 3.28 Leaders had employed a range of measures to prevent the entry of illicit substances. Both random and intelligence-led drug testing were taking place. Additional staff had been tasked with conducting perimeter searches in response to an emerging threat, and managers had recently undertaken detailed reviews of specific security processes to make sure they were effective.
- 3.29 There were very strong links with external partners, which helped to disrupt the entry of illicit substances. Links with the police were particularly strong; they provided regular support to carry out searches, and a police intelligence officer facilitated good information sharing.
- 3.30 However, in some areas the response to the drug threat had not been sufficiently robust. For example, only 58% of requested cell searches had been completed in the past three months, and the monthly drug strategy meeting had been cancelled for two consecutive months due to unavailability of staff.

Safeguarding

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

Suicide and self-harm prevention

- 3.31 There had been one self-inflicted death since the last inspection and an early learning review had highlighted areas for improvement. The death in custody action plan was not regularly updated or reviewed, which did not provide leaders with adequate assurance that improvements were embedded or that changes were sufficiently resilient.
- 3.32 There had been 194 incidents of self-harm in the last 12 months. Rates of self-harm were lower than similar category C training prisons but were much higher than at the last inspection and were still rising. There had been insufficient analysis of existing data to give leaders a clear understanding of what was leading to the rise in self-harm, and a plan to reduce it had been introduced only very recently.
- 3.33 In our survey, 28% of prisoners said they had been on an assessment, care in custody and teamwork (ACCT) case management support plan, against 18% in similar prisons. Sixteen prisoners were being supported through ACCT at the time of inspection. While most cases we looked at showed a good level of support, reviews were not always multidisciplinary, and care plans sometimes did not align with identified targets.
- 3.34 Although there had been recent improvements in investigations of serious self-harm incidents, some weaknesses persisted, particularly in the failure to thoroughly explore the underlying reasons behind prisoners' self-harm.
- 3.35 The prisoners we spoke to who had been on an ACCT said they were generally well supported, speaking positively about staff efforts to solve problems for them.
- 3.36 Constant supervision of prisoners in immediate crisis had been used 16 times in the last six months, with four prisoners under supervision during our inspection. Feedback from prisoners indicated that this support made them feel safe. Cell doors often remained open, so prisoners did not feel trapped or isolated, and some officers actively encouraged prisoners on constant supervision to engage in constructive activities, which helped them to cope.
- 3.37 Records of the quarterly safety meetings indicated limited use or analysis of data. A weekly safety intervention meeting (SIM) identified prisoners needing additional support, yet it lacked follow-up to drive

actions forward. Leaders planned to increase the frequency of safety meetings and improve SIM effectiveness.

- 3.38 The Listener scheme was in operation but was underused. In our survey, only 37% of prisoners said they could speak to a Listener if they wanted to against 54% in 2019. Some Listeners we spoke to had encountered difficulties gaining access to prisoners in need, particularly at night.

Protection of adults at risk (see Glossary)

- 3.39 The head of safety's participation in the local authority safeguarding management board demonstrated effective partnership working. While arrangements to protect prisoners at risk of harm were reasonable, some staff lacked clarity on the difference between safeguarding adults and preventing self-harm, demonstrating a need for improved training.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

- 4.1 Staff-prisoner relationships remained a strength at Buckley Hall. We saw many positive and good-natured interactions on the wings and in other areas, such as education and workshops. Most leaders and staff demonstrated compassion and empathy, which made them approachable to prisoners, and we saw examples of staff demonstrating real care and support for prisoners who were struggling to cope. Staff and prisoners called each other by their preferred names, which broke down some institutional barriers.
- 4.2 However, staff did not always challenge prisoners who failed to maintain expected standards of behaviour. We observed prisoners vaping in communal areas, collecting meals in their dressing gowns and playing loud music that disturbed other prisoners (see paragraph 3.11).
- 4.3 Key work (see Glossary) was among the best we have seen. Four full-time key workers had each been allocated around 40 prisoners (amounting to about 40% of the population), who were either a young adult, a care leaver, serving an indeterminate sentence for public protection (IPP) or had additional complex needs. These prisoners received regular, good-quality support from the same key worker. Some of the key workers completed a 'life-mapping' exercise over several sessions, encouraging the prisoner to talk about their influences at various stages of their life. This allowed them to get to know the prisoner, develop trust and confidence, and identify points to explore in future sessions (see also paragraph 6.14).
- 4.4 Although the delivery of key work for the remaining 60% of prisoners was better than at many similar prisons, it had deteriorated recently and was not regular enough to support all prisoners. Leaders planned to increase the number of full-time key workers, so this dedicated support could be extended to others.
- 4.5 Prisoners were employed in peer work roles across the prison. The quality of some of these roles was impressive, including those employed as mental health peer advocates and substance misuse services mentors (see paragraphs 4.71 and 4.80). In education, peer mentors were used successfully to support prisoners who had additional learning support needs (see paragraph 5.33). Most peer

workers had clear role descriptions and regular contact with staff to oversee their work, and some had enhanced security clearance to move more freely around the prison to perform their role.

Daily life

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

Living conditions

- 4.6 Despite being built less than 30 years ago, many areas of the prison were tired and worn. The floor was peeling at the entrance to the original residential wings (A–C) and the exterior façade of these units, including the windows, needed refurbishment. Several wooden doors around the prison showed evidence of prolonged weather damage.
- 4.7 The prison was situated on a hill and the position afforded prisoners a distant view of the surrounding countryside, which, together with green spaces inside the prison, helped to soften the environment. Most outside areas were reasonably well maintained and litter free.



Shared exercise yard between B and C wings with views of surrounding countryside

- 4.8 Since the previous inspection, national population pressures had led to the prison increasing the number of one-person cells that were shared by two prisoners, and almost a quarter of the population now lived in

cramped conditions. Some of these cells did not have screening for the toilet.



Double cells on B wing. The photograph on the right shows no privacy screen for the toilet.

- 4.9 Prison leaders stated that due to population pressure they no longer had discretion to keep any cell unoccupied solely for the purposes of redecoration. This had led the prison to pause the work of the clean, rehabilitative, enabling and decent (CRED) team who had previously worked on a rolling painting programme. The lack of attention to refurbishment was particularly evident in the poor standard of the cells on the induction wing (see paragraph 3.4).
- 4.10 Prisoners had made the most of their living conditions by personalising their cells. Most cells were suitably equipped, and staff checked this each day. However, too many cells did not have proper curtains, and many had wooden furniture that had been repeatedly repaired but now needed replacement.
- 4.11 Most minor repairs, such as blocked sinks and toilets, were usually carried out promptly, although some major repairs had taken too long, which led to considerable frustration for prisoners. For example, six out of eight showers on one half of A wing had been out of service for more than a month, leaving two showers for 60 prisoners. There had also been a recurring problem with the heating boiler on C wing, leaving cells without heating and cold showers. Several wing-based interactive kiosks for prisoners to apply for services were not working and took too long to repair, which was a further source of frustration.



Single cells on A wing 1 and 2

- 4.12 D wing was a better and more recent build, containing 60 single cells with their own shower facilities. The unit housed mainly full-time workers and was usually quiet. The popularity and benefits offered on this unit incentivised prisoners to maintain positive behaviour.



D wing exterior (left) and typical cell

- 4.13 Prisoners could wear their own clothes and each wing had its own laundry, which were mostly in good working condition.
- 4.14 At our previous inspection we reported a concern that managers did not systematically monitor the response times to emergency call bells in cells. A system had since been put in place and data indicated that staff generally responded to such calls promptly. In our survey, 48% of prisoners, compared with 35% at similar establishments, said their bell was normally answered within five minutes.

Residential services

- 4.15 In our survey, only 34% of prisoners, compared with 78% last time, said the quality of food was good and only 34%, against 61%, that they usually got enough to eat at mealtimes. Breakfast packs and lunchtime

sandwich fillings were small, although teatime meals looked to be of reasonable quality and quantity. Prisoners were able to eat their meals with their peers at tables on the wings rather than in their cells next to their toilets.



Sandwich filling for lunch

- 4.16 Consultation about food was not as effective as at the last inspection. There had been no formal food survey since 2019, and food comments books on the wings were not well used. Prisoners did not feel that their views about food were listened to.
- 4.17 The kitchen had continued to promote healthy eating, and only served processed foods at the weekend. However, there was no longer the prison-wide approach to healthy living reported at the last inspection, such as a joint initiative with the kitchen and gym staff to promote healthy living and weight management.
- 4.18 The catering manager had introduced a 'Bakehouse' initiative where kitchen workers baked cakes and made pizzas once a week that could be purchased by prisoners using wing-based kiosks. This was very popular with prisoners; for example, many bought heart-shaped cakes to share with their visitors on Valentine's Day.



Kitchen worker making Valentine's Day cakes as part of the 'Bakehouse' initiative

- 4.19 Prisoners on some wings could also buy ingredients from the kitchen, such as meat, butter and eggs, to cook their own food. This was another valuable incentive which leaders planned to expand once adequate cold storage facilities were in place. Almost all wings had microwaves, toasters and air-fryers for prisoners to prepare their own food. A fully fitted kitchen on the Aspire unit was impressive and enabled long-sentenced prisoners there to practise independent living skills. Disappointingly, the system for enhanced prisoners to opt out of kitchen-prepared meals entirely and use that budget to buy items to cook all their meals for the week had been discontinued.



Self-catering facilities on Aspire unit

Prisoner consultation, applications and redress

- 4.20 In our survey, far fewer prisoners than last time (46% compared with 65%) said they were consulted about things like food, canteen or wing matters. Of these prisoners, only 27% (compared with 62% last time) said that things sometimes changed. Many prisoners told us they did not have an effective route to discuss the things that affected them, and that communication from managers and staff needed to improve.
- 4.21 Leaders understood the importance of hearing the prisoner voice and we identified several avenues for consultation. The main consultation forum, known as the 'Queensland' meeting, still took place quarterly and was chaired by the governor. A select number of prisoners had also engaged in forums to talk about specific issues, such as incentives, health care, and safety, and various equality group meetings took place.
- 4.22 The negative views held by prisoners derived from what they saw as the ineffectiveness of the forums, and poor communication about the changes following consultation. Wing-level meetings had stalled on most units during 2023, and the Queensland meeting was used to update prisoners rather than as a means for them to raise issues that could not be resolved at wing level. Minutes from various forums were displayed on notice boards, but were often difficult to digest, with too much detail and data. There were no 'You said, we did' displays around the wings.
- 4.23 In our survey, only 67% of prisoners, compared with 83% last time, said it was easy to submit an application, and only 48%, against 72%, that applications were dealt with fairly. The kiosks on the wings that

prisoners could use to take control of day-to-day tasks, such as managing their own cash balances or submitting requests for services, were old with very limited functionality. Instead, prisoners still relied on paper applications and often waited too long for a response; in some instances, there was no response at all. Prisoner information desk (PID) peer workers on each wing recorded each application submitted, but responses were often handed out directly by staff and not recorded. The prison did not routinely monitor data on the effectiveness of the process and could not therefore respond to prisoners' frustrations.

- 4.24 Prisoners also reported a lack of confidence in the complaints process. In our survey, far fewer than last time, 56% against 78%, said it was easy to make a complaint of whom only 26% against 54% said that complaints were dealt with fairly. The rate of complaints over the previous 12 months was the lowest among all category C prisons. The responses to those that we reviewed were generally adequate, but in this period more complaints had been rejected at the point of submission than had been recorded. This included 200 that were rejected because they were not signed or dated or were submitted on the wrong form. Many of these were not subsequently re-submitted by the complainant. Prisoners told us that this was one factor that had undermined their confidence in the process.

Fair treatment and inclusion

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

- 4.25 Work to support fair treatment and promote diversity was no longer prioritised as it had been at the previous inspection, and some prisoners with protected characteristics did not feel listened to. We did not find evidence that the prison treated any groups of prisoners less favourably than others, and we saw many examples of staff treating prisoners with care, recognising and responding to their individual needs. However, there was limited use of data to understand outcomes for prisoners within protected groups. For example, leaders did not discuss data relating to employment at the equality meeting. This, coupled with negative perceptions within some groups, indicated the need to reinvigorate work in this area.
- 4.26 The quarterly equality meeting was poorly attended, and the equality action plan had not been updated for almost a year. There was no clear strategy to improve outcomes for prisoners in protected groups.
- 4.27 In the previous 12 months, there had been 36 discrimination incident reports (DIRFs), of which 20 were about racial discrimination. All

responses were checked by a scrutiny panel that included two community representatives. The responses we reviewed were polite and demonstrated reasonable investigation. However, the prison had not used learning from these complaints to improve the treatment of prisoners in protected groups overall.

- 4.28 Members of the senior management team had been assigned a lead role for each protected group, which included chairing regular forums for prisoners with these characteristics. However, many of these were very poorly attended and had resulted in little meaningful change. Beyond the forums there was little evidence that senior managers had taken action to promote the area that they led on.
- 4.29 A confusing range of different forums for prisoners with protected characteristics frustrated prisoners and needed to be simplified. For example, one prisoner was turned away from the black prisoners' forum and told he had to attend the minority ethnic prisoners' forum. There was a forum for prisoners under 30 but the forum for older prisoners included everyone over 30, which undermined its purpose.
- 4.30 Black prisoners told us that the lead for their forum did not really understand or represent them. They said that work to promote issues that were important to the black community was infrequent, and communication was limited to the sharing of printed minutes from the previous black prisoners' forum. The prison had not visibly marked Black History Month in 2023, which prisoners felt demonstrated a lack of respect.
- 4.31 We saw some good work with younger prisoners, including health assessments to ensure well-being, dedicated key workers (see paragraph 4.3) and the delivery of the Choices and Changes workbooks (see Glossary) to help prisoners develop their maturity.
- 4.32 The neurodiverse support manager used an in-depth screening assessment to identify prisoners with learning difficulties and had provided neurodiverse awareness training to around two-thirds of staff across the prison. Health and well-being practitioners offered a wide range of therapeutic activities operated from 'The Hive' (see paragraph 4.71), and teachers tailored their support to meet the needs of prisoners with neurodivergent needs (see paragraph 5.30).
- 4.33 The prison did not accept prisoners with significant mobility issues because of its site on a steep hill. However, 13 prisoners had a personal emergency evacuation plan (PEEP) due to having a disability. There was no effective review process, and most PEEPs contained very little detail. Staff we spoke to were familiar with the prisoners but were unsure whether they would need any additional assistance in an emergency.
- 4.34 Members of the LGBT forum also highlighted a lack of support among the senior management team. For example, a request for LGBT badges and lanyards had been outstanding for over three months

because the prison had not agreed the cost, which forum members estimated to be £40.

- 4.35 The prison used a prisoner peer worker to collect personal data from all new arrivals, such as their sexual orientation, which was not appropriate. At the last inspection we applauded the joint health care and equality clinics that allowed prisoners to review their initial disclosures after a period of settling in at the prison, but this had ceased.
- 4.36 The new governor had identified that work to promote fair treatment and inclusion had lost focus and had approved funding for a dedicated manager to make improvements. However, this was an agenda that needed to be led from the front, with all senior managers driving improvement.

Faith and religion

- 4.37 The chaplaincy had a prominent role and the managing chaplain sat on the senior team. Several enthusiastic volunteers supported the chaplaincy, enabling it to meet its statutory duties and offer pastoral support.
- 4.38 While some numerically smaller faiths were not represented on the team, the managing chaplain had links in the community and could request an appropriate minister to attend.
- 4.39 In addition to being a place of worship, the multi-faith room was used for several study groups, and the chaplaincy also facilitated a range of interventions, including the Living with Loss bereavement course, Came to Believe alcohol addiction course and the Sycamore Tree victim-awareness course. The chaplaincy also worked with the family services team and supported the official visitor scheme for prisoners who did not receive social visits.



Multi-faith room

Health, well-being and social care

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

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

Strategy, clinical governance and partnerships

- 4.41 There was strong partnership working among health services providers, and between them and the prison team. An effective clinical governance framework focused on delivering and improving patient care, and included regular audit and learning from incidents.
- 4.42 There was strong clinical leadership at all levels, and frontline staff said that they felt well supported. The small primary care team had some staff vacancies, but regular bank and agency staff provided cover, which, coupled with an experienced and skilled core team, meant that the impact for patient care was negligible.
- 4.43 Although there were staffing challenges, managers conducted regular clinical supervision and made sure that mandatory training was up to date, and that staff could access professional development which focused on enhancing the service provision.
- 4.44 We reviewed a sample of patient clinical records, which described patient need well and recorded interventions appropriately. There was evidence that, when required, the patient's mental capacity was considered and assessed to support their ability to make decisions about their own care. Our observations indicated that health care practitioners clearly knew their patients and treated them with dignity and respect.
- 4.45 There were sufficient treatment rooms, but some did not comply with infection prevention standards. This was well known to the prison and health care partnership and was part of a joint action plan.
- 4.46 Health care practitioners trained to immediate life support level provided a rapid response in the event of a health emergency. Resuscitation equipment was appropriately placed around the site. It was checked and maintained regularly but we found one emergency bag that had medication placed in a large plastic bin bag, which was not appropriate. We raised this with the head of health care and it was immediately remedied.

- 4.47 All health care staff we spoke to understood how to deal with some hypothetical safeguarding concerns that we outlined and had received appropriate training.
- 4.48 The process for making a complaint was advertised on every wing. Patients were seen face to face to discuss their issues and very few went on to write a formal complaint. The replies we viewed had addressed the issues raised.

Promoting health and well-being

- 4.49 Although the prison and health care department had no formal health promotion strategy, a wide range of activities took place led by a dedicated health promotion lead nurse. The activities followed the NHS calendar of campaigns and included NHS health checks, immunisations and vaccinations (such as flu and COVID), and prevention screening programmes (such as bowel cancer). The service had implemented health screening for younger prisoners on long sentences, to support their well-being (see paragraph 4.31).
- 4.50 New arrivals were screened for some infections, for example, hepatitis B and C, and patients were referred for further investigation as necessary. Patients could be referred to specialist sexual health clinics for testing and treatment. Following patient feedback, discretely wrapped barrier protection was available from the wing clinics. Pharmacy staff led a smoking cessation programme, which was being adapted to focus on vaping.
- 4.51 Staff undertook initiatives to promote good health. The Hepatitis C Trust had worked with the health care department to undertake hepatitis C screening, which had resulted in an 80% take up and identified two positive patients who then received treatment. Recognising the increase in the community of measles in children, the health promotion nurse had offered prisoners with children the measles vaccine, with some taking it up.
- 4.52 A range of health promotion information was displayed in health care areas and on wings. The service ran a health care forum that was attended by wing representatives who raised issues that were responded to appropriately (see paragraph 4.21). However, the service did not have any prisoners in health care champion roles, which was a gap.

Primary care and inpatient services

- 4.53 The primary care service was well led, with good managerial oversight. It operated a seven-day service, from 7.30am to 6.30pm Monday to Friday and slighter shorter hours at the weekend. GP clinics were delivered four times a week with a waiting time of four weeks for a routine appointment, but each clinic had a slot for any urgent needs. An out-of-hours service was also available to support patients and practitioners.

- 4.54 The primary care team was highly motivated and delivered a range of wing clinics, which meant that patients had prompt access to care. There was a range of age-appropriate primary care services, and all health care applications submitted by prisoners were triaged by a nurse.
- 4.55 Initial reception and prompt secondary health screenings for new arrivals to the prison were thorough and, where necessary, they were promptly referred to other services for assessment.
- 4.56 Unlike at the last inspection, patients with long-term conditions were well managed, with annual reviews, and it was very positive that they were actively involved with compiling their care plans. It was notable that, in line with modern community-based management, patients with insulin-dependent diabetes could wear a blood glucose monitor and had the monitor reader in their cell. This meant that the management of their diabetes and insulin was prompt and reduced the risk of possible complications.
- 4.57 The team had a good mix of skills and a daily multidisciplinary handover meeting allowed staff to share important information about patients. In addition, monthly multidisciplinary meetings discussed patients with complex needs.
- 4.58 At the time of the inspection, there were no patients for palliative or end-of-life care. Although we were told that this was very rare, the service had established links to the local hospice should it be required, which was appropriate.
- 4.59 There was effective administrative and clinical oversight of external hospital appointments and the prison regularly allocated officer escorts. Once a referral had been made patients received a letter that told them the name of the clinic, which meant that they had key information and had reduced the number of complaints to health care. All patients referred under a two-week urgent appointment were seen within this time.
- 4.60 A range of allied health professionals visited the prison. The longest waiting time was for podiatry, which was 20 weeks, but this had reduced.
- 4.61 A nurse saw all of the small number of patients who were released and gave them information on how to register with a GP and, where necessary, medications to take home.

Social care

- 4.62 There was a clear and effective pathway for access to social care, even though the memorandum of understanding (MOU) between the prison and Rochdale Borough Council was still in draft form.
- 4.63 Health care staff identified any potential social care needs at reception screening and made prompt referrals to the local social care team.

These were responded to quickly with prisoners offered telephone or face-to-face appointments to assess their needs.

- 4.64 The need for social care was low and no prisoners were in receipt of a care package at the time of our inspection. However, some prisoners had received aids and adaptations, such as mobility aids, to help them maintain their independence. A few prisoners had been offered social care but had declined; positively, staff checked these prisoners regularly to see if they had changed their minds.
- 4.65 There were no prisoner peer workers to support prisoners with low-level social care needs, which was a gap. The accommodation for older prisoners lacked sufficient comfort.

Mental health

- 4.66 Mental health services were delivered by Greater Manchester Mental Health NHS Foundation Trust. Provision met most need and was underpinned by impressive prisoner-led support that was effectively governed and well led.
- 4.67 New arrivals were initially screened to identify any immediate need and followed up during their induction for review and to provide advice about how to access services. The team operated seven days a week with urgent referrals reviewed daily and triaged by a duty worker. Patients were assessed promptly and allocations to caseloads were determined at a weekly meeting.
- 4.68 There was limited mental health training offered for officers, though there were plans to enhance this, mirroring the targeted casework provided to staff in the segregation unit.
- 4.69 The team delivered psychiatry input, access to an advanced clinical practitioner, psychologists, nurses, and health and well-being practitioners and offered a stepped care model ranging from self-help to complex care. Provision was mostly good, though some areas were stretched, and additional clinical and therapy support was due to start. This would be particularly beneficial because of the increasing number of patients with complex needs, including those supported through ACCT case management (see paragraph 3.33).
- 4.70 Effective assessment and care planning arrangements were evident in most records we reviewed, and the small number of patients with long-standing enduring and chronic mental illness received good support. Trauma-based therapies were additionally provided by 'Outspoken', an independent charity.
- 4.71 The culture of mental health provision that we observed was different and innovative. There was a real focus on enabling prisoners to provide a network of support for those struggling to cope in the prison environment. The excellent health and well-being practitioners offered a wide range of paid social and recreational therapeutic activities, which incorporated social prescribing. This approach targeted

vulnerable patients and operated from a dedicated facility called 'The Hive'. This was underpinned by a cohort of peer advocates who also delivered a bespoke initiative, 'LARM' (learning, accountability, responsibility and managing emotion). Peer advocates also had an extended role to assist and signpost support on the wings (see paragraph 4.5). Prisoners spoke highly of this service and clearly benefited from these arrangements. Though there were some concerns about the level of prisoner responsibility for this provision, accountability and oversight were robust and we felt this unique approach constituted notable positive practice.



The Hive

- 4.72 Although only affecting small numbers, patients who required an assessment under the Mental Health Act waited too long for a decision about their needs. They subsequently faced significant delays in being transferred to hospital once this was recommended. One patient had been held in the segregation unit for over 100 days while waiting for a determination of his needs, which was unacceptable (see paragraph 3.20).

Support and treatment for prisoners with addictions and those who misuse substances

- 4.73 Spectrum provided clinical substance misuse services and commissioned Change Grow Live (CGL) to provide non-clinical recovery and psychosocial interventions. A prison-wide drug strategy and regular multidisciplinary meetings informed partnership working, current priorities and practice.
- 4.74 The clinical service was provided by a dedicated nurse who held daily clinics, and a GP who held a weekly clinic, which was sufficient to meet the needs of the population.
- 4.75 Reception screening identified any new prisoner with substance misuse issues and referred them to the substance misuse team for follow up. Referrals could also be made at any time by officers, health care staff and prisoners; prisoners testing positive for illicit substances were automatically referred.

- 4.76 The clinical service supported around 52 patients on opioid substitution therapy. An impressive number of these patients (27) were being treated with a long-acting injectable form of buprenorphine (a synthetic opioid), given weekly or monthly. This reduced the risks of prescribed medicines being stolen or misused.
- 4.77 The clinical service worked alongside drug and alcohol recovery service (DARS) workers to provide a comprehensive, flexible, and responsive service. They shared information appropriately and completed 13-week reviews jointly, all of which were up to date.
- 4.78 DARS offered a range of appropriate one-to-one and group interventions tailored to the needs of their population, supporting 171 prisoners at the time of inspection. Mutual aid was available weekly, mainly Narcotics Anonymous.
- 4.79 The DARS team were based on one spur of a wing that had a recovery focus and were visible and accessible. The other spur was designated as the incentivised substance free living unit (ISFL). Fourteen officers had completed enhanced training in substance misuse and were deployed to the recovery wing and the ISFL. The DARS team and officers worked well together to support prisoners.
- 4.80 There was a well-structured peer mentor programme. The mentors received comprehensive training and induction, a minimum of two-monthly supervision with recovery practitioners, debriefs, and daily contact with DARS. The peer mentors ran induction sessions and peer groups as well as assisting recovery programmes and activities (see paragraph 4.5).
- 4.81 DARS supported prisoner release planning, which included identifying rehabilitation units and making referrals to community substance misuse services. Staff also offered aftercare in the community, if needed, for example, attending appointments. Prisoners were offered naloxone on release, a drug that reverses the effects of opiate overdose.
- 4.82 Overall, prisoners received an excellent service from a comprehensive substance misuse team.

Medicines optimisation and pharmacy services

- 4.83 Medicines were dispensed by an external pharmacy and enabled the onsite provider to deliver its services safely and promptly. There was a robust procedure to ensure out-of-hours access to medicines, which included use of emergency stock. The transportation, storage and management of medicines were well managed with an audit trail.
- 4.84 Medicines not held by prisoners in possession were administered twice a day at 8am and 4pm. There was a confidential space for prisoners to be supervised while taking their medicines and for counselling, but the quality of officer supervision of this area and the medicine queues was inconsistent, and increased the risk of diversion of medication.

- 4.85 There were systems to record or refer patients who did not attend to collect their medicines and we noted that they were followed up.
- 4.86 In-possession medications risk assessments were completed for new arrivals and routinely updated by clinicians. Sixty per cent of the population were able to receive their medicines as in possession, mostly on a 28-day supply. The pharmacy technicians completed regular compliance cell checks, and targeted those patients identified as being a potential for concern.
- 4.87 A few simple medicines could be bought from the prison shop and the 'homely remedy' policy enabled the health care team to supply a wider range of medicines.
- 4.88 There was no regular pharmacist on the health care team to provide clinical screening of prescriptions or conduct routine medication reviews. A regional pharmacist was available to provide these services for patients who needed them, such as those taking high-risk medicines. But this created a gap in the clinical oversight arrangements for prescribing and providing all patients with access to regular reviews about their medicines. This gap had been identified and was being addressed.
- 4.89 Any incidents, for example, errors or 'near misses' that related to the potential safety of medication, were promptly recorded, investigated and used to identify any risks to patient safety. The head of health care attended a regional medicines management meeting, but it was not clear what demonstratable actions had been agreed. This was identified as a gap in clinical governance, and a regular local medicines management meeting had been scheduled.
- 4.90 There had been work to ensure the clinical appropriateness of the prescribing of pain medicines and that patients had their doses optimised. This meant that a low number of pain medicines were prescribed.

Dental services and oral health

- 4.91 Smart Dental Care provided six dental sessions a week and offered a full range of NHS treatments. Written applications from prisoners to see the dentist were managed by the dental team directly, and there were virtually no waits to access assessment and support. The service was well led, demonstrated positive relationships with partners and communicated well with patients. Failures to attend appointments were followed up effectively, including through wing visits if necessary.
- 4.92 The dental suite was clean, well ordered, and fully equipped. Governance arrangements and maintenance schedules were well established, and the service compared favourably with other prisons we have inspected recently.

Section 5 Purposeful activity

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

Time out of cell

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

- 5.1 Most prisoners at Buckley Hall were employed full-time and could spend an average of eight hours a day out of their cell. Those who were unemployed were unlocked for around five hours. However, during our roll checks we found an average of 31% of prisoners locked in their cells during the working day, which was not good enough in a training prison.
- 5.2 Staff redeployment, problems reconciling the roll (see Glossary) and slippage affected the smooth running of the regime. Some staff were also unsure about routines and when to unlock prisoners. Leaders were striving to improve the scheduling of activities and maximise time out of cell and regularly consulted with prisoners to put on activities that they enjoyed. They planned to conduct a reprofiling exercise to make sure staff were available at the right time in the right place to improve access to purposeful activity, but this needed to be done more quickly to make sure the prison fulfilled its purpose.
- 5.3 Prisoners could have only access half an hour a day in the fresh air, although leaders had committed to increasing it to an hour in the near future.
- 5.4 Every wing had two evening association periods, which prisoners valued. They also had access to a wide range of enrichment activities (see paragraph 5.28), which was better than we see in many other prisons.
- 5.5 The library was a well-used welcoming space that encouraged reading in many ways and supported leaders' ambitious strategy to promote reading across the prison. With a diverse collection of books, films and music spanning various genres, the library catered to a wide range of interests, and around 530 prisoners a month used the facility.



Library

- 5.6 The library was also a venue for prisoners from education classes and hosted sessions such as peer-led guitar lessons. Regular book club meetings provided opportunities to socialise and discuss topics in an informal and sociable setting. Peer reading mentors assisted novice readers. The discontinuation of Storybook Dads (enabling prisoners to record a story for their children) was, however, disappointing.
- 5.7 Mini-libraries on residential units were refreshed regularly, and there were reading corners in workshops for prisoners to use during tea breaks, all of which encouraged reading across the prison.



Reading corner in brick workshop

- 5.8 An impressive team of PE staff ran a popular and well-used gym facility, with a timetable that included an inclusive variety of activities to suit the needs of most prisoners. The weights equipment was old and needed updating, but leaders had secured funding to address this. All residential wings were equipped with cardiovascular equipment to encourage and facilitate good physical health.



Sports hall



Weights room in the gym (left) and cardiovascular suite on C wing

Education, skills and work activities



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

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

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

Overall effectiveness: requires improvement

Quality of education: requires improvement

Behaviour and attitudes: good

Personal development: requires improvement

Leadership and management: requires improvement

5.10 Recently appointed leaders with responsibility for education, skills and work had created effective curriculums that supported the local and regional skills priorities. Leaders held employer forums, conducted a

prisoner survey and carried out a local skills analysis to create their curriculums. Based on the findings of these, leaders made immediate changes to their offer. For example, they changed the focus of one of the workshops, and engaged with more employers and charities to extend their outreach work in the upcycling of furniture.

- 5.11 Leaders used their extensive knowledge of prison funding streams to provide innovative curriculums in education. They used differing budgets to create a flexible curriculum that bridged the deficit caused by teachers' holidays or sickness. This ensured that prisoners did not miss out on valuable education.
- 5.12 Leaders had not yet planned enough purposeful activity spaces for the size of the prison population. This resulted in a marginal group of prisoners being unemployed. Prison leaders were aware of these circumstances and had plans in place to resolve the situation.
- 5.13 Leaders had made sure that local pay rates did not disincentivise prisoners to attend education. The pay was fair and appropriate.
- 5.14 Leaders did not take the time to check prisoners' progress against personal action plans. Prisoners quickly received an induction to education, skills and work on arrival at the prison. Tutors provided effective career, education, initial advice and guidance (CEIAG) during the induction. These sessions were diligently planned and effective. Tutors shared diagnostic outcomes with all relevant staff and created an appropriate personal action plan and pathway for prisoners. However, most prisoners did not benefit from a mid-sentence CEIAG review. As a result of this, tutors did not measure prisoner progress against agreed personal action plans.
- 5.15 Leaders had recently implemented a new allocations board that successfully assigned prisoners to education, skills and work spaces swiftly. However, on a few occasions, prisoners had to choose an alternative course until a space was available on a chosen or mandated programme. As a result, prisoners did not always access courses that met their chosen pathway or supported them to reach their goals.
- 5.16 Leaders supported prisoners on to their next destination effectively. Leaders started to collaborate with prisoners in the final year of their sentence. They implemented a productive and diligent resettlement board, which met regularly. Prisoners were supported to set up bank accounts and a personal identity card. They were helped with job interviews and supported into work. When prisoners left the prison, leaders tracked and monitored their progression. Because of this, just under half of the prisoners released were still in employment six months after their departure.
- 5.17 The main prison education framework contractor, Novus, had designed a range of effective curriculums. They used successful teaching strategies in sessions and provided appropriate support for prisoners

with additional learning needs. As a result, prisoners made good progress.

- 5.18 Teachers and instructors taught appropriately sequenced curriculums. In entry-level functional skills English, prisoners initially learned the basics of spelling, punctuation, grammar and how to use a dictionary. This was before they moved on to writing complex sentences using formal and informal formats. In textiles, prisoners learned basic sewing machine skills so that they could accurately sew sheets. They then moved on to more complex features such as sewing trousers. This helped prisoners to build the knowledge, skills and behaviours they needed for their next steps and future employment.
- 5.19 Prisoners produced work that was to the level of qualification studied or met the industry standard. This included written work as well as practical work. In horticulture and gardens, prisoners maintained the gardens and flower beds to a high standard. They supplied planters to a range of organisations outside the prison. Prisoners were proud of their work.
- 5.20 Instructors did not routinely monitor prisoners' progress towards the development of their knowledge, skills and behaviours. Most prisoners in industries and work were not set progress targets and did not see the value of completing 'progress in work' booklets. This resulted in prisoners not knowing what they needed to do to progress or reach their full potential.
- 5.21 Teachers and instructors presented information clearly. For instance, in mathematics, prisoners learned about a scatter plot and line graph. Teachers fully explained the importance of the line to show the relationship between the two variables. In the kitchens, instructors explained in detail about allergens and the importance of accurately labelling food. Consequently, prisoners understood what they were learning.
- 5.22 Leaders ensured that teachers and instructors were appropriately qualified and experienced. They provided a range of training in aspects such as how to ask effective questions, effective use of assessment, phonics in reading and how to support prisoners with learning difficulties and disabilities. This helped teachers and instructors to improve their subject knowledge and teaching skills further.
- 5.23 Leaders had devised an ambitious strategy for promoting reading across the prison.
- 5.24 All prisoners with a low reading ability had taken a reading assessment. Those who identified with the lowest capability were supported by a reading specialist. Teachers had undergone training in phonics and used their new learning successfully in sessions. They had put in place a range of effective reading resources to help prisoners who had learning difficulties such as attention deficit hyperactivity disorder or neurodiversity. Leaders received donated books from a variety of partners such as local libraries or booksellers. They had implemented

several initiatives to promote reading. However, in industries and work, instructors failed to promote reading or encourage reading for pleasure.

- 5.25 Leaders recognised the positive impact that education, skills and work had on a prisoner's life and future rehabilitation. Because of this, they removed operational barriers to attendance ensuring that prisoners had appropriate access. They also monitored attendance and punctuality carefully. Consequently, attendance and punctuality at education, skills and work were good.
- 5.26 Most prisoners in education, skills and work demonstrated positive attitudes to learning and work. For example, in functional skills, prisoners were keen to progress and achieve the next level of qualification. In property maintenance, prisoners were motivated to be successful and move on to other related training opportunities in bricklaying and shopfitting. In forklift truck training, prisoners were positive about the training and the value of it furthering their employment prospects on transfer to category D prisons or on release.
- 5.27 Prisoners did not have access to an effective personal development curriculum. Sessions were ad hoc and not systematically planned or sequenced to make sure prisoners could build their knowledge over time. The personal development curriculum was new and did not yet have sufficient structure to be effective in supporting prisoners' broader needs in areas such as healthy eating.
- 5.28 Prisoners had access to an extensive range of enrichment programmes. These included music, arts, drama and a prisoner-led mental health programme. Many of these events were taught by a wide range of specialist organisations that were well-placed to enrich the lives of the prisoners.
- 5.29 Teachers taught fundamental British values effectively in education and vocational training. In vocational training, trainers contextualised this effectively into the field of work being studied. Trainers were able to use their trade experience to share the relevance and importance of this subject. In education, teachers regularly promoted British values within their curriculums. Prisoners routinely discuss salient topics, such as the Post Office scandal and future smoking bans. Teachers held engaging debates and provided opportunities for prisoners to voice their opinions in a safe classroom environment. However, in industries, instructors did not promote an understanding of British values that would have been beneficial to the prisoners.
- 5.30 Prisoners in education and training received the support they needed. Leaders had successfully introduced a new neurodiverse support manager (NSM). The NSM used an in-depth screening assessment to identify learning difficulties for most prisoners. They provided neurodiverse awareness training to around two-thirds of staff across the prison. Teachers and trainers successfully used individual support plans for prisoners in education and training. As a result, prisoners with additional needs achieved at the same rate as their peers.

- 5.31 Instructors did not support prisoners with learning difficulties effectively. The neurodiversity lead provided each prisoner who identified with a learning difficulty with a detailed record of support needs and actions. However, instructors did not use these appropriately and relied too heavily on specialist support. Because of this, prisoners with support needs did not get the help they needed to progress at the rate at which they were capable.
- 5.32 Prisoners felt safe when attending education, skills and work-related activities. Staff dealt with any incidences of bullying or harassment swiftly. Prisoners knew how to ask for help and received help when needed. Safe working practices were reinforced in workshops and industries.
- 5.33 Peer mentors provided effective support for prisoners and were appropriately qualified for their roles. On wings, peer mentors supported prisoners with mental health issues and encouraged them with reading. In education, peer mentors were used successfully to support prisoners who had additional learning support needs. This ensured that most prisoners did not fall behind in their learning.
- 5.34 Leaders in education had implemented appropriate quality assurance processes that linked to professional development and performance management. They used a dual approach to the observation of teaching and learning. They completed classroom observations along with desk-based reviews. Following these activities, helpful actions were set, and development opportunities were put in place. Leaders monitored these through to completion. If teachers did not make the necessary improvements, more formal actions were set.
- 5.35 Leaders had not resolved all the recommendations from the previous report. They had been too slow to resolve weaknesses within industries. Leaders had not placed adequate focus on providing a high-quality education in industries and work. As a result, prisoners were not always engaged in purposeful activities that would support their rehabilitation or help them reach their goals.

Section 6 Preparation for release

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

Children and families and contact with the outside world

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

- 6.1 There were good arrangements to support prisoners to maintain family ties. In-cell telephones enabled daily communication with loved ones. This was supplemented with the 'email-a-prisoner' scheme where families and prisoners could email one another through a functional mailbox, as well as the provision for writing letters supported by the chaplaincy where needed.
- 6.2 Social visits generally started and finished on time and a range of sessions were offered throughout the week. The visits hall had recently been refurbished and provided a welcoming environment. The families we spoke to were very positive about their experience and treatment while visiting Buckley Hall. Some commented on the need for a better range of refreshments, particularly for those having travelled a long distance.



Visits hall

- 6.3 Leaders held regular meetings with families to discuss their experience when visiting the prison. The structure of these family forums had evolved and most recently included lunch, a tour of the prison and a social visit at the end of the meeting, which did not count towards the prisoners' monthly allowance. We judged this to be notable positive practice and encourage leaders to maintain this momentum.
- 6.4 In our survey, only 4% of respondents said they had been able to use the video-calling facility in the last month. Secure video calls (see Glossary) were offered on Friday mornings only, which explained the low numbers participating. An additional weekly session was due to start.
- 6.5 Partners of Prisoners (POPS), a user-led charity supporting families through their contact with the criminal justice system, provided a compassionate family service. This included support and information for visitors when they first arrived at the prison, and a range of family days (see Glossary) throughout the year.
- 6.6 A newly appointed family strategy lead worked well alongside POPS, complementing their service. Families were able to come together at key events during the year, including creative and much appreciated celebrations. For example, around Mother's Day, families could enjoy an afternoon tea bought by the prisoner, and to mark Valentine's Day, visitors were given heart-shaped cakes baked at the prison. Parental contact visits were hosted every Sunday morning, which engendered a more relaxed and child-friendly environment; this was particularly helpful to prisoners or their children with neurodivergent needs.

- 6.7 Family work did not extend to the provision of targeted interventions, for example to improve parenting skills, which was a gap.

Reducing reoffending

Expected outcomes: Prisoners are helped to change behaviours that contribute to offending. Staff help prisoners to demonstrate their progress.

- 6.8 Nearly all prisoners at Buckley Hall were serving long-term sentences ranging between four years and life. Approximately one-third were serving indeterminate sentences, of which 25% were for public protection.
- 6.9 The head of function had recently reviewed the reducing reoffending strategy, which was comprehensive and based on a current needs analysis of the population. A regular and reasonably well-attended committee meeting reviewed work and outcomes related to the different resettlement pathways linked to reducing reoffending. This meeting provided opportunity for collaboration between teams, generated good discussion and led to several initiatives to improve outcomes.
- 6.10 The offender management unit (OMU) was led by an experienced head of offender management delivery who was employed by the Probation Service to oversee risk management of prisoners. They worked alongside the head of offender management service, an experienced prison manager. Both managers complemented each other well and provided good support to their effective and cohesive team. Following a very recent recruitment drive, the OMU was fully staffed with probation and prison offender managers (POMs), which had enabled leaders to reduce the numbers on each of their caseloads.
- 6.11 In our survey, more prisoners than at similar jails, 78% against 61%, were aware of having a sentence plan. Prisoners we spoke to confirmed this and had a good understanding of their sentence plan targets. They were positive about the help they received from staff in meeting their targets, and generally made good progress against their sentence plan objectives. The plans we saw were mostly of a reasonably good standard.
- 6.12 All prisoners we spoke to could name their POM and most were positive about that relationship. POMs we met had good knowledge of the prisoners on their caseloads. The level of recorded contact between the POM and prisoner was generally appropriate, with necessary peaks at key sentence milestones, such as OASys (offender assessment system) reviews and parole board proceedings.
- 6.13 Most of the OASys assessments that we reviewed were of a reasonable standard, and some were very good. The OMU made a concerted effort to complete assessments and associated reviews in time, and subsequently there were minimal backlogs. There was a risk management plan where needed and these were of a reasonably good standard.

- 6.14 Key working (see Glossary) was a strength at Buckley Hall with four dedicated key workers working full time with a selected group of prisoners judged to be the most in need of dedicated support (see paragraph 4.3). We interviewed two of these officers who each held 43 cases. They were well motivated and enthusiastic about their work, which was quality assured by residential leaders and the head of offender management service. We found consistently high-quality key worker entries in prisoner case notes by this group of officers, and the prisoners concerned were very positive about the support they received. We found many examples of key workers and POMs discussing their shared cases, and often three-way meetings with the prisoner. We had not seen this model of key work delivery elsewhere and considered it to be notable positive practice. It supported effective offender management and we were encouraged by plans to extend the provision to other prisoners.
- 6.15 At the time of our inspection, 178 prisoners were serving indeterminate sentences. The prison had dedicated one wing (the Aspire unit), for up to 60 of them to reside together. The Aspire unit aimed to provide opportunities for these prisoners to demonstrate progression while serving long sentences. Staff on the Aspire unit received guidance on working with an indeterminate population and, more recently, three POMs had been allocated to oversee all cases, which helped staff to target support and intervention. Prisoners had access to excellent cooking facilities (see paragraph 4.19) which enabled them to live more independently and develop important domestic skills.
- 6.16 Part of the strategy of the unit was to trust and enable prisoners to go about their daily routines with reduced staff supervision. However, this was not happening in practice. Leaders knew that it was not yet fulfilling its purpose and had identified this as a key priority.
- 6.17 The parole board process was managed well. In the past two years, 49 indeterminate sentence prisoners had been released, and a further 12 had progressed to a lower category prison in the previous 12 months.
- 6.18 The decisions in the 20 categorisation reviews we looked at were all justified. Prisoners who were within three years of their community release date but did not progress to open conditions had failed due to having outstanding offence-related work or a poor custodial record or both. Most of the cases we looked at who had been categorised as suitable for open conditions had a recent OASys review before the categorisation decision, which was good. In two cases, however, the most recent OASys was over a year old. Transfers to open conditions had been managed well, with minimal delays.
- 6.19 As most prisoners were serving long sentences, they were not eligible for release on home detention curfew (HDC). In the previous 12 months, only eight prisoners were suitable, seven of whom were successful in their applications. One was released beyond their HDC release date, due to factors outside the prison's control.

Public protection

Expected outcomes: Prisoners' risk of serious harm to others is managed effectively. Prisoners are helped to reduce high risk of harm behaviours.

- 6.20 Approximately 70% of the population presented a high or very high risk of harm, so public protection work was particularly important. There was no dedicated public protection team, but there were processes to make sure that the files for all new arrivals were screened and referred to the relevant POMs for action. Prisoners who required mail and telephone monitoring were identified on arrival and cases were reviewed in a monthly interdepartmental risk management team meeting (IRMT) which focused on the prisoners who posed the highest risk of harm to others. At the time of our inspection, however, only two prisoners were subject to such monitoring. Leaders claimed this was based on risk, but we found examples of intelligence shared in the IRMT, such as prisoners trying to contact their victims or young females, that had not resulted in any monitoring.
- 6.21 Approximately half the population were subject to multi-agency public protection arrangements (MAPPA) on release. Recorded MAPPA levels could be identified, but were not always on the alerts page of the prison's electronic information system when they should have been. POMs provided generally good written reports to area MAPPA meetings. They attended all MAPPA meetings remotely, with the head of offender management delivery also attending if the prisoner was to be managed at the highest level (three).
- 6.22 The release of high-risk prisoners was discussed in the IRMT, but attendance here was not always good, and when departments such as security did not attend, an update was not provided, which undermined the process. This was partly offset by the sharing of intelligence reports outside of this meeting. The IRMT records required improvement as they did not always document the discussions or record agreed actions, which were therefore not tracked.

Interventions and support

Expected outcomes: Prisoners are able to access support and interventions designed to reduce reoffending and promote effective resettlement.

- 6.23 There was a good understanding of the treatment needs of the population, and a range of programmes and interventions were available.
- 6.24 The only accredited programme available was the Thinking Skills Programme (TSP). This had been delivered regularly in the last 12 months but, due to facilitator vacancies, fewer prisoners than usual (only 49) had accessed it. Prioritisation was based on potential release date and risk. However, some prisoners were frustrated at not being

able to access TSP in time for their categorisation review for open conditions.

- 6.25 The prison offered a wide range of non-accredited interventions to improve prisoners' social skills and address offending behaviours. Following a maturity assessment, and under the guidance of a POM, several younger prisoners completed Choices and Changes (see Glossary) to help develop their maturity. Victim awareness programmes based on restorative justice included Sycamore Tree and Remedi. A peer-led support group for fathers in custody, 'Dad's behind the Door' and a range of therapeutic activities and interventions were delivered to prisoners with complex conditions and needs at The Hive (see paragraph 4.71). One-to-one support and interventions were also provided by psychologists and POMs.
- 6.26 The Aspire unit, when functioning appropriately, had the potential to provide a dedicated residential unit incorporating suitable interventions and opportunities for life-sentenced and IPP prisoners (see paragraph 6.15).
- 6.27 Prisoners were supported as and when necessary to apply for recognised identification documents and open bank accounts, and those on long-term sentences were supported to open National Savings accounts.

Returning to the community

Expected outcomes: Prisoners' specific reintegration needs are met through good multi-agency working to maximise the likelihood of successful resettlement on release.

- 6.28 Around seven prisoners a month were released from Buckley Hall. Where required under the Offender Management in Custody (OMiC) model (see Glossary), responsibility for a prisoner's case was handed over from the POM to the community offender manager (COM) at the appropriate time. Prisoners due for release were made aware of their licence conditions.
- 6.29 The pre-release team provided good support to prisoners, which started a year in advance of their release date. The team worked enthusiastically and flexibly to support prisoners' transition back into the community. Pre-release planning board meetings were held 12 weeks before release, with a further discharge board meeting between the POM and prisoner one week before release.
- 6.30 Most prisoners, due to their sentence, had to be released to approved premises, which was temporary accommodation and not sustainable after three months. For these prisoners, Greater Manchester Through The Gate support team started referrals for moving on from temporary approved premises in the last 12 weeks of custody. The prison did not keep a record of where prisoners went to after they moved on from

approved premises. In the past 12 months, three prisoners had been released without fixed accommodation to go to.

- 6.31 Record-keeping on prisoners' employment outcomes following their release revealed that 30% of those discharged were in sustained employment after 12 months of release.
- 6.32 Practical arrangements for the day of release were in place, and some prisoners were supported to reach their allocated accommodation.

Section 7 **Progress on recommendations from the last full inspection**

Recommendations from the last full inspection

The following is a summary of the main findings from the last inspection report and a list of all the recommendations made, organised under the four tests of a healthy prison.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2019, arrangements to receive prisoners into the establishment were comprehensive and supportive. Most prisoners at Buckley Hall felt safe, and levels of violence were much lower than in similar prisons. A robust and multidisciplinary approach to reducing violence and the prison's positive rehabilitative culture provided a powerful incentive for prisoners to behave well. The use of force had reduced and was well governed. There had been some improvements in segregation but the regime for segregated prisoners was limited. Security was generally well managed although there were some gaps in the strategy to reduce the supply of drugs. Levels of self-harm were lower than in similar prisons and the care provided to prisoners in crisis was good. Outcomes for prisoners were good against this healthy prison test.

Key recommendation

Managers should actively drive a robust drug strategy that is responsive to intelligence and proactive in reducing the supply of illicit drugs.

Achieved

Recommendations

Prisoners should be allocated promptly to a purposeful activity on completion of the induction programme to prevent prolonged periods locked up during their early days at the establishment.

Achieved

The support and interventions provided to perpetrators and victims of violence should be accurately recorded to track progress and enable good communication between departments.

Not achieved

Prisoners in the segregation unit should be offered a full and purposeful regime to minimise the impact of segregation on their emotional and mental health.

Not achieved

Reintegration planning should be strengthened to facilitate prisoners' safe return to mainstream residential accommodation.

Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2019, in our survey, prisoners were very positive about most aspects of daily life. Staff-prisoner relationships were underpinned by constructive and effective key work, and were a real strength. Prisoner living conditions were good, with some exceptions, and the well-maintained grounds contributed to a sense of well-being. Some cells used for two prisoners were too small, and some areas needed refurbishment. Prisoners were very positive about the prison food, which was just one element of a prison-wide approach to good health and well-being. There was effective use of peer support, and prisoner consultation led to positive changes. Equality work had improved and evidenced many elements of good practice. The provision of primary health and substance misuse services was good, and mental health support was excellent. Outcomes for prisoners were good against this healthy prison test.

Key recommendation

Cells designed to hold one prisoner should not be used to hold two.

Not achieved

Recommendations

The prison should systematically monitor and analyse officer response times to cell call bells.

Achieved

Toilets in all cells should be adequately screened to ensure prisoner privacy and dignity.

Not achieved

Monitoring of the applications system should be sufficiently robust to ensure that responses are prompt and helpful.

Not achieved

Governance arrangements should ensure that all aspects of the health service are monitored and delivered in line with required guidance.

Achieved

Prisoners who make a health care complaint should receive information about how to raise any concerns to external agencies if they are dissatisfied with the initial response.

Achieved

All patients with long-term conditions should be promptly identified, assessed and receive reviews of their conditions.

Achieved

There should be effective officer supervision of medication administration queues in the health care centre to reduce the risk of diversion and manage prisoner behaviour.

Not achieved

Purposeful activity

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

At the last inspection, in 2019, time out of cell was better than we often see in similar prisons. Prisoners had good access to the gym, which now offered accredited programmes. The quality of education, work and skills provision had deteriorated since the previous inspection and overall effectiveness required improvement; recent work to improve the provision had yet to make an impact. The quality of learning, teaching and assessment also required improvement. There were sufficient activity spaces for most prisoners. Behaviour in activities was exemplary and prisoners took pride in their work. Attendance had improved recently. However, overall achievement rates had declined and prisoners did not make the progress they were capable of. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

The quality of the education, skills and work provision for prisoners should be rapidly raised to a higher level through the implementation and monitoring of quality improvement action plans and additional swift interventions to help prisoners achieve the outcomes of which they are capable.

Achieved

Teachers and trainers should ensure that all prisoners develop their English and mathematical skills across education, skills and work activities, that they are set challenging learning targets to meet their needs, and that prisoners with additional learning needs receive sufficient support to make good progress.

Not achieved

Tutors and instructors should ensure that prisoners make at least the education and learning progress expected of them, achieve useful skills and qualifications across all activities, including in English and mathematics, and have a structured programme of learning to help them move successfully into the next stage of their education, training or employment.

Not achieved

Recommendations

The data collected to monitor library use should include details of active membership to identify and address any gaps in provision.

Achieved

The prisoner pay structure should not discourage prisoners from taking part in education and vocational training.

Achieved

Teachers and trainers should promote the benefits and use of the virtual campus across all education, training and prison work activities.

Achieved

Teachers and trainers should give prisoners detailed and accurate feedback to help them improve the standard and quality of their written work.

Achieved

Trainers should promote equality of opportunity, diversity and democratic values in vocational and prison workshops.

Not achieved

Leaders, teachers and trainers should ensure that there are no gaps in the achievement of different groups of prisoners.

Achieved

Rehabilitation and release planning

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

At the last inspection, in 2019, work to help prisoners maintain contact with their families was excellent. Many prisoners said their experiences at Buckley Hall would make them less likely to offend in the future. The strategic management of reducing reoffending work was reasonably good, and the prison had eradicated the backlog of outstanding OASys (offender assessment system) work. All prisoners had a sentence plan and most were supported by staff to achieve their targets. Re-categorisation was well managed and many prisoners were able to progress to open conditions. Longer term prisoners could benefit from enhanced support on the progression unit. Prisoner risk was managed well, and there was a range of accredited and non-accredited programmes to help reduce risk. Prison offender managers provided one-to-one support for prisoners being released to the community. Outcomes for prisoners were good against this healthy prison test.

Recommendations

The prison's reducing reoffending work should be informed by an up-to-date analysis of the needs of the population.

Achieved

There should be adequate provision to review and address the resettlement needs of prisoners due for release.

Achieved

Appendix I About our inspections and reports

HM 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, court custody and military detention.

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

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

Respect

Prisoners are treated with respect for their human dignity.

Purposeful activity

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

Preparation for release

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

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

Outcomes for prisoners are good.

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

Outcomes for prisoners are reasonably good.

There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant

concerns. Procedures to safeguard outcomes are in place.

Outcomes for prisoners are not sufficiently good.

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

Outcomes for prisoners are poor.

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

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

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

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

Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of concerns 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 outlines the priority and key concerns from the inspection and our judgements against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations*. *Criteria for assessing the treatment of and conditions for men in prisons* (Version 5, 2017) (available on our website at

<https://www.justiceinspectors.gov.uk/hmiprisons/our-expectations/prison-expectations/>). Section 7 lists the concerns raised at the previous inspection and our assessment of whether they have been addressed.

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

Inspection team

This inspection was carried out by:

Martin Lomas	Chief inspector
Deborah Butler	Team leader
Martyn Griffiths	Inspector
Lindsay Jones	Inspector
David Owens	Inspector
Esra Sari	Inspector
Nadia Syed	Inspector
Helen Downham	Researcher
Samantha Moses	Researcher
Samantha Rasor	Researcher
Sarah Goodwin	Lead health and social care inspector
Steve Eley	Health and social care inspector
Craig Whitelock-Wainwright	General Pharmaceutical Council inspector
Si Hussain	Care Quality Commission inspector
Kim Bleasdale	Ofsted inspector
Mary Devane	Ofsted inspector
Dave Everett	Ofsted inspector
Bev Ramsell	Ofsted inspector

Appendix II Glossary

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

Care Quality Commission (CQC)

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

Certified normal accommodation (CNA) and operational capacity

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

Challenge, support and intervention plan (CSIP)

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

Choices and Changes

An HMPPS resource pack for key workers or prison offender managers to use in one-to-one sessions with young adults who have been identified as having low psychosocial maturity. The exercises in the pack aim to encourage engagement and help young adults to develop their maturity.

Family days

Many prisons, in addition to normal visits, arrange 'family days' throughout the year. These are usually open to all prisoners who have small children, grandchildren, or other young relatives.

Key worker scheme

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

Leader

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

MAPPA

Multi-Agency Public Protection Arrangements: the set of arrangements through which the police, probation and prison services work together with other agencies to manage the risks posed by violent, sexual and terrorism offenders living in the community, to protect the public.

Offender management in custody (OMiC)

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

Personal development curriculum

The personal development curriculum should support prisoners to develop their knowledge and skills beyond the purely academic, technical or vocational. The judgment focuses on the most significant dimensions of the personal development of prisoners as part of their education.

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).

Roll reconciliation

When officers count prisoners to make sure the overall numbers are accounted for and that they are in the right place.

Secure video calls

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

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).

Time out of cell

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

Appendix III Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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