



Report on an unannounced inspection of

HMP Cardiff

by HM Chief Inspector of Prisons

29 January – 5 February 2024



Contents

Introduction.....	3
What needs to improve at HMP Cardiff.....	5
About HMP Cardiff	7
Section 1 Summary of key findings.....	9
Section 2 Leadership.....	11
Section 3 Safety	13
Section 4 Respect.....	23
Section 5 Purposeful activity.....	38
Section 6 Rehabilitation and release planning.....	46
Section 7 Progress on recommendations from the last full inspection report	52
Appendix I About our inspections and reports	55
Appendix II Glossary	58
Appendix III Further resources	60

Introduction

Cardiff is a category B reception and resettlement prison, which at the time of our inspection, was holding 737 prisoners. It had a significant remand and unsentenced population and many prisoners were recalled, which contributed to a rapid turnover of population. Men were held in a mix of accommodation types: some of these dated from the early 19th century, while others were added in the late 1990s. The location, character and structure of the prison, as well as the operational challenges it faced, meant Cardiff was a frontline institution, receiving men from the streets and managing considerable day-to-day risk.

It is all the more pleasing therefore, to report that, despite these challenges, Cardiff was doing significantly better than comparable institutions. We last inspected the prison in 2019, when we reported outcomes that were reasonably good or better in all of our healthy prison tests. At this inspection, despite some deterioration in the provision of purposeful activity, we judged outcomes to be reasonably good against all four tests.

The prison was calm and settled, and although a quarter of prisoners in our survey told us they felt unsafe, Cardiff was performing better than similar prisons against most safety measures. Violence, for example, was relatively low and the prison was working hard to reduce it further. We found no prisoners who were self-isolating, and use of force by staff had fallen. There were, however, some exceptions to these trends. Forty per cent of prisoners told us they thought drugs were easy to access, and this was confirmed by mandatory testing which suggested about a quarter of all prisoners were active drug users at the time of the inspection. Since 2019, 10 men had taken their own lives in the prison. However, there was evidence to suggest the prison was working hard to improve this situation, and there had been a fall of 38% in the number of men harming themselves.

Good quality staff-prisoner relationships underpinned a respectful culture. Staff appeared competent and consistent in their dealings with prisoners, although these qualities were not reflected in the delivery of key work, which was weak. The prison was very overcrowded, but despite the age of many of the buildings standards and cleanliness were good. Access to amenities and services was reasonable, and consultation with prisoners and procedures to facilitate redress were generally effective. Although outcomes remained mixed for different protected characteristic groups, the promotion of fair treatment had been identified as a priority. Work to better understand the needs of young adults was encouraging.

During our spot checks we found about 28% of prisoners locked in their cells during the working day. Although time unlocked was not as good as in 2019, it was better and more consistently delivered than at most comparable prisons. Our colleagues in Estyn assessed education, skills and work provision as 'good'. There was effective work to promote family ties, assess risk of harm, deliver interventions, and manage sentences and public protection, but improvements to key work would have enhanced provision significantly. Resettlement services needed to be improved and better coordinated.

This is an encouraging report on a competent prison, which sets something of a benchmark for this type of establishment. The governor and her senior team were visible, approachable and set clear standards. The active support and supervision officers received was reflected in their confidence as a group and the sense of order in the prison. Prisoners were treated respectfully and they trusted staff because they were reliable. While there was much to do, we had every confidence that the reasonable outcomes we observed were embedded and could be maintained, and that the governor's ambitions for further improvement could be achieved.

Charlie Taylor

HM Chief Inspector of Prisons

March 2024

What needs to improve at HMP Cardiff

During this inspection we identified 11 concerns, of which six 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. **Ten prisoners had taken their own lives since we last inspected.** Although the rate of self-harm had reduced over the same period, the implementation of recommendations from the Prisons and Probation Ombudsman following their investigation into these deaths was poor.
2. **There were too many illegal drugs getting into the prison.** Just under a quarter of all random drug test results were positive and, in our survey, far more prisoners than in similar prisons said it was easy to get hold of illegal drugs.
3. **There were weaknesses and inconsistencies in the oversight and planning of care for patients with long-term health conditions.** This created the risk that deterioration in patients' health could go unnoticed.
4. **There were weaknesses in teaching and the curriculum.** The provision, including for neurodiverse learners, did not meet needs. There was also insufficient face-to-face education and vocational provision for level 2 and 3 learners.
5. **Poor reporting processes in education meant that senior leaders had failed to identify the negative impact of recent changes to the curriculum for some learners.**
6. **Too many prisoners had been released homeless or without sustainable accommodation.**

Key concerns

7. **The prison was extremely overcrowded.** Almost two-thirds of prisoners were paired up in cells originally designed for one.
8. **The key work scheme was not operating effectively.** Most prisoners did not have regular sessions with a named officer.
9. **Some aspects of pharmacy practice fell below expected standards.** The management and use of stock medicines, secondary dispensing and the lack of restrictions to drug storage areas were not in line with good practice.

10. **Prisoners waited far too long to receive urgent dental treatment.**
11. **Evaluation of teaching and the analysis of data was not used well enough to identify areas for improvement.**

About HMP Cardiff

Task of the prison/establishment

A category B reception and resettlement prison for adult males. The prison serves the courts in south-east Wales.

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

Prisoners held at the time of inspection: 737

Baseline certified normal capacity: 534

In-use certified normal capacity: 530

Operational capacity: 775

Population of the prison

- 3,497 new prisoners received each year (around 291 per month)
- 86 foreign national prisoners
- 15% of prisoners from black and minority ethnic backgrounds
- 125 prisoners released into the community each month
- 220 prisoners receiving support for substance use
- 70% of prisoners self-declared a mental health problem

Prison status (public or private) and key providers

Public

Physical health provider: Cardiff & Vale University Health Board

Mental health provider: Cardiff & Vale University Health Board

Substance misuse treatment provider: Dyfodol

Prison education framework provider: Welsh Government Department for Children, Education, Lifelong Learning and Skills

Escort contractor: GeoAmey

Prison group

Wales

Prison Group Director

Giles Mason

Brief history

HMP Cardiff was built in 1827 and is predominantly of Victorian build. New wings were added in 1996 and a health care centre which has a 22-bed inpatient facility was opened in 2008.

Short description of residential units

A wing: general population, incentivised substance free living unit

B wing: general population, vulnerable prisoners, therapeutic landing

C wing: induction and first night centre

D wing: enhanced level of the incentives scheme

E wing: general population

F wing: general population; F1: prisoners working in the kitchen and waste management unit

Name of governor and date in post

Amanda Corrigan, May 2021

Changes of governor since the last inspection

Helen Ryder, 2018–2021

Independent Monitoring Board chair

Jacqueline Rankmore

Date of last inspection

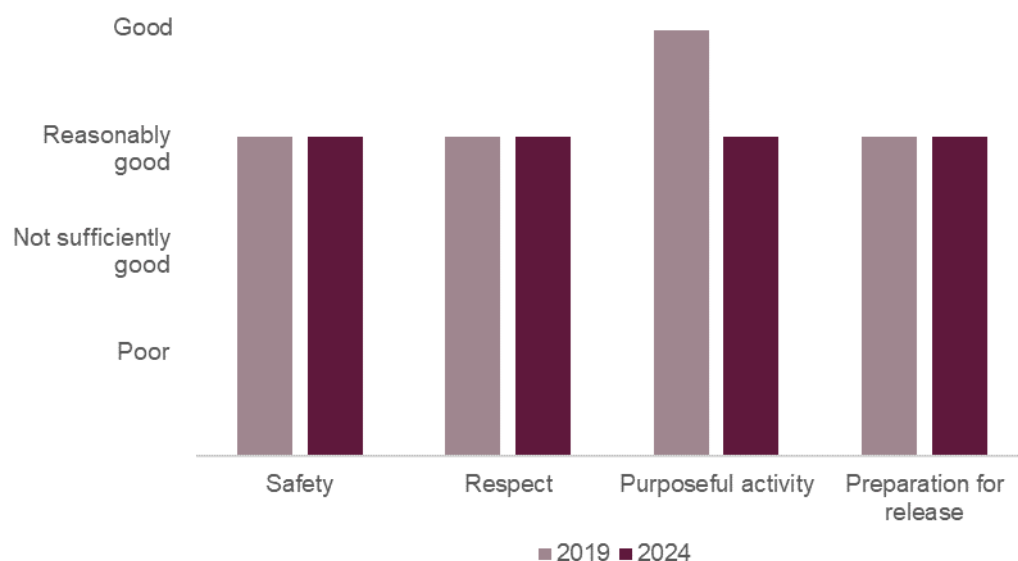
15–26 July 2019

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 Cardiff, we found that outcomes for prisoners were:
- reasonably good for safety
 - reasonably good for respect
 - reasonably good for purposeful activity
 - reasonably good for preparation for release.
- 1.3 We last inspected HMP Cardiff in 2019. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Cardiff healthy prison outcomes 2019 and 2024



Progress on key concerns and recommendations

- 1.4 At our last inspection in 2019, we raised 20 concerns, six of which were priority concerns. The prison fully accepted 19 of the recommendations and partially accepted one recommendation.
- 1.5 At this inspection, we found that two of our recommendations about areas of key concern had been achieved, one had been partially achieved and three had not been achieved. The one recommendation made in the area of safety had been achieved and, of the three respect recommendations, one had been achieved, one had been partially

achieved and one had not been achieved. Neither of the two recommendations made in preparation for release had 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 four 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) The governor had funded a senior leader to develop support for young adults and prisoners who had been in the care of the local authority as a child; this included well-being days which were appreciated by those we spoke to. Tangible outcomes included the improved identification of prisoners with experience of the care system and good use of local authority personal advisors who prisoners could contact via a free telephone number. | See paragraphs 3.15 and 4.28 |
| b) The prison was a pilot site for an HM Prison and Probation Service-funded project to provide frontline officers with structured supervision from a peer. This aimed to support well-being and increase officers' confidence in dealing with prisoners. Those who were taking part spoke positively about the additional support and guidance. | See paragraph 4.2 |
| c) Consultation with prisoners was proactive and well embedded. The governor attended weekly peer forums and regular forums were delivered for prisoners from minority and protected groups. Consultation was also enhanced through the good use of peer workers. | See paragraph 4.17 |
| d) Invisible Walls Wales (a Big Lottery funded project) was delivering a good range of help to prisoners to promote relationships with their children and families. They also supported prisoners who did not receive social visits which was an area often overlooked. | See paragraph 6.1 |

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 The governor and deputy were ambitious and determined in seeking to ensure good outcomes for prisoners. They were approachable, led by example and were very visible to staff and prisoners. Most staff knew their priorities and agreed with them. They had maintained fairly stable membership of the senior leadership team and provided good oversight contributing to a calm and well-ordered environment across the prison.
- 2.3 Many of the fundamental aspects of prison life were reported on very positively by prisoners. Despite many of the residential units being Victorian, there was an excellent commitment to maintaining cleanliness and decency with regular and effective checks. Time out of cell was delivered reliably and, although in need of further improvement, the timeliness of responses to applications and complaints was better than we often see.
- 2.4 HMPPS had provided support to leaders at Cardiff following a very high number of self-inflicted deaths since our last inspection, but too many staff were still not up to date with their suicide and self-harm prevention training.
- 2.5 Consultation and engagement with prisoners were very good, particularly the governor's commitment to a weekly forum with peer workers. The wide range and use of peer workers further supported consultation and engagement and leaders were introducing a new peer worker aimed at developing coping skills among others.
- 2.6 Partnership working was strong in most areas. For example, Invisible Walls (a Big Lottery funded project) not only provided a creative range of support to promote contact with children and families but also supported vulnerable or isolated men to provide them with encouragement and hope. The governor had very recently led on the development of an additional meeting with leaders from the probation service to enhance partnership working and joint working with health care was also good, including improved oversight.
- 2.7 Leaders clearly valued the well-being of staff and had taken steps to support this. Monthly training sessions were in place for staff. Officers working in complex areas such as health care, care and separation unit and B1 landing received regular support from Forensic Psychological Services (FPS) Wales. A pilot project led by HMPPS was being

delivered successfully to provide structured supervision sessions to officers by a small team of supervising officers to help them develop and gain more confidence.

- 2.8 The prison had achieved its full prison officer complement but despite efforts by leaders to support staff, sickness rates were too high, and the number of officers deployed to other prisons was having a negative impact on the delivery of some tasks at HMP Cardiff such as key work.
- 2.9 Additional resources had been made available by leaders to promote positive outcomes. For example, a new leader had been appointed to develop the work with young adults and those who had been in local authority care. Leaders had also opened an incentivised substance free living unit in 2023 dedicated to supporting prisoners recovering from drug and alcohol problems.

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 The reception area was busy, with 60 to 70 new prisoners arriving each week in addition to court movements, transfers and releases. Some prisoners waited too long locked in the escort vehicle before being allowed into the reception area.
- 3.2 In our survey, 77% of prisoners said they were treated well in reception. Staff were polite and friendly, but the completion of the reception processes took a long time which delayed the movement of prisoners to the induction wing. More needed to be done to make sure Welsh-speaking prisoners could access information in their preferred language.
- 3.3 The reception area was clean and spacious but there was little information for prisoners on display. Holding rooms were clean but bare although prisoners were not locked in, which was good. Some personal information was gathered at an open desk within earshot of other prisoners and staff, which lacked confidentiality.



HMP Cardiff reception

- 3.4 In our survey, 74% of prisoners said they were searched respectfully but prisoners under the age of 25 and foreign nationals were less positive about their experience, with only 46% and 44% respectively agreeing with this. All prisoners were strip-searched as well as body scanned and checked using a BOSS (body orifice security scanner) chair, which reflected the establishment's assessment of the risks posed by illegal drug supply. The booth used for strip-searching prisoners lacked privacy.



Strip search booth

- 3.5 Prisoners could have a shower in reception and peer workers handed out prison clothing to new arrivals and provided food and drinks at mealtimes. All prisoners had a private interview with staff which appropriately focused on safety. Any identified concerns were shared with staff on the first night wing to make sure they were followed up.
- 3.6 New arrivals had a second interview in private with a member of staff on the induction wing but, when staff were busy, some interviews were very brief and did not focus well enough on sharing all relevant information with prisoners. Prisoners were offered a free telephone call on the induction wing and we were told they received regular welfare checks during their first two nights. However, these checks were not clearly recorded, making it difficult for managers to confirm that they had taken place.
- 3.7 Induction started on the next working day after arrival. It was largely peer led but supervised appropriately by staff. In our survey, 85% of prisoners said they had received an induction, but only 53% said that it covered everything they needed to know. Some prisoners were allowed to miss the section explaining life at HMP Cardiff and the information booklet about the prison was only available in English, both of which were weaknesses.

- 3.8 Conditions on the induction wing needed to be improved. For example, first night cells were clean but bare. There were no curtains or lockable cabinets and shared cells lacked screening around the toilet area.

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

- 3.9 In our survey, 24% of prisoners said they felt unsafe at the time of the inspection which was similar to our last inspection and other comparable prisons. The atmosphere in the prison was safe and well ordered.
- 3.10 At our last inspection in 2019, we noted that the rate of violence was relatively low and, at this inspection, data showed a further reduction. During the previous 12 months, there had been 193 assaults on prisoners which was slightly lower than the average for similar prisons. There had been 14 serious assaults between prisoners which was much lower than comparable prisons and a considerable reduction since 2019. The number of assaults on staff had also decreased considerably.
- 3.11 Every incident of violence was thoroughly investigated by a member of the safer custody team and referrals were made for a challenge, support and intervention plan (CSIP, see Glossary) when necessary. However, at the time of the inspection, no victims were being supported through a CSIP. Most plans were of a good quality with targets focused on generating positive engagement with the regime and keeping prisoners busy. Plans were reasonably well embedded and staff whom we spoke to were familiar with them.
- 3.12 We spoke to prisoners who were being managed under a CSIP and they described receiving good support. Each of these prisoners was discussed at the weekly safety intervention meeting (SIM) to monitor their progress, set new targets and oversee outcomes. The meetings were well attended and based on good multidisciplinary working.
- 3.13 Violence reduction peer mentors were used effectively and provided a good level of support to prisoners who were involved in violence. This was being developed further and some prisoners trained as emotional support workers had just started their new role at the time of the inspection.
- 3.14 No prisoners were isolating themselves from other prisoners for fear of violence or bullying. Those whom staff identified were generally moved to B1 landing where they could engage in purposeful activity and mix safely with their peers (see paragraph 3.45).

- 3.15 The governor had funded a senior leader to develop support for young adults and those who had been in the care of the local authority as a child. This gave leaders a better understanding of this group so that they could give them more appropriate support, which helped to reduce tensions and anxiety. Their contribution to the SIM and provision of interventions for this group were invaluable. Links had been made with personal advisers in the community and prisoners and their family members were able to contact them via a free pin phone number.
- 3.16 The safety team consisted of two custodial managers and three officers who had specific responsibilities, such as the use of force, violence reduction or self-harm prevention. However, they were regularly cross deployed to the wings which restricted their ability to respond to immediate safety concerns and to make progress against the priorities.
- 3.17 A wide range of data were discussed at a monthly safety meeting and leaders were aware of the main drivers of violence in the prison. They had consulted groups of prisoners to identify the reasons for violence and how they could counter it, which was positive. An action plan had been drawn up to try to reduce violence and this had progressed well.
- 3.18 The local incentives scheme focused on promoting attendance at work and education. For example, better paid employment was reserved for those on the top level of the scheme. Prisoners told us they valued the rewards because they promoted good behaviour and this was reflected in our survey where 92% said the incentives motivated them to behave well.
- 3.19 Oversight of the scheme was inconsistent, however, and we found examples of prisoners losing their jobs with no prior warnings or review of their incentives level.

Adjudications

- 3.20 During the previous 12 months, there had been 2,806 adjudications. Charges were laid for more serious offences, most of which were appropriate. In the sample that we reviewed we found that levels of enquiry were good and awards made by adjudicators were consistent and not excessively punitive.
- 3.21 There were few outstanding adjudications at the time of the inspection. The most serious offences such as assaults and finds of illegal drugs were forwarded to the police, but these charges were taking far too long to be concluded. Some had been with the police for over 12 months which undermined any accountability and deterrence for prisoners.
- 3.22 Oversight of adjudications was good and regular standardisation meetings looked at a wide range of data to understand the trends and reasons for the adjudications. The deputy governor reviewed 10% of all completed adjudications and fed back learning points to adjudicators.

Use of force

- 3.23 Force had been used 664 times in the last year, which was a considerable reduction on the number leading up to our inspection in 2019. In the footage we viewed, force had been used appropriately. There were good levels of de-escalation and staff communicated well with prisoners during restraints, taking their time to explain what was going to happen and giving instructions to the prisoner. This helped to de-escalate the situation and allowed staff to resolve incidents swiftly using minimum force.
- 3.24 We saw examples of staff using force on prisoners with considerable neurodiverse needs, but we observed very patient and caring interactions where minimum force was used and staff took every precaution to protect the prisoner.
- 3.25 Oversight of the use of force was robust. Every incident was reviewed by a member of staff who conveyed immediate concerns to senior leaders and each incident was reviewed at a weekly scrutiny meeting to make sure that force was justified and proportionate. A monthly strategic meeting analysed a wide range of data to identify trends and the reasons for force being used.
- 3.26 There was good use of body-worn video cameras with about 70% of incidents recorded. It was encouraging to see that the cameras were switched on early enough to capture officers' efforts to de-escalate the prisoner's behaviour. The practice of filming strip-searches on relocation to the segregation unit following restraint was not appropriate, but leaders took swift action to stop this when we pointed it out to them.
- 3.27 There had been no use of PAVA (incapacitant spray) which was impressive when compared to many similar prisons. Batons had only been drawn three times and used once in the last year, which was very low.
- 3.28 Special accommodation had been used five times in the last year. Documentation was not available for all five occasions so we could not be confident that it was always used appropriately.

Segregation

- 3.29 During the previous year, 371 prisoners had been segregated. Stays were generally short at an average of just under three days. Staff engaged well with prisoners and prisoners spoke positively about the support they had received.
- 3.30 It was good to see that officers on the segregation unit received monthly group supervision from the forensic psychology team. Most officers valued this and said it was helpful for their well-being and skills development. We saw respectful interactions between staff and prisoners but in our survey only 39% of prisoners said they were treated well.

- 3.31 Cells and communal areas were clean and the environment had been improved including the addition of pictures on the walls in the corridor. The outdoor yard was large but bare, with no exercise equipment. Time out of cell was limited to just over an hour a day. Although prisoners could apply to take part in activities such as work or education in the main prison subject to an individual risk assessment, at the time of the inspection no one was accessing this. In our survey, only 35% of prisoners said they had access to outside exercise and 38% that they had access to a telephone every day if they had credit.



Segregation unit



Segregation unit exercise yard

- 3.32 The reasons for initial or continuing segregation were indicated in most of the paperwork that we reviewed but reintegration plans were limited and lacked meaningful targets. A few prisoners who had been in the unit had been on ACCTs (assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm). The decisions to segregate them were defensible and they were kept on daily monitoring while in segregation to check on their health and well-being.

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 use and effective drug supply reduction measures are in place.

- 3.33 A high number of intelligence reports were submitted, with more than 6,000 during the last year. They were managed well and there was no backlog at the time of our inspection. Urgent concerns were responded to swiftly with appropriate action taken.
- 3.34 This intelligence helped to develop a wide range of data that were used to inform the local tactical assessment (LTA) of security threats. These were disseminated well to staff and contained suitable actions to try to counter the main risks that had been identified.

- 3.35 The predominant risk highlighted in the LTA was the use of illegal drugs. In our survey, 47% of prisoners said it was easy to get hold of them compared with 30% in similar prisons. Just under a quarter of all random drug tests carried out between April and December 2023 had been positive, which was a high proportion. About half these tests indicated the use of medication that had not been prescribed to the prisoner.
- 3.36 Leaders had responded well and had taken sensible steps to try to reduce the supply of drugs and other illegal items, including the installation of a body scanner in reception. There were good links with the local police and a joint initiative to help counter drug supply had started recently. A good and informed drug strategy linked supply reduction with reducing demand and a clear action plan was progressing well and was monitored regularly. All prisoners who tested positive or were adjudicated on for drug-related behaviour, including items found during cell searches, were referred to Dyfodol, the substance use service provider.

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

- 3.37 Since our previous inspection in 2019, there had been 10 self-inflicted deaths, one of which had taken place in the last year. Most recommendations made by the Prisons and Probation Ombudsman following their investigations had been addressed, but actions were not reviewed regularly enough to make sure they were still being delivered as intended and that outcomes continued to improve.
- 3.38 In our last inspection report we noted that the rate of self-harm had trebled since 2016 and was much higher than in similar prisons. Priority had been given to reducing this and it had fallen by 38% since 2019 and was now lower than the average for similar prisons. During the previous six months, there had been 268 incidents of self-harm by 105 prisoners, a small number of whom accounted for a large proportion of the reported self-harm. There had been 10 incidents in the last year which had resulted in hospital treatment, although only one of these had been investigated to identify learning points, which was poor. Data analysis was reviewed at the monthly safer custody meeting, but this required further development to make it more informative.
- 3.39 The weekly SIM did not oversee or plan the support needed for all prisoners at risk of self-harm. Only those who were considered to be at

greater risk were reviewed, which left a gap in identifying and providing additional support to others in crisis.

- 3.40 During the previous six months, 283 ACCTs had been opened, a reduction of 37% since the previous inspection. At the time of this inspection, 25 prisoners were subject to ACCT monitoring and staff were knowledgeable about those in their care.
- 3.41 Most ACCT documents that we reviewed contained good assessments, but care plans were often incomplete, the allocated case coordinator changed too frequently and daily checks were often not recorded. Leaders were aware of this and work was under way to address these weaknesses. Prisoners we spoke to who were being managed under an ACCT described reasonably good levels of support, but in our survey only 41% of prisoners who had been at risk felt well cared for by staff.
- 3.42 An active group of Listeners (prisoners trained by the Samaritans to provide confidential emotional support to other prisoners) operated on a 24-hour call-out basis. They felt well supported by the Samaritans, who met them each week. In-cell telephones now enabled prisoners to make free telephone calls to the Samaritans in private.
- 3.43 Constant supervision had been used three times in the last 12 months and its use was appropriate. There had been 37 uses of anti-ligature clothing in the same period, but we found a few cases where the use had not been authorised by a senior leader nor had it been recorded on the central log.

Protection of adults at risk (see Glossary)

- 3.44 A safeguarding adults policy was in place and links had been made with the local authority board. Very few staff at the prison, other than offender managers, had received safeguarding training to help them identify risks and how to respond to them.
- 3.45 Some prisoners who were unable to cope on the main wings because of their own behaviour or the risk of abuse or threats from others, could be located on a smaller and quieter residential unit (B1). Prisoners were fully engaged, including access to education, training or work off or on the wing, and staff offered good day-to-day support which was valued by prisoners.

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 Our survey results were positive with 71% of prisoners saying that staff treated them with respect and 73% that they had a member of staff to turn to if they had a problem. We saw many positive interactions between prisoners and staff from a wide range of teams. Most prisoners whom we spoke to were similarly positive about their treatment, but also expressed frustration at some staff who did not follow up their requests promptly.
- 4.2 Staff were consistent and fair in their application of the rules and many prisoners described a calm and well-ordered atmosphere. The prison was a pilot site for a project to give structured supervision to prison officers which supported their well-being and aimed to increase their confidence in dealing with prisoners (see paragraph 2.7). A small group of officers had been trained to support their peers to develop their skills or explore the impact the work was having on them. Those who were taking part spoke positively of the additional support.
- 4.3 Key work (see Glossary) had been a strength at the previous inspection but far too little was now being delivered. Fewer prisoners than in 2019 knew they had a key worker and those we spoke to described a lack of consistency in the delivery of sessions. This was borne out by electronic case notes which showed a lack of continuity in the officer undertaking sessions with an individual prisoner and variable times between the sessions. Leaders were aiming to improve these outcomes with the imminent introduction of a new allocation plan for staff.
- 4.4 Prisoners had good opportunities to take on roles that enabled them to contribute to their prison community, engage with staff and help their peers. The range of peer work was good and included reception and induction, care experience, education, bail, and diversity and inclusion. Peer workers were used well and had received appropriate training. A new role was being developed for peer workers to help others cope better with their time in prison.

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

- 4.5 Nearly two-thirds of the population lived in overcrowded conditions with two sharing a cell designed for one, often with inadequate screening around the toilet. No cells had lockable cabinets for prisoners to store property or medication safely.
- 4.6 The prison was clean, well maintained and decent with leaders, staff and prisoners fully committed to this ethos and working hard to maintain high standards. Overall standards of cleanliness were much better than we see in similar prisons.



Prison landing

- 4.7 In our survey, most prisoners agreed that communal areas were clean. Internal and external areas were free of litter and action was swiftly taken to remove debris thrown out of cell windows. Despite this, there was an infestation of mice and rats, but it was clear that leaders were taking measures to address this.
- 4.8 In our survey, 93% of prisoners said they could shower every day and 83% could access clean bedding every week compared with 82% and

57% respectively in similar prisons. Most wings had laundries for washing personal clothes. Prison-issue clothing and bedding were exchanged weekly and washed at the central laundry on site. All prisoners could have replacement clothes handed in during weekend visits.

- 4.9 Only those on remand or on the enhanced level of the incentives scheme could wear their own clothes, out with practice in most similar prisons.

Residential services

- 4.10 In our survey, 42% of prisoners said the food was good and 36% that they had enough to eat. We spent time at wing serveries and received no complaints about the food.
- 4.11 Prisoners pre-selected their meals based on a four-week cycle. Regular consultation was effective in influencing changes to the menu where possible. Consideration of the cultural and religious needs of the population was reflected in the choices available and the kitchen supplied a range of special diets at the request of the health care department.
- 4.12 The kitchen was clean and well run. All prisoners were engaged in cleaning duties at the end of each service, and most had undertaken food hygiene training. Training opportunities included six prisoners undertaking vocational catering qualifications.
- 4.13 The wing serveries and food trolleys were clean and the level of supervision by officers at mealtimes was good. Caterers attended at least one food service session per wing each week to provide quality assurance. There was very little opportunity for self-catering and most prisoners had to eat their meals in their cramped cells.
- 4.14 In our survey, 65% of prisoners said that the shop sold the things they needed and that access to catalogues was good. As most catalogues were only available online, prisoners did not have access to them. Leaders had therefore arranged for sections to be printed to provide prisoners with the information they needed to choose items and request an order.
- 4.15 Newly arrived prisoners had the choice of a basic grocery pack or a smokers' vape pack and were also able to purchase a toiletries pack and PIN phone credit. Prisoners could wait for almost two weeks for their first full shop order which was too long and increased the risk of falling into debt.

Prisoner consultation, applications and redress

- 4.16 Consultation was well embedded and effective in promoting positive changes. Senior leaders were visible around the prison and took part in a range of consultation with prisoners (see paragraph 4.22). The governor led by example and attended the weekly peer workers forum which we rarely see elsewhere. Other forums or surveys were used to

explore prisoners' views on topics such as the quality of food and canteen and the causes of violence (see paragraph 3.17).

- 4.17 The paper-based applications system was not scrutinised and leaders could not be certain of the timeliness or quality of responses.
- 4.18 Records showed that nearly 1,700 complaints had been submitted in 2023 which was similar to other reception prisons. Systems for logging and tracking complaints had been strengthened and there was no longer a backlog which had been a weakness at our last inspection. Replies that we looked at were polite and quality assurance by the deputy governor was helping to improve the overall standard.
- 4.19 There were suitable private and video link facilities for prisoners to meet their legal representatives. A bail information officer was available to prisoners on remand and the library held legal texts and could print up-to-date prison service instructions. Two secure laptops were available for prisoners to review information about their cases and leaders were aware of the process for enabling eligible prisoners to vote in elections.

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.

- 4.20 Leaders had identified inclusion and equal opportunity as one of the main priorities for the prison. Some elements of the provision were strong but weaker areas remained which leaders had plans to address.
- 4.21 Leaders were each involved in a protected characteristic (see Glossary) forum and took a greater part in the promotion of fair treatment than we often see in similar prisons. Forums took place consistently for each group or characteristic.
- 4.22 Regular strategic meetings had lapsed towards the end of 2023 but had since resumed and there was an up-to-date policy and action plan to direct the work. Leaders were familiar with potential disparities in outcomes. Data were used by different work areas and at a number of meetings to identify outcomes that needed discussion or further investigation.
- 4.23 In-cell televisions, peer workers and wing noticeboards were used to share information about diversity and inclusion work and events. The quality and timeliness of investigations into complaints about discrimination, of which there had been 58 in the previous 12 months,

had improved since the last inspection and were now quality assured by a community agency.

- 4.24 Each new arrival was seen by a member of the equality team to identify any protected characteristics. This informed knowledge of individual needs and the composition of the population. Suitable follow-up actions were taken, for example making sure that a personal emergency evacuation plan (PEEP) was in place for prisoners who required additional help in an emergency.
- 4.25 Foreign national prisoners made up 11% of the population and their survey responses were far more negative than UK nationals in several areas. Support for these prisoners was weaker than for some other groups, not least for those who spoke little, or no, English. We were not confident that telephone interpreting services were always used when necessary. Other prisoners were being used instead which was not always appropriate, particularly when personal issues were being discussed. Translated materials were not routinely provided (see paragraph 3.7) and there was a waiting list for English for speakers of other languages (ESOL) classes. Foreign national peer workers sought to identify need and provide support and some free advice lines were available on the in-cell phones. A Home Office official visited every two weeks to see prisoners of interest to the immigration service. Leaders had a detailed action plan for work with this group which, if fully implemented, should improve outcomes.
- 4.26 Our survey did not identify any significantly different experiences for minority ethnic prisoners, although some spoke to us of a lack of cultural awareness among staff. Training in this area was planned, but completion of online diversity and inclusion training was poor. Leaders and prisoners referred to some improvements, for example concerns that cell searches were carried out disrespectfully or without proper regard for religious items had been addressed.
- 4.27 Work to support young adults and prisoners with experience of care was a strength. Tangible outcomes included improved identification of prisoners with experience of care and an increase in prisoners with a local authority personal adviser whom they could contact via a free pin phone number. Well-being days were held regularly and were appreciated by the prisoners we spoke to. Local authority personal advisors attended and, in response to the number of prisoners who had mental health or substance misuse issues, Cyfle Cymru (a service which helps people with substance misuse issues and/or mental health conditions into work, education or training) had been contacted to run sessions. Plans were well advanced to use the HMPPS Choices and Changes toolkit, which was designed to aid the development of maturity in young adults through a series of structured sessions.
- 4.28 Signs around the prison were in both Welsh and English. Welsh versions of commonly used forms and information were available but not always immediately accessible.



Signs in Welsh and English

- 4.29 Shelves in the library were exclusively labelled in Welsh, with no English translations (see paragraph 5.10). Few prisoners identified as Welsh speakers and attendance at Welsh forums was low, although some prisoners told us they would like more opportunity to develop their Welsh language skills, including some whose children were learning to speak Welsh at school.
- 4.30 In our survey, 51% of prisoners identified as having a disability and most of those said they had mental health problems. Significantly more prisoners with a mental health problem said they had felt unsafe at some point while at the prison and far more said they had been bullied by other prisoners.
- 4.31 The prison was not designed to accommodate prisoners with limited mobility, but some adaptations had been made, including a wet room on F2 landing.



Wet room on F2 unit

- 4.32 Staff were aware of prisoners who required additional support in an emergency and their well-being and continuing need for a PEEP was reviewed regularly. No prison buddies were assigned to help these prisoners with day-to-day tasks and staff were alert to the risks posed by more informal peer support. B1 unit was valued as a quieter wing where support was provided for prisoners with neurodivergent or other specific needs (see paragraphs 3.14 and 3.45).
- 4.33 A monthly group was available for military veterans which included community support agencies.
- 4.34 The small number of transgender prisoners usually lived on B1 landing. The equality team kept in regular contact with them and case boards were held. Female clothing and toiletries were available to transgender prisoners on arrival and they could buy personal items such as make-up from the prison shop.

Faith and religion

- 4.35 Prisoners had good opportunities for worship and to attend groups with others of their faith. The attractive main chapel was supplemented by a large multi-faith room, although there were no ablution facilities for use before Friday prayers. A smaller room was well furnished and available for prisoners to attend live streamed funerals in private. The inclusion of a phone to make a call after these services demonstrated care for the prisoners. Chaplains described a positive approach by prison leaders to facilitating prisoners' attendance at funerals or to make final visits in the case of serious ill health.



Chapel

- 4.36 The chaplaincy offered good pastoral support from arrival to transfer or release, including weekly services and groups or classes. Chaplains met new arrivals within 24 hours, spoke to prisoners in the segregation and health care units each day and visited prisoners on an ACCT at least once a week. Newsletters kept prisoners informed about chaplaincy services.

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.

- 4.37 The inspection of health services was undertaken by HMIP with support from Health Inspectorate Wales and the General Pharmaceutical Council.

Strategy, clinical governance and partnerships

- 4.38 Cardiff and Vale University Health Board provided health care, which had improved since our last inspection. In our survey, 41% of prisoners said that the quality of the service was now good. Leadership was strong and strategic governance structures provided good oversight of performance and service delivery. The health needs assessment was out of date, but funding had been agreed to undertake a full review.

- 4.39 The health oversight group demonstrated good joint working between the health team and the prison but there was too little data analysis which limited opportunities to identify improvements needed.
- 4.40 Service and patient risks had been identified and legitimate mitigation plans were evident. Learning from deaths in custody was extensive but senior managers did not always check that changes made had been embedded in practice.
- 4.41 Infection prevention and control audits were in place and clinical rooms were clean and uncluttered, although there were outstanding maintenance requirements in many rooms, such as loose taps in the dental suite, peeling walls and holes in sinks.
- 4.42 Prisoners used the prison complaints system for health care matters which breached confidentiality. Once health care received the complaint forms, responses were very swift and often only took a day. The responses were polite and candid and addressed the issues. Escalation of complaints was available through external processes.
- 4.43 Incidents were reported, themes were identified and learning was shared through a daily meeting of all health teams. We did not observe an emergency response, but the team employed competent staff to carry these out. Emergency bags and defibrillators were easy to access. Most prison staff knew what to do in an emergency. Custodial managers and officers in the gym were trained in life support.
- 4.44 The views of patients were gathered through feedback forms, complaints and incident reports, but there was not enough focus on analysing these data. For example, the dental waiting list did not reflect delays caused by repeat rescheduling, although complaints about dental services suggested that this was a problem.
- 4.45 Staff were trained and supervised and worked together effectively. Most said that they felt supported, and they were easily identifiable to prisoners.

Promoting health and well-being

- 4.46 Health promotion was affected by staff shortfalls and the need to manage service risks. There was little evidence of collaborative working by partners to improve the health and well-being of prisoners. However, we observed good initiatives to optimise health care such as services on the wings.
- 4.47 Sexual health services had suitably qualified and integrated staff, including a community specialist, to make sure that treatment for prisoners with hepatitis and HIV was effective and managed in line with national standards of care.
- 4.48 There were long waiting lists for blood-borne virus screening and vaccinations and some prisoners were transferred or released before accessing this service. Realistic progress had been made in training staff to use screening equipment which was expected to restart during

the week after the inspection. Most retinal, bowel and aortic aneurism screening was undertaken within three months, which was good.

Primary care and inpatient services

- 4.49 Access to health care was good. Applications were collected, logged and prioritised and responses sent back to patients. Despite staff shortages, nurses worked hard to deliver a good range of interventions and treatment during clinics and prisoners were positive about the care they received. This was reflected in our survey where 59% of prisoners said the quality of nursing care was good, compared with 45% in similar prisons.
- 4.50 All new arrivals were screened in line with NICE (National Institute for Health and Care Excellence) guidance and referred for further assessment. Risks were, however, evident in the oversight and care of prisoners with chronic diseases. A GP had taken on some of this work and new staff were being trained to manage these patients, but most lacked regular reviews and we saw few care plans.
- 4.51 Access to medicines was good and GPs were available for face-to-face appointments each weekday. GPs made changes to prescribed medications, particularly highly tradable ones, if prisoners arrived with unsafe and unlicensed prescriptions. This caused frustration to some prisoners. This remained a revolving door problem as patients were released into the community, only to return with the same medication. There were no resources to adopt a full mandatory drug testing approach to these complex cases where patients with physical, mental and substance misuse medicines would have benefited from being managed holistically.
- 4.52 There were short waiting times for optometry and podiatry services and physiotherapy sessions were about to start to provide easier access to support for those with pain management issues.
- 4.53 There was no policy on the management of patients requiring palliative care, but advice was available on the rare occasions that palliative care was needed.
- 4.54 External hospital appointments were facilitated well by the prison and there was adequate provision. All referrals were processed under a system that covered the whole of Wales and those moved to other Welsh prisons had their appointments honoured.
- 4.55 A large 20-bed therapeutic inpatient unit provided additional support for the most ill patients. The nurse-led unit delivered 24-hour care supported by integrated skilled officers and residential peer support workers.
- 4.56 Patients requiring additional care while undergoing alcohol detoxification were cared for in line with national guidance, an improvement since 2019.

- 4.57 Patients had individualised care plans which included visits to education and library services, regular association times, access to a well-kept garden, and diversionary group and individual activities run by officers and the two peer workers.
- 4.58 There was no governance of the use of constant CCTV in cells which was not in line with requirements for privacy and dignity. The health manager had initiated a review of this practice.

Social care

- 4.59 There was a comprehensive memorandum of understanding (MOU) between the local authority and the prison which was awaiting ratification. Many staff, including prison managers, had not seen the document. The MOU contained clear instructions on how to refer prisoners and where to log new referrals. There was a lack of understanding among prison staff about the difference between health care and social care and this was exacerbated by the health team addressing social care needs for inpatients rather than making a referral for domiciliary care.
- 4.60 The central log for referrals had not yet been used and there had not been enough oversight of the outcome of recent referrals undertaken by health staff, for example, how long assessment took and if equipment was received in a timely manner. Plans were in place to rectify this.
- 4.61 At the time of the inspection, no prisoner had a social care package (see Glossary) and we did not identify any prisoners with unmet social care needs. There was no peer support for those who did not meet the threshold for domiciliary care such as requiring help with cleaning cells and collecting meals. Prison staff told us it was difficult to sustain these peer roles because of the high throughput of prisoners but that unofficial peer support was in place. This use of random and unsupervised peer workers carried safeguarding risks.

Mental health

- 4.62 Cardiff and Vale University Health Board mental health professionals were well led and delivered improved services in line with the Mental Health (Wales) Measure (a legal framework for improving mental health services passed in 2010).
- 4.63 The multidisciplinary mental health team comprised a range of services available seven days a week, including counselling, nursing, occupational therapy and psychiatry. Staff were in date for mandatory training and clinical supervision. A duty worker was designated each day to respond to urgent referrals, perform triage and attend ACCT meetings.
- 4.64 In our survey, 70% of prisoners self-declared a mental health problem. All new receptions were screened for mental health conditions and were seen promptly in urgent cases. A considerable number of patients

had neurodiverse needs and the team included a specialist to treat patients with ADHD.

- 4.65 Some patients felt that they were waiting too long for interventions, but waiting times were equivalent to those in the community and some were very short, such as for counselling. The mental health team managed expectations by keeping patients informed of their progress by regular face-to-face contact or by letter.
- 4.66 At the time of the inspection, 107 patients receiving individual and group therapies had good care plans and comprehensive clinical records. Therapies included self-help and mindfulness activities for relief of anxiety and depression and more advanced cognitive behavioural therapy and trauma-related approaches. Patients with serious mental disorders were supported with solution-based interventions which encouraged self-management. The care programme approach was effectively used to ensure monitoring of vulnerable patients and through-the-gate care.
- 4.67 Recruitment was under way for a vacant psychology post. The absence of a psychologist presented a risk of unmet needs emerging for trauma-related and complex psychological conditions and counsellors were mitigating this need at the time of the inspection. Patients were also signposted to other departments offering support including the chaplaincy, CRUSE bereavement services, Dyfodol and the Samaritans.
- 4.68 At the time of the inspection, two patients were awaiting assessment for transfer to hospital under the Mental Health Act, one of whom had waited 36 days (target 28 days). Eleven of the last 13 transfers had been completed within an average of 31 days. Three had waited beyond the target, with one patient waiting for more than 100 days, which was unacceptable.

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

- 4.69 Services for prisoners with addictions had improved with a wider range of psychological and clinical services. Our survey showed more positive perceptions from prisoners than in similar prisons about access to and the quality of support provided. The drug strategy contained an appropriate mix of demand reduction activities and the delivery of therapy.
- 4.70 Dyfodol delivered responsive psychosocial support for the prisoners. The highly competent recovery workers offered a service during the week and were well led and supervised. All new arrivals were seen for an assessment and men could self-refer at any time. Urgent referrals were usually seen on the same day and waiting lists for detailed assessment and treatment were short. The service was very busy with 808 referrals in January 2024, resulting in 310 full assessments and 222 in psychosocial treatment.

- 4.71 Clients were supported individually or within therapeutic groups. An extensive range of bespoke groups provided education and support on topics such as motivation and change and several national programmes were in place including SMART recovery and the 12 Steps programme. Feedback from clients was invariably positive. Men testing positive on drug screening were personally contacted to be advised of the risks of concealing drug-related items and were encouraged to participate in recovery work.
- 4.72 Suitably trained nurses and GPs managed 206 patients in opiate substitution therapy (OST), of whom 42 were receiving long-lasting injected buprenorphine. We observed good administration of OST on the wings. Peer workers assisted recovery workers with clients and there was a suitable range of regular mutual aid group meetings.
- 4.73 The incentivised substance free living wing (ISFL) was a promising development with highly motivated and psychologically supported officers. Residents consented to regular drug testing to ensure the integrity of the community. The ISFL and Dyfodol had delivered several 12 Steps programmes with notable outcomes for some individuals.

Medicines optimisation and pharmacy services

- 4.74 A well-resourced pharmacy team administered medicines in a timely manner from an internal dispensary. Oversight was good in most areas. Pharmacists clinically reviewed all medicines prescribed and were confident to challenge prescribing decisions. Regular medicines management meetings were attended by the lead pharmacist. The prescribing of tradeable medicines was monitored and low numbers were prescribed. A programme of cell checks had recently started but was hampered by the lack of secure storage in the cells.
- 4.75 The pharmacy and wing treatment rooms had adequate facilities for the storage of medicines, but stock medicines were stored in trolleys on the wings that were not fully secured. Controlled drugs were well managed and audited regularly. Medicines were stored and transported through the prison securely. Cold-chain medicines were kept in suitable fridges which were continuously monitored.
- 4.76 Some medicines were supplied by the pharmacy as named patient medicines with appropriate labelling and a dispensing audit trail, but most were dispensed from stock held on the wings. There was no audit of the stock held and there was evidence of secondary dispensing. Both of these practices ran an increased risk of errors.
- 4.77 The pharmacists ran regular clinics to review medication, both in their chosen specialities and for a wide range of other conditions. A formulary was in place and medicines use was recorded on SystmOne (electronic patient records). Medication errors were recorded and reviewed. Written procedures and protocols were in place and pharmacists provided support and advice to other health care professionals.

- 4.78 An in-possession policy was in place and initial risk assessments were completed and recorded on SystmOne within 24 hours of arrival. Most patients had their medicines not in possession for their first 14 days at the prison, after which they received them in possession if the risk assessment deemed it appropriate. Risk assessments were reviewed each time a risk factor was identified and at six-month intervals. Prescribing appeared to adhere to the in-possession risk assessment.
- 4.79 Medicines administration was led by a team of nurses and pharmacy technicians twice a day. Patients were given advice about their medicines when attending the hatch. Follow-up of patients who had not collected medicines was not consistent which could put vulnerable patients at risk. Opioid replacement medicines were issued before all other medicines. Some queues were well managed and patients were given privacy at the hatch, but this was not consistent across the prison.
- 4.80 The treatment rooms held a range of medicines that could be purchased for self-care or supplied by a patient group direction. Medicines could be supplied out of hours and most, but not all, prescription-only medicines provided out of hours were supplied in pre-labelled packs. A policy which allowed non-registered staff to enter the pharmacy when it was closed to collect medicines, including controlled drugs, was not the most appropriate way to source required medicines. The practice was not well audited with the risk of errors or diversion of medicines. We also witnessed officers freely entering dispensing rooms to talk to nurses.
- 4.81 There was appropriate provision of medicines for patients being transferred or released.

Dental services and oral health

- 4.82 A local dentist provided emergency treatment twice a week which was less frequent than at our last inspection. Routine examinations and treatment plans were not offered to most prisoners. There were two dental suites, one of which was not in use. The well-organised dental room was clean and managed to the expected professional standards.
- 4.83 Only 15% of prisoners surveyed said it was easy to see a dentist. Waiting times for an appointment could be between one to three days but delays of up to a month were not uncommon because of the sheer number of patients requiring treatment. This was too long for urgent dental care. In our survey, a third of prisoners said the quality of dental care was good which, although low, was better than at similar prisons.
- 4.84 The shortage of routine care resulted in patients deteriorating before they could access more urgent care, which did not align with prevention. The delayed care increased the prescribing of antibiotics and increased the risk of sepsis, tooth decay and potential extractions.

- 4.85 Over 20% of patients did not attend their appointments which exacerbated the waiting times. Some of the non-attendance was caused by a shortage of officer escorts to the dental surgery.
- 4.86 Prisoners could access over-the-counter pain relief remedies, but these were often issued in single doses which prevented optimum dosage over 24 hours.
- 4.87 Oral health improvement advice was given during the dental consultation but there were no advice leaflets on common dental problems and self-care in the surgery, which was a missed opportunity. Prescriptions could be prescribed by the dental team while they were on site and an alternative prescriber was used at other times.
- 4.88 Policy documents were in date and available on the IT system. Maintenance and the appropriate assurance documents were in place.

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 Our survey results were much better than at similar prisons in relation to time unlocked but much worse than at our inspection in 2019 in relation to time unlocked during the working week. During our roll checks, we found 28% of prisoners locked up during the working day compared to 18% at our last inspection.
- 5.2 We calculated that around 65% of the population were engaged in purposeful activity at any one time, 30% were unemployed and the remainder were on the wings because they were retired or not needed at work. The regime ran to time and there was good emphasis on getting prisoners to engage in purposeful activity.
- 5.3 Time out of cell for many of those in purposeful activity was good at around nine hours a day during the week. However, those on the basic level of the incentives scheme only had one hour a day out of their cell. The unemployed had three and a half hours unlocked.
- 5.4 Outside exercise periods remained too short at about 40 minutes and it was disappointing that these were sometimes cancelled if it was raining, rather than provide prisoners with wet weather clothing.
- 5.5 Facilities for physical education were good, with two cardiovascular and weights areas, a single court sports hall, a classroom for training events and an outdoor all-weather pitch.
- 5.6 An enthusiastic staff group delivered the gym programme which aimed to meet the varied needs of the population, including sessions for the ISFL wing, B1 landing and prisoners aged over 50. Access was good and most prisoners could apply to go to the gym three times a week. The scheduled time for attending the gym was, however, during the core working day which was highly disruptive for attendance at education, training and work. Unemployed prisoners only had access to the gym at weekends, which was poor.
- 5.7 Data monitoring had only recently started and it was not possible to identify the proportion of prisoners who had been able to attend sessions.

- 5.8 A librarian and an officer supported by two peer workers ran the library service. The main library was only accessible to two of the wings and the other wings used two satellite libraries with a far smaller selection of books. This was mitigated a little by an effective ordering and delivery service.
- 5.9 Promotion of library services was poor, there were no displays on the wings and the induction programme did not include information about library services. None of the prisoners we spoke to who had recently completed induction could tell us how to obtain books or where the library was.
- 5.10 A revised reading strategy had been introduced but work to promote literacy across the prison was too limited. The main library had a good range of legal texts and books in other languages. Information on prison policies was freely available and there was a good selection of books in Welsh. Shelves in the library were labelled in Welsh with no English translation.

Education, skills and work activities



Arolygiaeth Ei Fawrhydi dros Addysg a Hyfforddiant yng Nghymru
His Majesty's Inspectorate for Education and Training in Wales

This part of the inspection is conducted by Estyn inspectors using Estyn's common inspection framework. This ensures that prisons are held accountable to the same standard of performance as further education colleges in the community.

Expected outcomes: All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.

- 5.11 Estyn made the following assessments about the learning and skills and work provision:
- Standards: Good
 - Well-being and attitudes to learning: Good
 - Teaching and learning experiences: Good
 - Care, support and guidance: Good
 - Leadership and management: Good

Standards

- 5.12 Many prisoners who engaged in education and training completed their courses. At the time of the inspection, 81% of activities had been successfully completed during the previous year. Learners with additional learning needs (ALN) made similar progress to the general population.
- 5.13 Many learners made good progress in education lessons and vocational training sessions. Most learners made appropriate progress in the development of their literacy skills. They took turns to contribute to group discussions. They listened respectfully to each other, showing patience with those who needed more time to form their sentences and encouraging the few who could not always express themselves clearly.
- 5.14 A majority of learners used subject-specific or technical terminology appropriately when discussing their work. From generally low starting points, most of those engaged in education or training made valuable progress in their writing. They wrote short answers using complete sentences, and a minority wrote extended responses to a good standard. However, a few learners simply copied sentences from teachers' presentations into their assessment workbooks.
- 5.15 In family and relationships sessions, many learners took the opportunity to reflect on their strengths and weaknesses, for example what it meant to be an active listener.
- 5.16 Many learners practised and developed worthwhile mathematical knowledge and skills as part of essential skills lessons. A minority applied these well within vocationally focused or other curriculum areas. For example, prisoners in art sessions learnt about the geometry of polygons and used this to help them draw abstract angular representations of animals. There was little use or development of many learners' IT skills across the provision.
- 5.17 Nearly all learners developed valuable practical skills in focused sessions such as art, construction and gardening. For example, they made bird boxes for a local school. A few demonstrated a particularly high level of skill in their work, for instance some prisoners' artwork had been displayed at prestigious national events.

Well-being and attitudes to learning

- 5.18 Many learners attended education, skills and work sessions. However, attendance had fallen since the last inspection. Although the majority of absences were authorised, if a learner had another appointment, such as a medical appointment or a social visit, they missed half a day of education, training or work which affected their progress.
- 5.19 Nearly all prisoners behaved well, many arrived ready to learn, engaged fully in activities and took pride in their work. A minority showed resilience when a task was challenging and persevered to

complete it. A few learners were particularly enthusiastic about and engrossed in their learning or training, but a few were passive during sessions.

- 5.20 Most learners demonstrated care and respect for their learning environments. They showed a sound understanding of basic health and safety requirements and followed them diligently, such as when using simple tools and electronic equipment and tidying up carefully afterwards.
- 5.21 Most learners worked effectively independently and with their peers in small groups or paired work. Many learners engaged positively with their peers, discussed issues with fellow learners and offered each other support and guidance. They showed mutual respect and sensitivity when talking about their barriers to success and disagreed respectfully. This was a notable strength of the sessions observed.
- 5.22 Learners valued their learning opportunities and articulated how the skills they had developed would support them in finding employment and re-engaging positively with their families on release. For example, learners discussed the challenges of alcohol and how this had affected their daily lives, as well as strategies they planned to use to avoid this in future.
- 5.23 A few learners took on positions of responsibility. For example, they supported others as peer mentors or provided targeted support in developing learners' literacy skills. They demonstrated patience, care and sensitivity and developed their independence, confidence and social skills successfully through their peer mentor roles.

Teaching and learning experiences

- 5.24 There was a clearly defined curriculum model for education and training and a range of meaningful work opportunities, including dedicated literacy and numeracy sessions, a wider educational offer and valuable vocational training. The offer considered prisoners' employability needs and local, regional and national work opportunities well. Many learning opportunities were delivered over short timescales with defined achievements that linked well with each other. This helped to motivate learners and facilitated the arrival and departure of prisoners after only short periods. However, the offer of in-person provision at levels 2 and 3 was limited.
- 5.25 Learners could attain desirable industry-recognised qualifications in areas such as roofing, scaffolding and rail track training. 'The Clink' cookery and hospitality facility provided valuable training for a few learners to achieve qualifications and ancillary support to help them reintegrate into the community. However, a few other vocational courses were unavailable during the inspection following the recent closure of two workshops because there were concerns about their structural integrity.

- 5.26 Dedicated literacy and numeracy lessons enabled learners to make valuable progress. The majority of teachers planned effectively to embed literacy and numeracy development into vocational sessions and subjects outside skills lessons. However, there was not enough provision to enable speakers or learners of Welsh to use and develop their Welsh language skills.
- 5.27 The education provision included activities that successfully supported learners' personal development and well-being needs. Art, family and relationships sessions and aspects of the dedicated sessions for neurodiverse prisoners provided some appropriate activities to support prisoners on release. This included support with budgeting, independent living skills and relationship management.
- 5.28 The curriculum for neurodiverse learners supported them effectively to develop their literacy and numeracy. However, the provision to develop their broader knowledge and skills and address barriers to their engagement was underdeveloped. The overall effectiveness of adaptations to the wider curriculum for these learners was too variable.
- 5.29 Distance and in-cell learning enabled a few prisoners to engage with learning, for example using laptops to access the virtual campus (prisoner access to online community education, training and employment opportunities) or higher-level remote provision, such as with the Open University or the Prisoners' Education Trust. However, a lack of appropriate IT infrastructure and devices for educational use restricted their access to suitable materials and limited opportunities to develop their information technology skills.
- 5.30 Most teachers and instructors maintained productive and welcoming atmospheres in sessions. Many teachers delivered valuable lessons using suitable learning resources and approaches, enabling learners to demonstrate their knowledge and track their progress towards qualifications. In a few sessions, teachers enhanced learning experiences effectively by using digital whiteboards or screens to integrate video and interactive activities. In education lessons, worthwhile plenary phases secured high engagement. However, in a few instances teaching approaches and resources did not always meet the range of prisoners' needs and abilities within teaching groups or expectations were too low. Printed work booklets lacked explanatory visuals and, in other cases, poor print quality made important details in explanatory diagrams difficult to see. In some cases, the provision was too based on booklets, or teachers did not build learning appropriately to make sure that all learners made consistent progress.
- 5.31 In many sessions, teachers and trainers monitored progress and provided helpful one-to-one guidance, support and encouragement. In a few instances, this was highly effective. Tutors and peer mentors skilfully encouraged learners to improve the standard of their work and their attitudes to employment outside prison. Many teachers used questioning effectively in education sessions to assess learner knowledge and ability to apply prior learning to new contexts. However, a few did not use verbal questioning well enough.

- 5.32 Peer mentors added significant value to the quality of teaching and support available to other prisoners. They worked one-to-one to help prisoners develop their understanding, as well as their practical and literacy skills.

Care, support and guidance

- 5.33 All new arrivals were offered the opportunity to complete a range of assessments to establish their literacy, numeracy and digital skills, as well as their specific vulnerabilities and additional learning needs (ALN). The waiting list for these was not excessive.
- 5.34 An initial interview with new prisoners helped them to choose the best course or employment options for their future goals. As a result, prisoners developed a sound understanding of the courses available at the prison and how this could support their future lives.
- 5.35 Information from assessments was shared with tutors to enable them to embed important information on how to support learners within their individual learning plans. In the best cases, tutors used this information to support the successful delivery of courses, for example by providing resources to make learning more accessible. However, the implementation of this across all sessions was too variable. For those prisoners who struggled to attend education sessions, outreach education was offered on the wings.
- 5.36 Staff provided helpful support and guidance on prisoners' next steps on release. Particularly during their last 12 weeks in prison, prisoners were given valuable extra support through the employment hub. Here, they practised driving theory tests, applied for jobs or completed relevant qualifications for future job opportunities. During the previous 12 months, the proportion of prisoners in employment six weeks after release had increased from 10% to 26%.
- 5.37 The prison used positive links with other providers, such as employers, Careers Wales, voluntary organisations and the Department for Work and Pensions, to prepare learners for release.
- 5.38 These organisations also offered practical support for learners. For example, they provided leavers with clothing and support to access transport on their release date. The prison supplemented the curriculum with events such as job fairs and mental health and well-being events. These events provided beneficial opportunities for vulnerable prisoners, such as care leavers, to develop important skills.
- 5.39 Learners benefited from courses which supported them to develop wider skills for life, such as learning how to make healthy choices and build healthy relationships.
- 5.40 Overall, staff responded positively to the few issues of behaviour that interrupted sessions. However, a few learners had been dismissed from education for their poor attendance, including those in the neurodiversity hub.

- 5.41 The newly established neurodiversity provision aimed to ensure that prisoners with ALN received support to succeed across all areas of prison life, for example, providing learners with reading pens and laptops. However, much of this work was newly established and it was too soon to evaluate its impact.

Leadership and management

- 5.42 The senior team responsible for education, skills and work activities demonstrated a clear strategic vision to offer a meaningful curriculum supported by effective teaching. They used a wide range of information about the learning and well-being characteristics of prisoners and the requirements of the labour market appropriately to design an offer which met many prisoners' educational, employability and personal development needs.
- 5.43 Leaders engaged well with a wide range of partners, including skilled tradespeople, employers and voluntary organisations, to enhance the curriculum and support prisoners on release. Recent challenges posed by the ageing buildings had restricted access to the full range of vocational training. However, leaders had demonstrated a commitment to offer a broad curriculum and prioritised those areas likely to have the most significant impact on successful employment on release.
- 5.44 These actions led to the development of a curriculum that matched many prisoners' needs, reflected the short nature of their sentences well and positively influenced their learning, well-being or employment prospects.
- 5.45 Leaders used a wide range of information to evaluate and inform their provision, including first-hand evidence from learners, data and teaching reviews. Overall, self-evaluation was candid and identified important areas for improvement. Reviews of teaching identified helpfully key features of teachers' practice and areas for development. However, these observations did not evaluate well enough the impact of teachers' practice on prisoners' learning progress. Not all teachers received appropriate feedback to improve the quality of their teaching practice. While leaders drew information from a wide range of data, including on the progress of groups of learners, too often data were used to demonstrate progress rather than analysed to inform self-evaluation, for example the precise reasons for non-attendance or the impact of behaviour sanctions. Leaders used the quality development plan effectively to monitor progress against improvement activities. However, there was a wide range of self-evaluation processes and in a few cases the link was not clear between them and the prioritisation of actions, including professional learning.
- 5.46 Senior leaders set high expectations of staff at all levels, contributing well to their understanding of the strategic vision for education, skills and work. However, changes in staffing, including frequent changes in middle leadership, meant that these leaders' understanding of their roles varied, for example in assuring the quality of provision. Oversight arrangements had also changed. Consequently, in a few instances

senior leaders were not always aware of recent developments or their impact on the quality of provision, including the appropriateness of recent changes to curriculum content.

- 5.47 Prisoners were allocated to activities promptly, though in a few cases they were not assigned to activities they had shown any interest in, and the allocation arrangements for a few education or training areas were not sufficiently equitable or clear.
- 5.48 A broad range of professional learning was available to teachers and trainers, identified through performance management arrangements or designed to support current development priorities. A few leaders engaged in national networks for professional development with a network of prisons. There were regular opportunities to share practice internally.
- 5.49 The prison-wide reading strategy was in an early stage of development and it was too soon to evaluate its impact.
- 5.50 A forum had been held to identify ways for the prison to celebrate Welsh culture, identity and heritage, but there were no formal opportunities for prisoners to practise their Welsh language with others.

Section 6 Rehabilitation and release planning

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 Excellent support was given to prisoners to help them maintain contact with their family and friends. Invisible Walls Wales (IWW), a Big Lottery funded project, was fully embedded on the site, providing a good range of family engagement work and frequent family days. They also supported prisoners who did not receive social visits which was an area often overlooked.
- 6.2 An extensive range of family days were organised and well attended, with 10 delivered in the last year. Feedback from prisoners and their families was positive. Family interventions such as a panda group (to support fathers with new-born babies) and Schoolzone (linking prisoners with their children's teachers at school) helped fathers to be involved in their children's learning and were excellent initiatives. The pat dog was an asset in visits and spending time with prisoners who were struggling to cope. The Storybook Dads project (prisoners recording stories to send to their children) was to restart shortly after this inspection.



PAT dog

- 6.3 Telephones were available to prisoners in their cells but, in our survey, 87% of prisoners said they were able to use a phone every day if they had credit compared with 94% in similar prisons. Secure video calls (see Glossary) remained underused with availability limited to school hours only which did not help prisoners with children.
- 6.4 Social visits took place every day and booking was reasonably straightforward. A new visitors' centre offering a more spacious and welcoming environment was scheduled to open a few weeks after our inspection.
- 6.5 The visits hall was a calm and bright space and the children's play area was particularly good. Peer workers helped to run the refreshment facilities and a good range of food and beverages was provided.



Visits hall



Children's play area

- 6.6 Prisoners not receiving social visits could take part in well-being days held in the visits hall. IWW staff facilitated the sessions which included a range of activities to engage prisoners who were potentially more isolated. Prisoners we spoke to were positive about these sessions.

Reducing reoffending

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

- 6.7 Almost half the population was on remand or unsentenced and a further 12% had been recalled to prison. This contributed to a substantial turnover or churn in the population with very short stays for many prisoners.
- 6.8 The offender management unit (OMU) was almost at full strength in terms of the prison offender manager (POM) group. The senior probation officer had been in post since July 2022 and had established regular supervision sessions with POMs which they found helpful in developing their skills. There were good systems for performance management such as fortnightly 'tasking meetings' to prioritise and oversee timely and effective completion of work.
- 6.9 POMs had manageable caseloads and there was little redeployment of POMs to operational duties on the wings. Those whom we met had a good level of knowledge about prisoners on their caseload and most prisoners described a positive experience of working with their POM. Most sentenced prisoners received regular contact, however, but very little key work was being delivered to support this (see paragraph 4.3).
- 6.10 At the POM's first meeting with a prisoner, they provided a list of in-cell work packs which could be ordered through the education department. These were provided by Remote Educational Services and included packs ranging from basic numeracy and literacy to employability work, financial management and drug and alcohol awareness. We saw good use of these materials by prisoners.
- 6.11 At the time of the inspection, OASys (offender assessment system) completion was up to date and the OMU was working hard to keep pace with this. The OASys that we reviewed were of a good quality supported by clear sentence plans. Many prisoners benefited from a meeting with their POM and community offender manager (COM) ahead of their release date to make plans and discuss the management of risks.
- 6.12 The early release of prisoners under an HMPPS scheme was managed well and there had been 102 releases since October 2023. Weekly oversight to screen consistently for suitability was robust.
- 6.13 Home detention curfew (HDC) processes were managed well but almost a third of those judged to be suitable were released after their earliest eligibility date because of a lack of suitable accommodation in the community. Foreign national prisoners were not considered for release on HDC or a move to open prisons if the Home Office had failed to confirm their immigration status. This was unfair.

- 6.14 Very few indeterminate sentenced or category D prisoners were held at Cardiff and most were transferred swiftly to appropriate prisons, which was positive.
- 6.15 The reducing reoffending policy was up to date and relevant, but data analysis was limited which made it difficult for leaders to identify progress or improvements that were needed. There were no data to demonstrate sustainable housing outcomes on release.

Public protection

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

- 6.16 MAPPA (multi-agency public protection arrangements) management levels were confirmed six months before release but they were not always recorded on the alerts page in NOMIS (Prison Service records). The monthly pre-release meeting was well attended including by COMs. This enabled good risk management planning and oversight of high- and very high-risk MAPPA prisoners approaching release. However, other cases were not reviewed formally at the pre-release meetings, which was an omission.
- 6.17 At the time of our inspection, 13 prisoners were subject to communication monitoring. Risk assessment and reviews to apply and remove monitoring were robust and there were no backlogs of monitoring. However, staff undertaking monitoring had too little training to spot the full range of potential risks.

Interventions and support

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

- 6.18 As a reception and resettlement prison, accredited offending behaviour programmes were not available. However, the offending behaviour needs of the population had not been analysed and, despite a high number of domestic violence perpetrators, there was no structured offence focused work for these prisoners. There was also too little support to help prisoners address their own experiences of previous trauma or abuse.
- 6.19 There were plans to deliver the 'Choices and Changes' programme to support young adults, which was good. However, POMs delivered far too little offence focused work to help other prisoners to change their attitudes, thinking and behaviour and reduce the likelihood of reoffending. Leaders had plans to improve this.
- 6.20 A pre-release course delivered from the employment hub was available three months before release and included many useful elements to find

employment on release. It was well attended and those we spoke to had found it useful.

- 6.21 During the previous year, 43% of prisoners released were homeless or only had a very temporary place to go to. Outcomes beyond the first night of release were not known.

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.

- 6.22 An average of 125 prisoners were released each month and there was a high demand for resettlement support. A team of probation service officers drew up resettlement plans for each prisoner and those that we reviewed were of a good quality. Support with securing accommodation on release was provided by the Forward Trust (empowers people to break the cycle of crime and build a productive future). Prisoners could also open a bank account, set up appointments with the Department for Work and Pensions for the day of their release and get support from the employment hub to find work. Prisoners engaging with Dyfodol for substance use problems were given appointments in the community to help with the continuity of their care after release.
- 6.23 The model for the delivery of resettlement services was poorly coordinated and the pre-release team based at the prison was not integrated with the OMU. Referrals to the Forward Trust for help with accommodation on release had to be sent to the community probation officer for approval before the team at the prison could provide help. In many cases work to address resettlement problems was started far too near the release date to be fully effective.
- 6.24 Support on the day of release was limited. Prisoners were not able to get their mobile phone charged and there was no centre outside the prison for prisoners to seek practical help and support. A small but well-stocked store at the prison provided prisoners with second-hand clothes and shoes if they needed them. Prisoners were given a bag if they needed one to carry their personal property.
- 6.25 There was very little through-the-gate support.

Section 7 Progress on recommendations from the last full inspection report

Recommendations from the last full inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection in 2019, outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendation

The prison should analyse its data and the outcome of its interviews with prisoners who had self-harmed to identify the underlying causes. It should develop a strategy with time-bound action to address these causes.

Achieved

Recommendations

The prison should investigate the rise in the use of force and implement any required action.

Achieved

A body scanner should be installed and used to reduce the supply of drugs in the prison.

Achieved

Support for prisoners at risk of self-harm should be improved through effective use of ACCT procedures and more staff training.

Achieved

Prisoners should be able to speak in confidence to a Listener at any time and all prisoners should have access to a Samaritans phone.

Achieved

The prison should ensure that all prisoners on B1 unit are safeguarded by carrying out effective risk assessments and implementing any required action.

Achieved

Prisoners who are segregated should have access to a decent regime that includes visiting the gym and participating in activities.

Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection in 2019, outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

The negative survey responses from prisoners with a disability and prisoners with mental health problems should be examined closely to establish if services need to be changed. Any required changes should be implemented.

Not achieved

Mental health services should assess prisoners' needs promptly and provide timely support through an appropriate range of therapeutic interventions.

Partially achieved

Patients undergoing detoxification from alcohol, and/or who are stabilising on methadone should receive appropriate care that includes prompt access to timely assessment, clinical support and treatment, monitoring and ongoing assistance through regular reviews.

Achieved

Recommendations

The prison should ensure that all complaints are answered within the required timescales.

Not achieved

The discrimination incident reporting form (DIRF) process should provide prisoners with a reliable way to raise issues of concern and DIRFs should be dealt with promptly and scrutinised independently.

Achieved

Patients with long-term conditions, or complex care needs, should receive appropriate joined-up care and support that is subject to regular review.

Not achieved

The range of psychosocial interventions should be expanded to include consistently delivered group work modules, mutual aid and peer support to meet the needs of the population.

Achieved

The pharmacy team should receive support to oversee medicines management and provide more patient-facing services, such as pharmacy-led clinics, medicine use reviews and counselling sessions.

Achieved

Medicines should be administered at times that ensure maximum clinical efficacy instead of being supplied as daily in-possession medicines to conform with the prison regime.

Not achieved

Robust security measures should be put in place for transporting medicines around the prison and all medication should be stored securely until it is supplied to patients.

Achieved

Purposeful activity

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

At the last inspection in 2019, outcomes for prisoners were good against this healthy prison test.

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, outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

A needs analysis should be completed to identify what interventions are required to meet the needs of all prisoners at Cardiff. Any identified interventions should be put in place.

Not achieved

HMPPS should work with the Welsh Government to ensure that accommodation is available for prisoners being released from custody.

Not achieved

Recommendation

The inter-departmental risk management team should review all high and very high risk of harm prisoners before their release to ensure appropriate action is implemented and restrictions are in place.

Not 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 recommendations from the previous inspection.

Inspections of prisons in Wales are conducted jointly with Estyn and Healthcare Inspectorate Wales. 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.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/>). Section 7 lists the recommendations from the previous full

inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

Findings from the survey of 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	Deputy Chief inspector
Sandra Fieldhouse	Team leader
Esra Sari	Inspector
Angela Johnson	Inspector
Paul Rowlands	Inspector
Fiona Shearlaw	Inspector
David Foot	Inspector
Martyn Griffiths	Inspector
Alexander Scragg	Researcher
Jasjeet Sohal	Researcher
Joe Simmonds	Researcher
Samantha Moses	Researcher
Tania Osborne	Lead health and social care inspector
Paul Tarbuck	Health and social care inspector
Mamta Arnott	Estyn inspector
Sion Peters-Flynn	Estyn inspector
Rachel Hackling	Estyn inspector
John Powell	Healthcare Inspectorate Wales inspector
Lindsey Woodford	General Pharmaceutical Council 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/>

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.

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.

Healthcare Inspectorate Wales

The independent inspectorate and regulator of health care in Wales. It inspects NHS services and regulates independent health care providers against a range of standards, policies, guidance and regulations to highlight areas requiring improvement.

Incentivised substance free living (ISFL)

A wing for those wishing to remain drug free. Often requires regular drug testing and offers additional advantages to motivate sustained recovery.

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.

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).

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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3rd floor
10 South Colonnade
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London
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England

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