

Report on an unannounced inspection of

HMP Holme House

by HM Chief Inspector of Prisons

24–25 February; 2–6 March 2020

This inspection was carried out with assistance from colleagues at the General Pharmaceutical Council and in partnership with the following bodies:



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This publication is available for download at: <http://www.justiceinspectorates.gov.uk/hmiprisons/>

Printed and published by:
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Glossary of terms

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

Care Quality Commission

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

Certified normal accommodation 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 plans (CSIPs)

Challenge, support and intervention plans (CSIPs) are 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. Some prisons also use the CSIP framework to support victims of violence.

Nepacs

Nepacs is a charity based in the north east of England which aims to promote a positive future for prisoners, people subject to probation services and their relatives by supporting family ties at every stage of the criminal justice system, from the point of arrest, at court, throughout a prison sentence and on release. Nepacs currently provides services in north east Crown Courts and Teesside Magistrates Court, in all seven north east prisons (providing a wide range of family and significant other services) and with both CRCs in the area and in the community.

Offender management in custody (OMiC)

Offender Management in Custody (OMiC) was implemented in two separate but interconnected and complementary phases. Phase 1, key work, introduced the delivery of key work by Prison Officers in 2017. The second phase, case management, was implemented on 1 October 2019 across the male closed estate (public and private sector). This introduces the new role of Prison Offender Manager.

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).

Introduction

HMP Holme House, located in Stockton, is a relatively modern facility built in the early 1990s, with space for 1,210 adult men. Originally a category B local prison, the establishment had transitioned to becoming a category C training prison at the time of our previous inspection in 2017. As part of that process Holme House was forming close links to the reception prison (HMP Durham) and the nearby open prison (HMP Kirklevington Grange).

This report refers to an inspection that took place in late February and early March 2020, just prior to the full onset of the COVID-19 crisis with all its attendant implications for the prison system and individual establishments like Holme House. As such the impact of the crisis and what this has meant for the prison are not addressed in this report, although our judgements about outcomes in the prison, as it was then, were concerning. Against all four of our tests of a healthy prison, we found outcomes for prisoners that were not sufficiently good, a situation no better than that which we found in 2017. Overall it was clear to us that the prison was falling well short of achieving its purpose as a training prison for category C prisoners.

The prison was still not safe enough. Arrangements to receive and induct new prisoners were inadequate, and while overall levels of violence were consistent with similar prisons, much more could have been done to improve the safety and well-being of prisoners and reduce violence still further. More attention was also needed to ensure that the use of force was always fully accounted for, while both the regime and relationships between staff and prisoners in the segregation unit required improvement. The management of security was, however, more encouraging, although the application of some elements lacked the proportionality commensurate with the establishment's training prison status. Significant investment and a coordinated strategy had, however, delivered some very impressive reductions in the availability of illicit substances, something that had been almost out of control in 2017. Tragically, since we last inspected there had been three self-inflicted deaths and instances of self-harm had increased. The prison's response to this priority could best be described as inconsistent.

Holme House had embedded a reasonably effective keyworker scheme, but at the heart of many of the prison's problems were poor staff-prisoner relationships which were due partly to staff indifference. There was a clear need for a more proactive culture among staff, one that was more supportive of a constructive, rehabilitative ethos. Along with this, the general environment, levels of overcrowding and the quality of accommodation, as well as other factors associated with the quality of daily living such as the food and arrangements to support legitimate redress among prisoners, required improvement. The promotion of equality, by way of contrast, was getting better, and outcomes in health were good. The high-profile drug recovery prison (DRP) project had delivered encouraging results, and the substance misuse therapeutic community was a well-managed national resource.

Time out of cell and the general level of prisoner engagement with education and work did not reflect what is normally expected of a training prison. We found, for example, a third of prisoners locked up during the working day, while attendance and punctuality with respect to activity was, as we describe in the report, sporadic and inconsistent. The curriculum failed to fully meet the needs of prisoners and allocation arrangements to ensure the right people were in the correct class or workshop were not good enough. Our colleagues from Ofsted judged the overall effectiveness of education, skills and work as 'requires improvement', their second lowest grade.

The prison retained a well-resourced offender management unit which was now better integrated with its resettlement work. The completion of risk management casework (OASys) was more up to date than it had been in 2017, although direct contact between offender managers and prisoners was disappointing. Public protection measures were satisfactory and prisoners had good access to a range of offending behaviour interventions, although referrals needed to be more prompt. Release planning was reasonably good.

It is too soon to say how Holme House will emerge from the COVID-19 crisis and judge the longer-term impact this experience will have on the prison. Doubtless there will be new, and perhaps unforeseen, challenges to contend with going forward. That said, our criticisms relate to the prevailing culture we found when we inspected. The prison seemed to us to be reasonably well resourced and equipped, and its purpose seemed clearly defined. The key to Holme House's success will be ensuring that staff are encouraged to engage constructively and consistently with prisoners, that staff expectations of prisoners are greater and that standards generally are raised.

Peter Clarke CVO OBE QPM

HM Chief Inspector of Prisons

April 2020

Fact page

Task of the establishment

HMP Holme House is a category C training and resettlement prison for male prisoners.

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

Prisoners held at the time of inspection: 1,183

Baseline certified normal capacity: 1,036

In-use certified normal capacity: 1,036

Operational capacity: 1,210

Notable features from this inspection

The prison will benefit from approximately £9 million over three years as part of the Drug Recovery Prison project.

Holme House is one of only two substance misuse therapeutic communities in England and Wales.

Most arrivals at the prison transferred from HMP Durham.

Over 80% of new arrivals said that they had had a problem when they arrived at the prison.

Over a third of prisoners were housed in overcrowded conditions.

Prison status (public or private) and key providers

Public

Physical health provider: Spectrum for GP and pharmacy services; G4S for nursing and clinical drug and alcohol team (DART); Burgess and Hyder Dental Group for dental services

Mental health provider: Tees, Esk and Wear Valley Mental Health Trust

Substance misuse treatment provider: G4S for clinical DART; Change, Grow, Live for psychosocial DART

Prison education framework provider: Novus

Community rehabilitation company (CRC): Durham Tees Valley

Escort contractor: GEOAmey

Prison group

North East Region, part of Tees and Wear Prisons Group

Brief history

The prison opened in May 1992. It expanded in the late 1990s with the building of two further house blocks, providing 235 additional places. Two new workshops opened in 1997 and an additional house block, with 224 places, opened in 2010, along with two further regimes buildings, providing activity places for around 200 prisoners. In June 2016, it was announced that HMP Holme House would be one of six reform prisons. In 2017, it transitioned from a purpose-built category B prison to its current role. It now forms part of the Tees and Wear Prisons Group, alongside HMP Kirklevington Grange, HMYOI Deerbolt and HMP Durham.

Short description of residential units**Name of each wing/unit/house block**

House block 1A and B wing
 House block 1 C wing
 House block 2
 House block 3
 House block 4
 House block 5
 House block 6 A wing
 House block 6 B wing
 House block 7
 Health care unit
 Segregation unit

Function of wing/unit/house block

Sentenced prisoners
 'Own protection' unit
 Sentenced prisoners
 Sentenced prisoners
 Sentenced prisoners
 Sentenced prisoners
 Therapeutic community
 Sentenced prisoners
 Unit for those convicted of a sexual offence

Name of governor and date in post

Chris Dyer (May 2016)

Independent Monitoring Board chair

Brenda Kirby

Date of last inspection

3–4, 10–13 July 2017

About this inspection and report

- A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.
- A2 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.
- A3 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. 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.

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 into the community.

- A4 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 Her Majesty's 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.

A5 Our assessments might result in one of the following:

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

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

Examples of good practice: impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.

A6 Five key sources of evidence are used by inspectors: observation; prisoner 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.

A7 Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.

A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

A9 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons (Version 5, 2017)* (available on our website at: <https://www.justiceinspectorates.gov.uk/hmiprisoners/our-expectations/prison-expectations/>). The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.

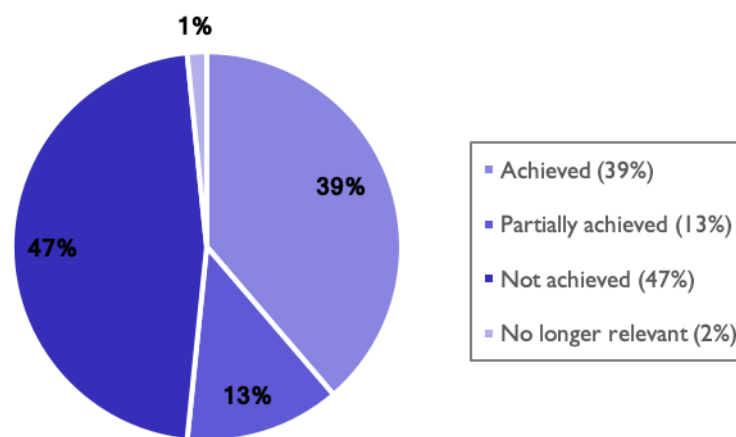
A10 Details of the inspection team and the prison population profile can be found in the appendices.

A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in the final appendix of this report. 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.

Summary

- S1 We last inspected HMP Holme House in 2017 and made 62 recommendations overall. The prison fully accepted 43 of the recommendations and partially (or subject to resources) accepted 13. It rejected six of the recommendations.
- S2 At this follow up inspection we found that the prison had achieved 24 of those recommendations, partially achieved eight recommendations and not achieved 29 recommendations. One recommendation was no longer relevant.

Figure 1: HMP Holme House progress on recommendations from the last inspection (n=62)



- S3 Since our last inspection of HMP Holme House outcomes for prisoners stayed the same in three healthy prison areas, with safety, respect, and rehabilitation and release planning remaining not sufficiently good. Outcomes for purposeful activity declined from reasonably good to not sufficiently good.

Figure 2: HMP Holme House healthy prison outcomes 2017 and 2020



Safety

- S4** Work to support prisoners in their early days was poor. More than one in five prisoners reported feeling unsafe. Overall levels of violence were similar to comparator prisons and the strategy to reduce violence needed to be more robust. Not enough was done to motivate good behaviour. The use of force was not proportionate in all the cases we reviewed. The regime and behaviour of some staff in the segregation unit were concerning. Intelligence was managed well and an effective use of technology disrupted the supply of illicit items. Positive drug testing rates had dropped significantly. However, some procedural security measures were disproportionate for a category C prison. There had been three self-inflicted deaths since the last inspection. Self-harm had increased significantly and the quality of support for prisoners struggling to cope was too variable. **Outcomes for prisoners were not sufficiently good against this healthy prison test.**
- S5** At the last inspection in 2017 we found that outcomes for prisoners in HMP Holme House were not sufficiently good against this healthy prison test. We made 17 recommendations in the area of safety (this included recommendations about substance use treatment, which in our updated Expectations (Version 5, 2017) now appear under the healthy prison area of respect). At this inspection we found that three of the recommendations had been achieved, four had been partially achieved, and 10 had not been achieved.
- S6** In our survey, only 16% of prisoners said they received information about the prison before they arrived. Journeys to the prison were short although many had spent long periods in holding rooms at their sending prison and were then held for a long time in reception at Holme House. The prison made excellent use of a body scanner to detect illicit items but all prisoners were also routinely strip searched without risk assessment. The reception area was not used well to provide information and promote purposeful activity in the prison, and there was little to occupy prisoners during long waits in holding rooms. Initial risk interviews were not conducted in private, which inhibited the disclosure of sensitive information, and health screening took place in a room with the door open, which affected confidentiality. There was no dedicated induction unit or additional safety checks on new prisoners. Prisoners did not have a meaningful induction, and they received little dedicated support in their vulnerable early days.
- S7** More than one in five prisoners in our survey reported feeling unsafe, which was similar to other category C prisons. Overall rates of violence were also similar to comparator prisons and there had been a sharp increase in assaults against staff. The use of challenge, support and intervention plans (CSIPs) (see Glossary of terms) to manage the most serious perpetrators of violence was not yet embedded. Investigations into violent incidents and intervention plans for perpetrators were poor, and there was no formal support for victims. The small number of prisoners who self-isolated were poorly managed and did not have an adequate regime. The structure of the monthly safety meetings was confusing and they were not used effectively to analyse the findings generated from investigations or to inform a safety strategy. The prison also lacked an adequate strategy to motivate good behaviour. A monthly standardisation meeting reviewed the use of adjudications to punish bad behaviour but analysis of data was inadequate and very few actions were identified to address weaknesses in the process.
- S8** Recorded use of force was lower than in comparable prisons, although there was some evidence of under-recording. There were also weaknesses in the governance of the use of force; too much documentation was outstanding and body-worn cameras were often not switched on. Most of the cases we reviewed provided adequate justification for the use of force, although in two cases staff displayed inappropriate behaviours during incidents, which

we referred to the deputy governor. Recorded use of special accommodation was low. Documentation of the use of special accommodation did not always provide sufficient justification for its use and prisoners were not always observed as required.

- S9 In our survey, only 19% of prisoners who had been in segregation said that they had been treated well by staff, which was significantly lower than in similar prisons. While inspectors were on the segregation unit a member of staff used extremely derogatory language about a prisoner, and we were told about staff deliberately goading segregated prisoners. The use of segregation had reduced since the last inspection but the regime remained very limited. Formal reviews of segregated prisoners were not individualised to further their move out of segregation, although we did find some good examples of reintegration planning.
- S10 Security intelligence was well managed and analysed swiftly by a regional intelligence team. The prison had benefited from significant investment to support the drug recovery prison (DRP) project and made effective use of technology to disrupt the supply of illicit items. This had contributed to a reduction in positive drug test findings from over 30% in 2017 to below 5% at the time of inspection. Some general security procedures did not support the delivery of a rehabilitative culture necessary in a category C prison.
- S11 There had been three self-inflicted deaths since the last inspection. Although the prison had addressed most recommendations made by the Prisons and Probation Ombudsman (PPO) following its investigations, its response to early learning reviews was inadequate. Incidents of self-harm had doubled since the last inspection, although they were similar to other category C prisons. The quality of assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm varied widely. Reviews were not always multidisciplinary, care maps were often incomplete and there was inconsistency of case managers. Several prisoners who had been subject to ACCT expressed mixed views on the quality of staff care and support they received. The arrangements to provide constant supervision for some prisoners who required this were unsafe. The safeguarding strategy and procedures were good, but in reality, too many staff were unfamiliar with them, increasing the risk that needs were unmet. We found young adults sharing cells with much older prisoners without an appropriate risk assessment. The support given to prolific self-harmers transferring into Holme House was good practice.

Respect

- S12 Relationships between staff and prisoners were too variable, and the attitudes and behaviours of some staff undermined plans to develop a rehabilitative culture. Too many cells were poorly equipped, and showers required refurbishment. Prisoners were negative about the food. The application process worked reasonably well but there were weaknesses in the complaints system. Prisoner consultation had insufficient profile and momentum to be effective. Work to support prisoners with protected characteristics evidenced some improvement, but there was insufficient investigation of discrimination complaints. Faith provision and pastoral support were good. Health services were reasonably good, and the comprehensive drug recovery strategy had promising treatment outcomes. **Outcomes for prisoners were not sufficiently good against this healthy prison test.**
- S13 At the last inspection in 2017 we found that outcomes for prisoners in HMP Holme House were not sufficiently good against this healthy prison test. We made 23 recommendations in the area of respect. At this inspection we found that 10 of the recommendations had been achieved, three had been partially achieved, and 10 had not been achieved.

- S14 We met and were told about some very good staff at Holme House. However, too many operational staff were dismissive and condescending towards prisoners, demonstrating a lack of care and compassion. Interactions between prisoners and staff on house blocks were mostly functional but elsewhere, notably on the therapeutic community and in education and health care, relationships were positive. Some prisoners told us about staff who were disinterested, unhelpful and even spiteful. Supervision of prisoners during association remained distant, and we saw low-level rule-breaking left unchallenged. More positively, all prisoners now had a key worker (a staff member with dedicated time to provide support and guidance), and in our survey 67% of prisoners said they found them helpful. Some entries by key workers in prisoners' electronic files were good, but too many were brief and lacked detail.
- S15 External areas were well presented and communal areas were clean. Single cells were reasonably spacious and some had a separate screened toilet area. Most toilets were now clean and had lids and seats. Some prisoners kept their cells clean and tidy but too many had been allowed to display inappropriate pictures on their walls. Many cells were cramped and some remained poorly equipped with insufficient and broken furniture, no proper curtains and poor mattresses. Toilets in double cells were not screened. Prisoners could shower every day but on the older house blocks (which held the majority of prisoners) only five of the 36 shower blocks were in good condition. The remainder had no privacy screening, were grubby and required refurbishment. Elsewhere, showers were suitably private and mostly well-maintained. All wings now had laundry facilities but many prisoners complained about a lack of clothing, including basics such as socks.
- S16 In our survey, and in our conversations with prisoners, many complained about the food. The evening meal was reasonable, but lunchtime options were often unappetising. There had been no meaningful consultation with prisoners about the food between July 2019 and February 2020 and some very recent changes were not popular. There were no opportunities to dine out of cell and no facilities for self-catering. Prisoners were generally positive about the prison shop, but many were frustrated with the catalogue ordering system, which was sometimes slow.
- S17 Prisoners could make applications through a kiosk system, which generally worked well. Responses to most complaints were reasonable but some potentially serious complaints about staff failed to demonstrate sufficient enquiry. Quality assurance arrangements for the complaints system were inadequate. In our survey only 51% of prisoners were aware of consultation processes and only 29% of these said that consultation led to changes. The democratic council had insufficient profile and momentum to be fully effective as a vehicle for constant improvement.
- S18 The equality strategy did not provide effective guidance on managing prisoners with protected characteristics, and there was no overarching action plan to record and track equality work. Oversight was through the monthly safer prisons meeting but it was not given sufficient priority in this forum. There was improved analysis of data by senior managers and some evidence of work to address identified disproportionality. The identification and support for some prisoners with protected characteristics had also improved, as had the approach to consultation. We found many examples of improved outcomes; for example, the prison had organised a private visits day for LGBT prisoners and delivered a specific training package for young adults. However, prisoners from black and minority ethnic backgrounds were very negative about the time it took for their basic needs to be met. Retired and medically retired prisoners were often locked up during the core day. Support for foreign national prisoners was also weak. Discrimination complaint forms were not readily available on house blocks, and investigations into complaints lacked rigour and some were not completed. The system also lacked independent scrutiny. Faith provision and pastoral support from the chaplaincy were reasonably good.

- S19 Partnership working and local improvement board arrangements were generally effective in the development of health services. However, prisoner's perceptions of health care were extremely negative, and consultation and prisoner involvement were too underdeveloped to understand and address some legitimate concerns. There was an appropriate range of primary care clinics, and patients with long-term conditions and complex needs were well managed. Delivery of care across the prison was well coordinated by senior nurses. The inpatient facility was well managed, but there was limited provision of therapeutic regime activities. Social care arrangements were well developed, although prisoner carers had received minimal training and there were no arrangements for their supervision. Mental health services were good and delivered responsive, evidence-based treatments. Prisoners assessed as requiring secure mental health inpatient treatment waited far too long for transfer. A comprehensive recovery strategy had been developed, and enhanced service provision through the Drug Recovery Prison project showed promising treatment outcomes. The clinical care was good and treatment was flexible. However, the recovery ethos was not yet fully embedded into the wider prison culture and officer engagement was variable. Throughcare support for prisoners on the drug recovery programme was an example of good practice. Medicines management arrangements were generally safe, although officer supervision at administration points was inconsistent which created risks. The prison's management of clinical waste was unsafe.

Purposeful activity

- S20 Time out of cell was insufficient for a category C prison. Library and gym facilities were good but there were problems with access. The education, skills and work curriculum did not fully meet prisoners' needs, and the allocation process required improvement. The prison had enough full-time activity places but they were not used effectively. There were some good commercial workshops. Achievement rates were generally high but those in English and mathematics required improvement. Behaviour in education and workshops was good. Overall attendance was too sporadic, and punctuality was not consistently good. Too many prisoners allocated to wing work were not purposefully occupied. Useful enrichment activities were not well promoted. **Outcomes for prisoners were not sufficiently good against this healthy prison test.**
- S21 At the last inspection in 2017 we found that outcomes for prisoners in HMP Holme House were reasonably good against this healthy prison test. We made 11 recommendations in the area of purposeful activity. At this inspection we found that six of the recommendations had been achieved, one had been partially achieved, and four had not been achieved.
- S22 Time out of cell was insufficient for a category C prison. During our roll checks, over a third of prisoners were locked in their cell during the core day. Poor management of the core day timings further reduced time out of cell. Unemployed prisoners, those on the basic regime and retired prisoners had very limited time unlocked, and were bored and frustrated. More encouragingly, association periods were offered daily and were rarely cancelled.
- S23 The library was well stocked, and delivered a good range of literacy initiatives. However, the timetable did not allow for adequate prisoner access and attendance was not sufficiently monitored to enable targeted promotion of library services. Gym facilities were good and the PE staff supported a range of health and well-being activity. These included Football Association coaching level 1 and a mental well-being programme run in conjunction with the mental health team. However, as with the library provision, prisoners complained about access to the gym and attendance was not adequately monitored.

- S24 Leaders and managers had not established a curriculum that met fully all prisoners' needs. A comprehensive English and mathematics strategy had yet to be implemented, and few qualifications valued by employers were available in the workshops and work. There were delays in prisoner allocation to activities, and sentence plans were not used effectively in the allocation process. The prison had sufficient full-time activity places for the population but they were not used effectively. Pay rates for prisoners did not provide an incentive to attend education and training sessions, with some low-level jobs paid more than education sessions. Senior managers had a good awareness of the provision's strengths and weakness, having closely scrutinised a good breadth of data to monitor it. Consequently, the provision was improving but the pace was not rapid enough. Subcontractor performance management was good, and senior managers had engaged effectively with employers to establish commercial workshops.
- S25 Education sessions were generally well planned and were suitable for prisoners' length of stay. Education groups were small and teachers skilfully accommodated prisoners' different abilities and levels. Individual coaching in workshops and vocational training was also good. Prisoners' learning difficulties and disabilities were well identified and supported in education. Achievement rates were generally high but those in English and mathematics required improvement. There was a failure to recognise and record the good skills and knowledge many prisoners gained, particularly in the workshops. Assembly and wing work were not sufficiently challenging.
- S26 Prisoners' good behaviour and conduct contributed significantly to a calm and productive learning environment. In education and most workshops, prisoners worked diligently and were on task. Prisoners who attended the careers centre developed a more informed and realistic awareness of how to achieve their career goals. However, prisoners' overall attendance was too often sporadic, and punctuality was not consistently good. Too many prisoners arrived late for sessions, which often ended early.
- S27 Prisoners in learning and skills showed respect to each other, staff and visitors. Prisoners used the virtual campus (internet access to community education, training and employment) well to support their release. Workshops and work areas did not help all prisoners to broaden their talents, interests and self-worth sufficiently. Useful enrichment activities were offered but too few prisoners knew how to access them.

Rehabilitation and release planning

- S28 Children and families work was good with the exception of visits, which regularly started late. There was better integration of risk management and resettlement work across departments and the backlog of outstanding OASys (offender assessment system) assessments had reduced significantly. Contact between prison offender managers and prisoners was very poor. Recategorisation decisions were prompt but there were delays moving prisoners to category D prisons. Too many prisoners were released after their home detention curfew (HDC) eligibility date. Public protection arrangements were generally sound. The prison delivered a range of accredited programmes but there were some issues with prompt allocation, which had an impact on prisoner progression. Release planning was good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.**
- S29 At the last inspection in 2017 we found that outcomes for prisoners in HMP Holme House were not sufficiently good against this healthy prison test. We made 11 recommendations in the area of resettlement. (This included recommendations about reintegration planning for

drugs and alcohol and reintegration issues for education, skills and work, which in our updated *Expectations* (Version 5, 2017) now appear under the healthy prison areas of respect and purposeful activity respectively.) At this inspection we found that five of the recommendations had been achieved, five had not been achieved and one was no longer relevant.

- S30 Work to help prisoners maintain family ties was reasonably good, including the provision of much-appreciated in-cell telephones. Family workers provided good support to prisoners, and there were regular family days, including a 'new dads' visit, which were greatly valued. Some families had been involved in casework meetings and invited to celebration events. However, visits regularly started late, and there was no support for prisoners who did not receive visits.
- S31 Resettlement work was informed by a basic needs analysis and managed through a quarterly meeting. We found examples of good integration between departments delivering risk management and resettlement work. The prison had significantly reduced the backlog of incomplete OASys reports and most prisoners now had an initial assessment. However, there remained some weaknesses in the resettlement strategy that the prison had yet to address.
- S32 The offender management unit (OMU) was well resourced and prison offender managers were no longer cross-deployed. Despite this, levels of contact with prisoners were poor, and often not recorded. This was mitigated in part by regular support from key workers, some of which focused on progression and resettlement. The quality of OASys was reasonable but reviews did not always take place regularly or following significant events. Recategorisation decisions were made promptly, but there were long delays transferring some prisoners to open conditions. HDC processes commenced on time but almost 40% of prisoners had been released after their eligibility date in the previous six months. The prison had not made use of release on temporary licence (ROTL) to support resettlement.
- S33 The inter-departmental risk management (IDRM) meeting focused on prisoners who posed the greatest risk of harm and were nearing release, but records of the meeting required improvement to be useful for information sharing. Communication between prison and community offender managers regarding prisoners' risk level was appropriate. Telephone and mail monitoring and child contact arrangements were proportionate and effective.
- S34 The prison had very recently introduced a forum to support life sentenced prisoners and those on indeterminate sentence for public protection (IPP), but there was no dedicated unit or facilities to develop independent living skills for this group.
- S35 The prison delivered a range of accredited programmes. Current waiting lists were not excessive but referrals were sometimes made too late, which impacted on the prisoner's ability to progress. A small number of prisoners not suitable for programmes had received bespoke psychological interventions, and the therapeutic community was used well to support prisoners as part of the recovery strategy.
- S36 Release planning was good, with a range of services in the prison to address outstanding resettlement needs. A small number of prisoners being released to the local area under the management of the community rehabilitation company (CRC) were provided with additional support through the visitors' centre, including through mentors if requested. Nepacs staff offered toiletry and drinks packs, clothing and useful information to prisoners being released, including where to access free food.

Key concerns and recommendations

- S37 Key concern: In our survey, 82% of prisoners reported having problems when they arrived at Holme House. Despite this, reception interviews were held at an open desk within earshot of other staff and prisoners, which reduced the likelihood of new arrivals disclosing important confidential information. There was no dedicated first night unit and no additional first night safety checks on new arrivals.

Recommendation: Safeguards should be in place to ensure that all prisoners arriving at Holme House are kept safe during their early days, including risk assessments that are conducted in private and enhanced safety checks overnight.
(To the governor)

- S38 Key concern: There was no formal induction programme. The induction booklet contained some useful information but relied on the prisoner being able to read all the information and understand it. Prisoners were left feeling vulnerable and not knowing what would happen in their early days.

Recommendation: Prisoners should be provided with an effective comprehensive induction to ensure that they have sufficient knowledge to access services and regime activities at the prison.
(To the governor)

- S39 Key concern: Violence towards staff had increased significantly. The prison lacked an effective strategic response to violence. Poorly attended safer custody meetings lacked structure and did not analyse information effectively or identify actions to improve safety. The management of the perpetrators of violence and support for victims were weak, too many investigations into incidents were incomplete or lacked detail, and there was no embedded violence reduction action plan.

Recommendation: The prison should develop a comprehensive violence reduction action plan, which is overseen and regularly reviewed by safety managers to ensure it is effective. (To the governor)

- S40 Key concern: The governance of use of force lacked rigour. Not all the incidents that we observed were justified, and the behaviour of some staff during restraint was inappropriate.

Recommendation: Force should be used as a last resort and justified on all occasions. Governance arrangements should ensure that all staff behave appropriately and professionally during incidents, and use de-escalation techniques throughout.
(To the governor)

- S41 Key concern: Care plans and regimes in the segregation unit were not tailored to meet individual need. Our survey and observations highlighted some poor treatment and we were not assured that prisoners would be kept safe while segregated.

Recommendation: Segregated prisoners should be kept safe with intervention and care appropriate to their individual circumstances and needs.
(To the governor)

- S42 Key concern: Some prisoners on assessment, care in custody and teamwork (ACCT) case management were negative about the care they received, and the quality of ACCT documentation was too variable.

Recommendation: Prisoners at risk of self-harm or suicide should receive effective, well-documented care.

(To the governor)

- S43 Key concern: Discrimination complaint forms were not readily available on house blocks, investigations into complaints lacked rigour and sometimes did not address the concern raised. Prisoners often did not receive a response. There was no clear process or oversight to ensure these complaints were dealt with, including those submitted via the prison's standard complaint procedure.

Recommendation: The discrimination complaints procedure should ensure that complaints are investigated thoroughly, and that responses are prompt and independently scrutinised.

(To the governor)

- S44 Key concern: Prisoners had poor perceptions of health services. Improvement board measures had successfully addressed some key issues behind these perceptions, but the lack of prisoner consultation meant that key information was not effectively communicated.

Recommendation: Health service delivery should be informed by effective and regular prisoner consultation.

(To the governor)

- S45 Key concern: In the previous six months, none of the three patients needing to transfer to secure hospital for treatment under the Mental Health Act did so within the national guideline of 14 days, with the longest taking 98 days. One acutely unwell prisoner had been waiting for a high secure bed for seven months and had spent six of these months in segregation, in conditions that clearly exacerbated his ill health. This prisoner has since been transferred to Rampton Secure Hospital.

Recommendation: Patients requiring hospital admission under the Mental Health Act should be transferred within the national guideline of 14 days.

(To the governor)

- S46 Key concern: Time out of cell was insufficient. Too many prisoners were locked behind their cell during the core day, including those retired due to age or on medical grounds. The regime was regularly curtailed, and prisoners who were unemployed, segregated or on the basic level of the behaviour management scheme did not receive adequate time out of their cell.

Recommendation: Prisoners should have regular and predictable time out of cell that is sufficient to promote rehabilitation and mental well-being.

(To the governor)

- S47 Key concern: Leaders and managers had yet to implement English and mathematics support that met the needs of all prisoners, and attendance in education for these two curriculum areas was too low, as was achievement rates at higher levels.

Recommendation: Leaders and managers should ensure that teachers and instructors help all prisoners to improve their English and mathematical skills to an appropriately high level. Education managers should promptly identify prisoners who could become disengaged from learning, and work closely with prison managers so that all prisoners stay on their course and achieve their qualifications.

(To the governor)

- S48 Key concern: Leaders and managers had not established a curriculum that was fully relevant for a training prison and ensured all prisoners had equal access to the provision. Prisoners' allocation was not rapid enough, pay rates did not incentivise education attendance, and managers had an insufficiently comprehensive oversight of training quality in workshops and work.

Recommendation: Leaders should rapidly implement existing plans to introduce a curriculum that meets all prisoners' needs. They should introduce quality assurance arrangements that allow them to improve fully all provision, make sure that prisoners commence their allocated activity on time, and ensure that prisoner pay rates act as an incentive to participation in education.

(To the governor)

- S49 Key concern: Leaders and managers had not ensured that prisoner attendance at education, skills and work activities was consistently high, that they always attended punctually and they were occupied fully in workshop and work areas.

Recommendation: Leaders and managers should ensure that all prisoners attend their activities as planned, including arriving and commencing their allocated activity promptly, remaining for the full duration and being occupied fully throughout the core day.

(To the governor)

- S50 Key concern: Reducing reoffending work, including the delivery of offending behaviour programmes, was not informed by an up-to-date analysis of needs identified in OASys assessments. This created the potential for prisoners' needs to go unmet. This was exacerbated by the lack of strategic oversight of the referral, assessment and allocation to offending behaviour programmes. Some prisoners waited too long before they were referred or allocated to a necessary intervention, which affected their ability to progress to open conditions.

Recommendation: Prisoners should be allocated promptly to interventions that are based on an up-to-date analysis of risk and needs.

(To the governor)

- S51 Key concern: Contact between prison offender managers (POMs) and prisoners was poor. Some POMs made important decisions affecting prisoners' ability to progress without regular contact and assessment.

Recommendation: Prison offender managers should have regular, good quality contact with prisoners to help them to reduce their risk and progress through their sentence.

(To the governor)

Section 1. 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.

- I.1 Journey times to the prison for most prisoners were short as most travelled from nearby HMP Durham. In our survey, only 16% of respondents said that they had received information about the prison before arrival.
- I.2 Escorting vehicles did not face delays in accessing the prison. The escort staff we observed were polite and respectful to prisoners, and aware of risk factors and how to manage these during escort. The vehicles we inspected were clean and stocked appropriately. Prisoners were not routinely handcuffed when disembarking from the escorting vehicle. The prison made excellent use of a body scanner to detect illicit articles. However, all prisoners were subjected to strip searching, without intelligence or risk assessment to determine if this necessary. This procedure very rarely yielded any results but had become custom and practice rather than part of a regularly reviewed strategy.
- I.3 Reception staff were friendly and put prisoners at ease. The reception area had been refurbished since the last inspection, but it was still not sufficiently welcoming. Holding rooms were sparse, with nothing to occupy waiting prisoners, and they were not used well to provide information or promote purposeful activity in the prison. Having spent long periods in holding rooms at their sending prison, prisoners were then held for lengthy periods in reception at Holme House. In our survey, only 21% of respondents said that they spent had less than two hours in there, against the comparator of 48%. We observed prisoners arriving at 11.30am. They were provided with food and a drink by the peer worker and locked in one of the sparse holding rooms until 1.40pm. At that point, staff returned from their lunch to start the reception process. This routine was common practice and created unnecessary delays in getting prisoners to their house blocks.
- I.4 In our survey, 82% of respondents said that they had had problems when they arrived at the prison. Staff conducted important safety interviews with new arrivals at an open desk, within earshot of other staff and prisoners. This reduced the likelihood of prisoners disclosing sensitive information about vulnerability and risk so that immediate needs could be addressed (see key concern and recommendation S37). Before prisoners were located on to their designated house block, they were seen by a member of the health services team. Again, we observed health care screening interviews taking place with the door open, which comprised confidentiality (see also paragraph 2.60 and recommendation 2.68).
- I.5 Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) were not routinely based in reception to provide support to new prisoners. In our survey, only 18% of respondents said that they had had the opportunity to speak to a Listener on their first night, which was worse than the comparator of 28% and at the last inspection (31%).

- 1.6** Vulnerable prisoners were located from reception to house block 7. However, there was no dedicated first night centre for mainstream prisoners, which meant they could be located on any house block in the prison. Some prisoners we spoke to said that this had caused anxiety and that they had not felt sufficiently supported in their early days at the prison. In addition, there were no additional first night safety checks on new arrivals. (See key concern and recommendation S37.)
- 1.7** There was no formal induction programme. Instead, arrivals were handed an induction booklet, which contained some useful information, but relied on the prisoner being able to read all the information and understand it. There was an assumption that all arriving prisoners had been in a prison before, so would not need the support of a first night centre or a full induction. However, we found examples of prisoners who had spent less than a week at HMP Durham before being transferred to Holme House, some of whom had never been in prison before and felt vulnerable. Prisoners we spoke to did not know what to expect and there was no published regime. Prisoners spent too long in their cells in their early days at the prison. (See key concern and recommendation S38.)

Recommendation

- 1.8 Prisoners should only be strip searched when there is sufficient specific intelligence and proper authorisation.**

Managing 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

- 1.9** In our survey, one in five prisoners said that they currently felt unsafe; nearly half of all respondents had experienced some form of victimisation by their peers. Prisoners with mental health issues reported more negatively than others across all aspects of safety, and over a quarter said that they currently felt unsafe (see key concern and recommendation S39).
- 1.10** Levels of recorded violence were similar to those at comparable prisons, and at the time of the last inspection. During the previous six months, 146 incidents of violence had been reported, which included 104 between prisoners (27 of which were fights) and 42 against staff. While few incidents had been serious, violence against staff had increased sharply from the 16 incidents reported during the same period at the last inspection.
- 1.11** The approach to violence reduction was not sufficiently strategic and lacked rigour. For example, the violence reduction strategy provided guidance on processes but was not supported by sufficient analysis of data to understand and address the current drivers of violence, and there was no embedded action plan to track progress (see key concern and recommendation S39).
- 1.12** A weekly safety intervention meeting was designed to address ongoing safety issues. However, attendance was often inconsistent, which resulted in identified actions not being addressed. Likewise, the structure of the monthly safer prisons meeting was confusing; a

safer custody committee meeting was immediately followed by the strategic meeting. Both were poorly attended and neither made effective use of available information to inform strategy (see key concern and recommendation S39).

- I.13** The prison's well-resourced safety team had recently begun to identify and address some of these concerns. Shortly before the inspection, a violence summit was organised, which enabled prisoners to raise their concerns about safety. Managers were formulating a response to the issues raised.
- I.14** The casework approach to managing perpetrators of violence using the challenge, support and intervention plan (CSIP) (see Glossary of terms) was not yet embedded. For example, in February 2020, 12 prisoners had been referred for a CSIP, but the records of investigations and the CSIPs we examined were poor. Few staff outside the safety function understood the purpose of using CSIPs as a mechanism to identify and reduce the risk of harm posed by prisoners with challenging behaviour.
- I.15** A small number of prisoners had benefited from 'Timewise', a non-accredited programme designed to address violent behaviour in prison. The programme had been introduced during 2019, and there had been nine completions from 22 referrals.
- I.16** There was limited support for victims of violence. In most cases the alleged victims, rather than the perpetrators, had the disruption of relocation to an 'own protection' spur on house block I. We also identified five individuals who were self-isolating due to safety concerns at the time of the inspection. While both residential and safer custody staff were aware of these prisoners, there was no coordinated approach to address their concerns and encourage them out of isolation. As a result they received a poor regime, and in one case a prisoner had not been able to access exercise or take a shower for several weeks.
- I.17** There was little to motivate prisoners to behave well. In our survey only 39% of respondents said that the incentives scheme encouraged good behaviour. The scheme had recently been reviewed and had been aligned with other prisons in the Tees and Wear region. The prison had displayed posters promising various incentives that were not yet available, which frustrated prisoners. Prisoners who managed to get to the gold (top) level of the formal incentives scheme had no notable privileges above the statutory minimum. For the very small number on basic privileges ('bronze'), reviews were not timely and there was no evidence of individual targets to address their behaviour. Compared with other category C prisons, there had been little thought to what motivated prisoners to behave. There was little for them to aspire to, and the prison lacked a motivational culture.

Recommendation

- I.18** **The daily regime for self-isolators should be reliable and provide, at a minimum, exercise, a shower and a telephone call.**

Adjudications

- I.19** There had been 1,875 adjudications in the previous six months, which was lower than in the same period at the previous inspection and at similar prisons. Most charges related to the possession of illicit items, and many could have been dealt with through other mechanisms, such as the incentives scheme or simply by talking to the prisoner.
- I.20** In the cases that we reviewed, adjudicating governors did not always show evidence that they had fully explored the facts or identified the underlying reasons for the poor behaviour. For

example, one prisoner had been placed on report for possession of illicit alcohol. He admitted this but provided mitigation that he had been coerced into doing so. However, there was no exploration of this claim and the prisoner was not referred to safer custody to ensure that there were no wider safety concerns. There was a limited quality assurance process but it was not sufficiently robust to identify such issues.

- I.21** A monthly adjudication standardisation meeting covered the oversight of adjudications, use of force and segregation. The meeting was chaired by the deputy governor and attendance was reasonable. However, there was inadequate analysis of data and few actions were identified to address weaknesses in any of these processes. When actions were identified, they were not routinely followed up to measure improvement.

Use of force

- I.22** There had been 118 incidents involving the use of force in the previous six months, which was fewer than at the last inspection and than we usually see in similar prisons. Batons had not been drawn or used during this period. However, we were concerned about the accuracy of recording as we found unrecorded uses of handcuffs to move prisoners during the night state. We were told that this unauthorised practice had ended around two months before the inspection.
- I.23** Governance of the use of force lacked rigour (see key concern and recommendation S40). Attendance at the use of force committee meeting was often poor. There was too much outstanding paperwork going back to September 2019, and actions from the meeting often rolled over from one month to the next. For example, despite multiple discussions about the lack of body-worn camera usage and how this needed to improve, there had been no progression (see below). However, all planned video recordings and some spontaneous use of force incidents were reviewed. Prisoner allegations of misuse of force were investigated.
- I.24** Despite the availability of body-worn cameras to enable staff to record incidents, these were not always turned on. In addition, the records we examined concerning their use were not always accurate. For example, there were some incidents for which the records indicated that there was body-worn footage available, when there was not. We were told that this happened because the prison did not automatically download footage from body-worn cameras following a use of force incident unless it resulted in an adjudication.
- I.25** The video footage and written records of incidents that we reviewed were mostly detailed, and provided adequate justification for all but one incident. In this case, staff believed that a prisoner on the segregation unit was going to damage his cell; he did not in fact do this, yet staff still restrained him and moved him into special accommodation. In addition, we referred two of the four examples of body-worn camera footage that we reviewed to the deputy governor for further investigation, as they showed staff displaying inappropriate behaviour, such as aggression, shouting and swearing while the prisoner was under restraint.
- I.26** Special accommodation had been used only three times in the previous six months, which was far fewer than in the same period at the last inspection and than in similar prisons. Some of the paperwork we reviewed did not provide sufficient justification for its use, and in one case staff had not carried out the correct level of observations. However, governance of the use of special accommodation was good and these concerns had been picked up by the deputy governor during scrutiny meetings.

Segregation

- I.27** In our survey, only 19% of prisoners who had been in segregation said that they had been treated well by staff on the unit, which was far worse than the 61% comparator. Several prisoners gave us examples of staff deliberately goading them, usually about their offence or reason for segregation. They said this was often within earshot of their peers, which made it more difficult for them to return to normal location. Inspectors visiting the segregation unit witnessed a member of staff using extremely derogatory language about a prisoner. This was in the full knowledge that inspectors and the unit manager were present, suggesting that this type of behaviour was tolerated rather than challenged. (See key concern and recommendation S41.)
- I.28** The use of segregation had reduced since the previous inspection and was lower than in similar prisons. This was, in part, due to partnership work with other prisons in nearby regions to facilitate transfer of prisoners who could no longer locate with other prisoners at their current prison.
- I.29** Cells on the unit had recently been painted. The regime remained poor. While prisoners could take daily showers and exercise, they could make telephone calls only three times per week. Other than a limited range of books and word puzzles, there was no regime or activity to occupy prisoner or support their progression and reintegration. It was inexplicable that small radios were offered to segregated prisoners but were not supplied with batteries.
- I.30** Despite some good examples of reintegration, care plans for segregated prisoners were not sufficiently individualised. For example, a prisoner legitimately segregated for the supply of illicit items was informed that he would be transferred out of the prison but his care plan target was to return to normal location at Holme House. The same generic targets were replicated for all prisoners segregated during the inspection, regardless of the reasons for initial segregation (see key concern and recommendation S41).

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.

- I.31** The gathering of security information and management of intelligence were good. The security team was supported by a regional intelligence unit (RIU), which had oversight of all prisons in the Tees and Wear area and was staffed seven days a week. This arrangement ensured that intelligence was processed swiftly by trained analysts.
- I.32** Security-led meetings were well attended and made use of a comprehensive intelligence assessment produced by the RIU to respond to emerging threats, identify new risks and set relevant security objectives. Identified actions were tracked and regularly reviewed. Security risks and objectives were communicated promptly to relevant areas.
- I.33** The prison had received a large investment to support the drug recovery prison (DRP) pilot in 2017, an initiative funded jointly by the Ministry of Justice and NHS England. The purpose of the funding was to improve security measures to reduce the supply of illicit items into the prison, while providing the necessary support to prisoners to break substance abuse habits (see paragraphs 2.80-81).

- I.34** The security department had made effective use of this funding to improve outcomes for prisoners. Extensive staff resource was deployed to disrupt the supply of illicit substances. In addition to the support provided by the RIU, a well-resourced team of staff known as the drug and crime reduction unit (DCRU) had been created. The DCRU consisted of a senior manager and 22 operational support staff, including 12 prison officers. The DCRU also made good use of technology to reduce the supply of illicit items into the prison. DRP funding had provided two body image scanners and a magnetic resonance device that was used to identify illicit substances in prisoners' mail and property. Searching techniques had been improved, and included regular checks of all incoming goods and the searching of staff.
- I.35** The introduction of the DCRU and the positive working relationships between security staff and the prison's drug and alcohol recovery team had contributed to a notable reduction in positive drug tests, from over 30% in 2017 to below 5% at the time of the inspection. However, in many cases demand had moved to illicitly brewed alcohol and diverted prescribed medication. This was reflected in our survey, where more prisoners than the comparators said it was easy to access illicit alcohol in the prison or that they had developed a problem with taking medication not prescribed for them. Prison managers were aware of these risks and were using their resources to combat the emerging threat.
- I.36** Despite the positive work of the DCRU, many general security procedures did not support the delivery of a rehabilitative culture motivating prisoners to progress. For example, prisoner movements were restricted during free flow, gates that could be locked back were not, prisoners were not able to eat communally and did not have communal toasters or microwaves. Prisoners were also locked in their cells on return from activities, and subject to a controlled unlock for meals, which was unnecessary given their categorisation and physical security of the residential units. Many of these security measures were reminiscent of the prison's days as a category B local prison, and the move to a rehabilitative category C regime was too slow.

Good practice

- I.37** *The prison had made effective use of technology, including body and magnetic resonance scanners, to reduce the supply of illicit items.*

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

- I.38** Since the last inspection, there had been three self-inflicted deaths. There was a death in custody action plan, and most of the recommendations of the Prisons and Probation Ombudsman (PPO) had been addressed. However, recommendations from early learning reviews carried out by the regional team had not been shared effectively with the safer custody department so that they could be incorporated into the local action plan. This would have enabled the prison to address any concerns raised immediately, before the publication of the PPO report.

- I.39** In the previous six months, there had been 333 incidents of self-harm, involving 95 prisoners. This was far higher than at the last inspection, but similar to comparable prisons. Good support was given to prolific self-harmers transferring into the prison; before the transfer, the safer custody team visited the sending prison, met the prisoners concerned and took part in a multidisciplinary meeting.
- I.40** The safer custody team had undertaken some recent work to improve the quality of the assessment, care in custody and teamwork (ACCT) case management process through stringent quality assurance, but it was too soon to judge its effectiveness. In the sample of ACCT documents that we reviewed, we found that case managers were not always consistent, and reviews not always multidisciplinary. Some care maps lacked detail and observational entries were often limited. Prisoners we spoke to who were on an ACCT had mixed views about the quality of staff care and support (see key concern and recommendation S42).
- I.41** The Listeners were positive about their role and the support they received from the Samaritans. However, they said that some staff were not fully engaged in the scheme and did not fully understand or support their role.
- I.42** As at the previous inspection, some aspects of constant watch arrangements were unsafe. We saw officers sitting outside the constant watch cells who could not see the prisoner because their view was obstructed by a broad metal strip between the two glass observation panels.
- I.43** The strategic approach to reducing self-harm was underdeveloped. Safety committee meetings were poorly attended and the structure was confusing. Data were not analysed effectively and did not lead to tangible actions. It was concerning that these meetings discussed confidential information about prisoners who were self-harming in the presence of other prisoners. When we raised this with the prison, we were told that this would stop.

Recommendations

- I.44** **Early learning reviews from deaths in custody should be shared immediately with the safer custody team, and actions from these should be managed alongside the Prisons and Probation Ombudsman recommendations action plan to ensure that issues are identified and addressed promptly.**
- I.45** **Staff carrying out constant watches should observe the prisoner at all times.**

Good practice

- I.46** *Before prisoners who were prolific self-harmers transferred into the prison, the safer custody team visited the sending prison, met the prisoners concerned and took part in a multidisciplinary meeting.*

Protection of adults at risk (see Glossary of terms)

- I.47** The safeguarding adults policy was good and there were links with the local safeguarding adults board, with two referrals made in the previous six months. However, staff we spoke to were unfamiliar with safeguarding and associated procedures, which increased the risk of unmet needs.

- I.48** As at the previous inspection, we were told that a young prisoner (aged 18–21) would always be located in a cell with another young prisoner. However, we found examples of young prisoners sharing a cell with an older prisoner, with no risk assessment of these arrangements. In one case, two sex offenders, one aged 21 and the other 51, had been located together. There was no further consideration of the safer custody needs of young prisoners, and there were no measures to address the potential increased risks of bullying, victimisation or grooming (see also paragraph 2.39).

Recommendations

- I.49** Staff should be aware of their statutory safeguarding duties and there should be a coordinated approach to ensuring that the safeguarding needs of prisoners are met. This should include prompt referral, care planning and ongoing monitoring.
- I.50** Young adults should not share a cell with older prisoners without an appropriate risk assessment.

Section 2. 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.

- 2.1 In our survey, two-thirds of respondents said that most staff treated them respectfully, and almost three-quarters that there was a staff member they could turn to if they had a problem, both of which were similar to the comparators. The quality of relationships between staff and prisoners had improved since the previous inspection but was still too variable. Some staff, including officers, were approachable, kind and respectful. However, too many operational staff expressed views about prisoners that were dismissive and condescending. Prisoners told us about staff who were disinterested, unhelpful and even spiteful. The attitudes and behaviours of this small but significant minority undermined plans to develop a rehabilitative culture.
- 2.2 With some notable exceptions, most of the interactions we saw on the house blocks were functional. Staff responded appropriately to prisoner requests but did not often engage them in relaxed conversation, and some showed a lack of care and compassion. Elsewhere, notably on the therapeutic community, in the education department and in the health centre, relationships were positive.
- 2.3 The supervision of prisoners during association was distant. Staff sat in pairs on comfortable chairs and rarely patrolled or engaged with prisoners. We saw low-level rule breaking, such as vaping on the landings, left unchallenged.
- 2.4 The key worker scheme (introduced under the offender management in custody (OMiC) model, prison officer key workers aim to have regular contact with named prisoners) was reasonably well embedded. All prisoners now had a key worker, and in our survey 67% of respondents who said they had one said that they were useful. The quality of key worker entries in P-Nomis (prison national offender management information system) case notes was improving, and there were supportive quality improvement processes. Some entries were good, but too many were brief and lacked detail, especially about progression.

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

- 2.5 In our survey, only 31% of respondents (compared with 65% in similar prisons) said that they were held in a cell on their own. The single cells occupied by one prisoner were reasonably

spacious and some had a separate toilet area. However, as at the previous inspection, 204 single cells were occupied by two prisoners, which meant that one-third of the population was held in cramped, overcrowded conditions. The remaining prisoners were in purpose-built double cells.

- 2.6** External areas and communal areas were litter-free and well presented. Most cells were clean. Cell toilets had been deep-cleaned since the previous inspection and most now had seats and lids. However, many cells had insufficient or broken furniture and lacked proper curtains, noticeboards and privacy screening. Many prisoners complained about the condition of their mattresses and the difficulties in getting new ones, but other prisoners had two or more. Staff confirmed that mattresses were difficult to obtain but that there was no formal system for deciding who should get a new mattress. In the older house blocks (1–4), some flooring was poor and needed replacement.
- 2.7** Not all staff were aware of the offensive displays policy and it was not enforced; too many prisoners had been allowed to display inappropriate pictures in their cells.
- 2.8** Prisoners could shower every day, but on house blocks 1–4 most of the shower rooms had missing tiles, flaking paint, mouldy sealant, rusty viewing panels, flies and no privacy screening. Some were not clean enough or had limited water flow. Previous capital bids for refurbishment had failed but a rolling programme had just begun, and five of the 36 shower rooms in this part of the prison were now in good condition (see Appendix V). Elsewhere, showers were suitably private and mostly well maintained.
- 2.9** In our survey, only 59% of respondents, against the comparator of 70%, said that they normally had enough clean, suitable clothes each week. All prisoners could now wear their own clothes, but they could not have clothes sent in, even if they were newly sentenced and had not received a clothing parcel while at their local prison. Prison clothing was available on all wings, but socks and clothing in smaller sizes were in short supply. Laundry facilities were available on all units.
- 2.10** In our survey, 28% of respondents said that their cell call bell was normally answered within five minutes, which was far better than at the previous inspection and similar to the comparator. Managers now monitored the timeliness of cell call bell responses; during the inspection, about 9% of calls were answered late.

Recommendation

- 2.11** **Prisoners should be allowed to receive an initial clothing parcel from their family or friends during their early days in custody.**

Residential services

- 2.12** Many prisoners complained about the food provided, and in our survey only around one-quarter said that the quality and quantity of the food were good. A local survey just before the inspection had similar findings.
- 2.13** The pre-select menu was suitably varied and provided for the dietary needs of diverse groups. The prison made some of its own bread and pastries. Unsubstantial breakfast packs were served on the evening before they were to be eaten. Lunch meals were also unsubstantial and unappetising, and were sometimes served before midday. However, the evening meal was reasonable, and was now served after 5pm.

- 2.14** There had been recent investment in new serveries but we found two hot plates which were not working. Served workers wore appropriate clothing, but food temperatures were not recorded at the point of service.
- 2.15** There had been no meaningful consultation with prisoners about the food between July 2019 and February 2020 and some recent changes had not been popular. There were no opportunities to dine out of cell and no facilities for self-catering, which was poor for a category C prison (see paragraph 1.34).
- 2.16** In our survey, three-quarters of respondents said that the goods available in the prison shop met their needs. Orders were packed on site, delivery arrangements were efficient and errors could be swiftly corrected. There was limited evidence of consultation with prisoners about the shop.
- 2.17** Prisoners could place orders from a suitable range of catalogues. However, they were critical of the catalogue ordering system, which they said was slow. We understood their frustration, as orders often took three weeks to arrive in reception.

Recommendation

- 2.18 Prisoners should have opportunities to dine in association and to self-cater.**

Prisoner consultation, applications and redress

- 2.19** Most prisoner applications were submitted through the electronic kiosks on the wings, and this worked reasonably well. Monitoring suggested that 90% of applications were responded to on time, although some departments were less efficient than others at handling these. Prisoners showed us some responses which were dismissive in tone or did not fully resolve their issue. Prisoner information desk workers logged paper-based applications on most wings, but responses to these were not tracked.
- 2.20** In the previous six months, staff had logged 1,056 complaints, more than in the same period at the previous inspection, but fewer than we sometimes see. Before November 2019, staff had returned complaints to prisoners without logging them if they felt they could be resolved via an application.
- 2.21** In our survey, more prisoners than at the previous inspection said that it was easy to make a complaint. However, complaint forms were not readily available on all wings and some prisoners had to request forms from a prisoner information desk worker. Complaints boxes were emptied at night by a uniformed manager, which was poor practice.
- 2.22** The complaints log lacked key information about the nature and outcome of each complaint. There was no meaningful analysis of complaints data and insufficient oversight of the process. When prisoners alleged discrimination in a complaint, staff did not convert it into a discrimination incident reporting form (DIRF) complaint, but processed it in the same way as any other complaint; this meant that prisoners' equality concerns were not given the extra scrutiny that the DIRF process should provide (see also paragraph 2.33). Quality assurance was inadequate, consisting of three different managers each checking one complaint a month.
- 2.23** Responses to most complaints were reasonable but too often there was no evidence of a discussion with the prisoner, and a few responses were terse or failed to deal with the main issue. Complaints against staff were usually referred to the deputy governor, who commissioned investigations as necessary. However, we identified a case where this had not

happened, and found that some potentially serious allegations about staff had been answered by junior managers, with no evidence of sufficient investigation.

- 2.24** A prisoner council met every month, chaired by the head of residence, but it had too low a profile in the prison and too little momentum to drive continuous improvement. Prisoner representatives were appointed rather than elected, and not all staff or prisoners knew who they were. Minutes of the meetings did not provide assurance that actions from previous meetings were followed up, and issues often remained outstanding at successive meetings. In our survey, only 51% of respondents said that they were consulted about aspects of daily life, and of those only 29% said that things sometimes changed as a result of consultation.
- 2.25** In our survey, more prisoners than the comparators said that it was easy to attend legal visits and to get bail information. Legal visits facilities were good but neither prisoners nor their legal advisers could get a drink during these consultations. Prison offender managers and key workers provided additional legal support and could arrange for a free legal telephone call.

Recommendations

- 2.26 Responses to prisoners' complaints should be respectful and always fully address the concerns raised.**
- 2.27 Prisoners should have regular and meaningful opportunities to influence decisions about prison services, routines and facilities.**

Equality, diversity and faith

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 of terms) and any other minority characteristics 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.

Strategic management

- 2.28** The equality strategy did not provide effective guidance on managing prisoners from protected characteristics groups. There was no overarching action plan to capture and track equality work. The equality strategy was overseen through the monthly safer prisons meeting, which also covered wider safety issues such as violence and self-harm. This meant that it was not given sufficient priority in this forum, and little discussion on equality and diversity work was recorded. There was no separate equality action team meeting to discuss and progress this important work.
- 2.29** The equality function was led by the head of safer prisons and equality. Since the last inspection, a hub manager had been appointed, who worked closely with the head of function. Overall there had been some improvements in the delivery of equality and diversity work since the last inspection, but there was still much to do.
- 2.30** Senior managers were assigned as leads for each protected characteristic area. This structure had improved the identification of prisoners with protected characteristics.

Although the reception process lacked privacy and may have deterred prisoners from discussing their protected characteristic, all new arrivals were also seen by the safer prisons team and, following that, the prisoner representatives, which provided further opportunity to declare and discuss relevant issues. This approach had led to the LGBT focus group gaining over 30 attendees. There had also been improved support through more regular consultation, which most prisoners were positive about. However, the effectiveness of some consultation forums needed to improve. For example, prisoners from black and minority ethnic backgrounds were negative about the time it took for actions to be addressed. We also found evidence to support this criticism during the inspection.

- 2.31** Analysis of equality data by senior managers had improved, and there was evidence that work was being done to address identified disproportionality. For example, investigation of an over-representation of black and minority ethnic prisoners in submitting complaints had found that discrimination was not a factor.
- 2.32** The role of equality representatives was underdeveloped. Although a representative was appointed to most house blocks, they did not have a job description and there had been minimal training or guidance to help them understand their role. Attendance at the equality representatives meeting was limited.
- 2.33** During the previous six months, 69 completed DIRFs had been submitted. DIRFs were not readily available on the house blocks and, overall, there was no clear process or oversight to ensure that these complaints were dealt with appropriately. The investigation of DIRFs lacked rigour; we found many that had not been investigated at all and some which did not provide a response to the complainant. Standard complaints with a discriminatory element were not passed on to the equality department for investigation (see paragraph 2.22). There was minimal quality assurance and no independent external scrutiny, and therefore inadequacies in the process were not identified. The lack of process and oversight ran the risk of serious allegations not being investigated and acted on appropriately (see key concern and recommendation S43).

Protected characteristics

- 2.34** At the time of the inspection, approximately 95% of the population were white, and 5% were from a black and minority ethnic background. Consultation with prisoners in protected groups had improved and more forums took place. Prisoners generally spoke positively about being consulted, but some were negative about the issues raised being taken seriously. In our focus group for prisoners from a black and minority ethnic background, they were more negative about their experience than most others, referring to differential treatment from officers and a lack of action in response to issues raised. For example, it had taken too long for the prison to introduce basic procedures, such as the use of separate utensils to prevent cross-contamination in preparing meals for vegetarian prisoners and those requiring halal food.
- 2.35** There was a very small number of identified Gypsy, Roma and Traveller prisoners. A regular forum was in place but attendance was poor and the meeting was not sufficiently purposeful.
- 2.36** There were 37 foreign national prisoners at the time of the inspection, none of whom were held on immigration grounds. Apart from the regular Home Office surgeries, there was little support for these prisoners. In our focus group, we were told that the prison had never used professional telephone interpreting services to help prisoners who clearly could not speak English. Records provided by the prison indicated that these services had been used on only 12 occasions in the previous six months. The prison provided evidence that some foreign national prisoners who had not received any visits had been granted their entitlement to a

free five-minute telephone call abroad; however, we met prisoners who were not aware of this entitlement and had not received it. They were also unaware of and, and had not therefore accessed, Tracks (an online toolkit designed to help foreign national prisoners to plan for their resettlement), even though the library had told us that access was available.

- 2.37** In our survey, around half of respondents identified as having a disability but only 18% of those said that they were getting the support they needed. The number of disabled prisoners recorded by the prison was much lower than reported in our survey. There had been some progress in improving outcomes for prisoners with disabilities. For example, adapted cells were available for wheelchair users, and the prison had bought an accessible bus to transport disabled prisoners to hospital appointments. The prison was also trialling a policy whereby prisoners at risk of a fall had their cell door open overnight. There were regular consultation meetings for disabled prisoners, with representatives from Stockton Borough Council attending the January 2020 forum to provide advice and support. There was evidence of action taken following these meetings. For example, the request for prisoner carers on each house block was being pursued, and the request for wheelchair users to be provided with an extra layer of clothing during visits had been granted. The council completed social care assessments on prisoners referred by the prison. Prisoner carers had been appointed to support their peers with daily tasks, although they had no formal training for this role (see also paragraph 2.73 and recommendation 2.71). The prison planned to recruit a prisoner carer for each house block with a training programme delivered by social services, but this was not yet in place. During the inspection, we found medically retired prisoners locked up during the working day, which was unacceptable (see also paragraph 3.2 and key concern and recommendation S46).
- 2.38** The names of prisoners with a personal emergency and evacuation plan (PEEP) were recorded on staff office notice boards, and updated weekly. Some age-specific activities were available for older prisoners (over 50 years of age), such as a weekly gym session supported by Age Concern UK. However, we came across older retired prisoners who were locked up for most of the day (see also paragraph 3.2, and key concern and recommendation S46).
- 2.39** Young prisoners, aged between 18 and 21 years, many of whom had transitioned into the adult estate for the first time, were interspersed with the main population (see also paragraph 1.48 and recommendation 1.50). Staff were not encouraged or trained to recognise the specific needs of the young people in their care, and there was a general lack of tailored support for this vulnerable group, particularly in their early days. However, improvements were being made. Although the focus groups for young adults had stopped due to low attendance and poor engagement, the prison had introduced effective peer-led work. It had appointed a prisoner mentor who had written an impressive and comprehensive 12-week 'youth upliftment' programme, which had been approved by the psychology team. The programme signposted services and encouraged young prisoners to take part in the opportunities provided by the prison. Modules included sessions on the impact of social media on well-being, paramedics first responder training, overdose prevention, hate crime sessions and consequential thinking. The programme was run by the mentor with staff present and a graduation event took place at the end of the course. Ten of the 19 young adults at the prison were on the programme. Feedback from participants was very positive, with one young prisoner saying it was the only programme he had completed that he actually found helpful.
- 2.40** Support for gay and bisexual prisoners was good. Regular forums took place, with excellent attendance. In response to consultation feedback, the prison had organised a private visits day for LGBT prisoners, which had been well received. Six mentors had been appointed, and were proactive in their role. However, despite the support in place, most prisoners were not comfortable about their sexual orientation being known on the house blocks, even to wing officers. There were two transgender prisoners at the prison at the time of the inspection, and they expressed contrasting views of their experience. One was exceptionally

positive about the support she had received, whereas the other raised concerns about officers' attitudes and comments. Both confirmed that voluntary, agreed searching arrangements had been put in place by the current senior lead for this area.

- 2.41** While major cultural events, such as Black History Month and Holocaust Memorial Day, were commemorated, there was no wider calendar of multicultural events and celebrations of importance to the diverse range of prisoners at Holme House.

Good practice

- 2.42** *The prison had introduced effective peer-led work to support young adult prisoners. It had appointed a prisoner mentor who had written and delivered an impressive 12-week 'youth upliftment' programme.*

Faith and religion

- 2.43** In our survey, 66% of respondents said that their religious beliefs were respected, and 69% that they were able to speak to a chaplain of their faith. Faith provision was reasonably good and the chaplaincy offered appropriate spiritual and pastoral support to prisoners.
- 2.44** A member of the chaplaincy met all new arrivals. The needs of a wide range of faiths were met by permanent and visiting chaplains. The managing chaplain had forged links with community groups who attended the prison to provide a range of support services. Two visiting volunteers offered weekly bereavement support.
- 2.45** There was no faith awareness training for staff to help them understand and support prisoners of faith. The managing chaplain enabled the delivery of the Enneagram Prison Project, a pilot project in the UK, based on a personality system, which helped prisoners to identify coping strategies and encouraged personal development. This had been well received by participants.
- 2.46** Chaplains visited prisoners being supported through ACCT case management, but they did not regularly attend reviews. The managing chaplain attended some key prison meetings, including the strategic interventions meeting, but not all. As a result, the chaplaincy was not as well integrated into wider prison strategies, as we often find in other prisons.

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.

- 2.47** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) (see Glossary of terms) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. *(Delete as appropriate)* The Care Quality Commission issued 'requirement to improve' notices following the inspection (see Appendix III).

Strategy, clinical governance and partnerships

- 2.48** Partnership working between the five main health providers and the prison was effective and senior health services staff were well integrated within the prison. The local health improvement board and regular governance meetings were improving outcomes for patients. However, in our survey only 28% of respondents, against 43% at similar prisons, said that the overall quality of the health services was good, and many prisoners we spoke to held similarly negative views (see below). The absence of prisoner consultation on health care issues severely limited effective patient engagement (see key concern and recommendation S44 and CQC requirement notice, Appendix III).
- 2.49** A high turnover of staff and a recent change in senior management had led to increased management responsibilities for senior nursing staff, who coordinated service delivery effectively across the prison.
- 2.50** Daily staff handover meetings and weekly multidisciplinary complex case meetings demonstrated effective joint working. All health services staff we spoke to understood their safeguarding responsibilities.
- 2.51** Treatment rooms complied with infection control standards, and were clean and well ordered. However, clinical waste was stored in unlocked bins in areas that prisoners had access to, which was unsafe (see Appendix V and CQC requirement notice, Appendix III).
- 2.52** Mandatory health staff training was monitored and professional development opportunities were available. A training needs analysis had been completed and additional training in pre-hospital care was delivered locally by the on-site paramedic. Clinical supervision systems were in place, but some sessions had not taken place regularly due to pressure on the service and staff sickness. Regular agency staff could access training and supervision opportunities. All the health staff-patient interactions we observed were respectful and caring, and staff clearly knew their patients.
- 2.53** There was a confidential health care complaints system. The G4S administration team had recently implemented a robust system to log and monitor complaints, and response times were improving. The responses we sampled were prompt, polite and addressed the issues raised.
- 2.54** Prisons and Probation Ombudsman death-in-custody health care recommendations were subject to regular review and audit; however, some actions which were marked as complete did not have supporting evidence.
- 2.55** Arrangements for dealing with medical emergencies were comprehensive, and further enhanced by the addition of a paramedic to the team since the previous inspection. Registered clinical staff were trained in immediate life support and had access to suitable and regularly checked equipment. Officers we spoke to were familiar with the emergency code protocol, and ambulances were called promptly in an emergency.

Recommendation

- 2.56** **All clinical waste should be stored and disposed of safely and securely.**

Promoting health and well-being

- 2.57** There was a prison-wide approach to health promotion. A prisoner-led well-being day in January 2020 had been well attended, theme-based campaigns ran every month, and health promotion posters and leaflets were widely displayed. There were plans to recruit health and well-being mentors, which was a promising initiative.
- 2.58** Prisoners could access an appropriate range of health checks, blood-borne virus screening and immunisations. Condoms were available but not advertised. An outbreak management plan detailed measures to prevent and manage communicable diseases.
- 2.59** A wide range of gym activities included remedial and weight loss sessions, over-50s classes and a mental well-being course co-facilitated by mental health workers (see also paragraph 3.7).

Primary care and inpatient services

- 2.60** A registered nurse carried out a comprehensive health screening for all new arrivals. However, we observed patient consultations being conducted with the door open while other prisoners and officers were nearby, which compromised patient confidentiality. (See paragraph 1.4 and CQC requirement notice, Appendix III.) Secondary health screenings were offered within seven days of the initial screening and carried out on the house blocks by health team support workers.
- 2.61** There was a suitable range of primary health care services, including optician and podiatrist provision, with reasonable waiting times. There was a high rate of non-attendance at some clinics, and patients we spoke to suggested that this was due to extended waiting times in the health care area, where waiting rooms were austere. Treatment rooms on the house blocks were underused because of health services staffing shortages.
- 2.62** A regular GP provided eight sessions a week, and the waiting time was approximately two weeks at the time of the inspection. Nursing appointments were available daily and urgent GP appointments were also available each day. Prisoners on the segregation unit could access a nurse daily, and a GP saw them three times a week.
- 2.63** There was a range of nurse-led clinics, and patients with long-term conditions or complex needs were monitored and reviewed appropriately. Although there was no lead nurse for long-term conditions, two senior nurses were currently undertaking training to take on this role. Health services staff liaised with the GP and external specialists to ensure a coordinated approach.
- 2.64** There was an effective process for monitoring external hospital referrals. The reasons for any appointment rescheduling were recorded and there was clinical oversight. Telemedicine was used effectively, and a visiting orthopaedic consultant and X-ray facility were well used.
- 2.65** G4S Health Services (UK) Ltd nurses managed the inpatient unit, which held 16 patients at the time of the inspection. The unit was a regional resource and was used appropriately, with staff following clear admission and discharge criteria. All prisoners residing on the unit had a care plan, and we saw caring interactions from nursing and prison staff on the unit. Regular prison staff worked closely with the health services team, and multidisciplinary patient reviews took place weekly. A gym session was available on the unit once a week (see also paragraph 3.7), and mental health staff provided regular interventions, although the provision of therapeutic activities that encourage recovery was too limited.

- 2.66** Palliative care arrangements were excellent; two suites were available on the inpatient unit, including a private family space. A Macmillan nurse visited the unit regularly and worked closely with the health care teams to offer support to the prisoners there.
- 2.67** On release, prisoners received a health care discharge leaflet, detailing how to access health services in the community if they were not registered with a GP.

Recommendation

- 2.68 Prisoners should receive a health consultation in private, unless the risk assessment suggests otherwise.**

Social care

- 2.69** There was a regularly reviewed memorandum of understanding on social care between the prison and Stockton-on-Tees Council, and relationships were well developed. The prison held a database of all referrals, the time taken to assess and the outcome of the assessment.
- 2.70** Prisoners' social care needs were identified at reception and prompt assessments were undertaken by regular social services staff. Prisoners could self-refer using the electronic wing-based kiosks. At the time of the inspection, eight prisoners were in receipt of a social care package, delivered by G4S staff. Care plans were in place and regularly reviewed, and all the prisoners we spoke to were satisfied with the care they received. Access to mobility aids and equipment was prompt and discharge arrangements for released prisoners were effective. Non-intimate care was delivered by prisoner carers, although they received no training or supervision, which created risks (see also paragraph 2.37).

Recommendation

- 2.71 Prisoner carers should receive training for the role and have access to regular supervision.**

Mental health care

- 2.72** In our survey, 64% of respondents said that they had a mental health problem. Mental health services were good and offered a stepped-care approach to those needing primary and secondary care, ranging from self-help through to complex case management. The service was well integrated in the prison. However, there was no formal dual-diagnosis (mental health and substance misuse) pathway (see also paragraph 2.83).
- 2.73** The service operated seven days a week. Prisoners could be seen urgently on the same day by the duty worker, or within seven days if non-urgent. The team received over 100 referrals a month and all referrals were discussed at the daily multidisciplinary team meeting. Members of the team attended all initial ACCT reviews and were present on the segregation and inpatient units daily. At the time of the inspection, 24 prisoners were being managed effectively under the care programme approach, and there were good arrangements for prisoners who were released.
- 2.74** There was good access to a psychiatrist, and staff held daily multidisciplinary team meetings to discuss the management of caseloads and patients with complex needs. The team had a rich skill mix, was competent in delivering evidence-based mental health care and was well

led. The training compliance of staff was good, and records were kept of regular clinical and managerial supervision. All staff we spoke to felt supported in their role.

- 2.75** The service provided a learning environment for nursing students from local universities and continued to be successfully accredited with the Royal College of Psychiatrists Prison Quality Network.
- 2.76** The care plans we sampled were evidence-based and regularly reviewed (with the patient), and subject to external audit through Tees, Esk and Wear Valley Mental Health Trust. There was robust management of physical health monitoring for patients taking mental health medicines, in line with national guidelines. There were good arrangements for gaining patient feedback.
- 2.77** Just over half of prison staff had received mental health awareness training, and the mental health team had recently delivered specific sessions on trauma and communication difficulties. All the officers we spoke to valued the mental health team.
- 2.78** In the previous six months, three patients had been transferred to secure hospital under the Mental Health Act. Despite the efforts of the prison and the mental health team, none had been transferred within the national guideline of 14 days, with the longest taking 98 days. We found an acutely psychotic patient who had been waiting for a high-secure bed for seven months and had been held in segregation for six months, in conditions that clearly exacerbated his ill health (see key concern and recommendation S45). This prisoner has since been transferred to Rampton Secure Hospital.

Substance misuse treatment

Note: In the previous report substance misuse treatment was included within safety, while reintegration planning for drugs and alcohol came under rehabilitation and release planning (previously resettlement).

- 2.79** The prison-wide recovery strategy was detailed and comprehensive. As part of the Drug Recovery Prison pilot, services and interventions had been developed and showed promising treatment outcomes', such as substantially increased community engagement on release. However, the recovery ethos was not yet fully embedded into the prison culture, and officer engagement was variable.
- 2.80** Psychosocial interventions were delivered by well-resourced teams from Change, Grow, Live (CGL), which currently engaged with 711 prisoners (60% of the population). Under the prison's community model, services were house block-based, which worked well. Prisoners could access support easily and new referrals were seen within 24 hours. Recovery plans were detailed, and specific outcome measures had been introduced as part of the DRP pilot. In addition to one-to-one work, prisoners could participate in needs-based groups on the house blocks, as well as self-management and recovery training (SMART) sessions in the evenings. Well-trained and supported peer mentors actively contributed to service delivery and development.
- 2.81** The substance misuse therapeutic community, a unique national resource, provided 69 spaces and was well managed. Participants clearly benefited from being part of this structured community, although some thought that post-programme support could be strengthened. The 'recovery through nature' project was innovative and contributed to a positive environment.
- 2.82** Clinical substance misuse services were also well resourced, and provided by a designated team of G4S nurses and a Spectrum GP, with regional support from Spectrum's lead GP and

addiction psychiatrist. Currently, 320 patients were prescribed methadone. Treatment regimes were flexible and reviewed regularly, and a unit-based named-nurse system facilitated consistent care. Controlled drug administration was well managed but queues were not consistently supervised by officers (see also paragraph 2.86 and recommendation 2.91).

- 2.83** There was good joint working with the psychosocial interventions team, but services were not yet fully integrated and did not share a database. The new model of health service provision would address this. Care coordination for patients with complex drug and mental health needs was not sufficiently formalised and lacked a care pathway.
- 2.84** A 'connecting communities' team from CGL, which included a family worker, engaged with prisoners with substance abuse needs 12 weeks before and 12 weeks after release. This initiative had improved throughcare support and community engagement considerably. Prisoners were consistently provided with harm reduction information before release and were encouraged to train in the use of naloxone (a drug to manage substance misuse overdose), which could be supplied on or after release.

Good practice

- 2.85** *Under the drug recovery programme, a designated 'connecting communities' team engaged with prisoners 12 weeks before and 12 weeks after release, which had improved throughcare support and community engagement.*

Medicines optimisation and pharmacy services

- 2.86** Medicines were supplied by the in-house pharmacy against legally valid prescriptions and recorded on SystmOne (the electronic clinical record). A prescribing formulary (list of medications used to inform prescribing) was in place and used. Medicine supplied as not in-possession was administered safely and efficiently from the wings three times a day by pharmacy technicians or nurses, with additional provision for night-time administration by nurses, although this was rarely used. The interactions we observed were good, but medicines queues were not sufficiently supervised by officers to protect confidentiality and prevent the diversion of medicines and bullying (see also paragraph 2.81).
- 2.87** There was an in-possession policy, and risk assessments were carried out but they were not adhered to by those prescribing the medicines. Reasons for deviating from the risk assessments were not recorded. In-possession medicines were supplied as patient-named items, with appropriate labelling and a dispensing audit trail. Prisoners were given an adequate amount of medication on discharge or provisions were made for them to obtain medication in the community.
- 2.88** The transfer of medicines from the in-house pharmacy to the wings was secure. There was adequate space and storage in wing treatment rooms, which were tidy and clean.
- 2.89** Controlled drug management was generally good. There was auditing of prescribing, including the use of tradable medicines, and comparisons could be made between similar prisons with the same health care provider.
- 2.90** There was a full range of standard operating procedures and policies. Few medicines were available without being prescribed. Some were available on the prison shop list, but it took about a week for these to arrive. Prisoners could have a medicine use review. All prescriptions were clinically screened by the pharmacists, and some joint medication reviews

had been carried out between the pharmacist and prescriber. There were also risk meetings with a medicines input.

Recommendations

- 2.91 Prison officers should consistently monitor and manage medication administration queues to reduce the opportunities for bullying and diversion and maintain patient confidentiality at the hatch** (Repeated recommendation 2.68)
- 2.92 Prisoners should receive in-possession medication following a consistent recorded risk assessment that is regularly reviewed.** (Repeated recommendation 2.66)

Dental services and oral health

- 2.93** A full range of dental treatments were available, including dental therapy and educational sessions to promote oral health. Clinics were currently provided daily owing to a high demand and the large number of missed appointments, which was being monitored by dental managers. Urgent appointments were available on most days, and routine waiting times were at around four weeks. Dental staff monitored and triaged referrals to prioritise need, and pain relief was available from the primary health care team if needed. There was a long waiting list to see the dental therapist, although patients waiting for therapy were seen by the dentist in the meantime.
- 2.94** The dental suite was clean and well equipped, with two adjoining rooms offering a clear decontamination process. Equipment servicing was up to date, and infection, prevention and control audits were conducted regularly. Governance arrangements were comprehensive and overseen by regional managers. Patient feedback was sought and analysed to inform service delivery.

Section 3. 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 and are encouraged to engage in activities which support their rehabilitation.

- 3.1 There was insufficient time out of cell for a category C prison. According to the published core day, prisoners who worked full time could expect to spend a maximum of 10 hours out of their cell on a given weekday, and part-time workers between five and seven hours. The maximum time out of cell on a weekend was just over eight hours. In our survey, however, only 2% of respondents said that they spent 10 hours or more out of their cell on a typical weekday, and 48% that they spent less than two hours out of their cell on a weekend. Poor management of the timings of the working day further reduced time out of cell. During our roll checks, over a third of prisoners were locked behind their cell door during the working day (see key concern and recommendation S46).
- 3.2 Unemployed prisoners, those on the basic regime and retired prisoners had limited time unlocked, and were bored and frustrated. Association periods were offered at the end of each working day, and these were rarely cancelled. This was the only time that unemployed prisoners could spend out of their cell. Prisoners on the basic level of the behaviour management scheme were offered association only once a week and outside exercise first thing every morning for half an hour, which was not sufficient (see key concern and recommendation S46). Association equipment, comprising two pool tables and one table tennis table, was available on each wing.
- 3.3 The library was managed by Stockton-on-Tees Council. It was warm and welcoming, with well-stocked shelves and a wide range of resources, including texts in foreign languages. In our survey, over half of prisoners who used the library said it had a wide enough range of materials to meet their needs.
- 3.4 The library was well staffed and ran a range of classes to promote and improve literacy. These included a reading group, the 'Six-Book Challenge' (an initiative inviting individuals to select six books and record their reading in a diary) and Turning Pages (a project run in conjunction with the Shannon Trust helping adults learn to read). There had been two visits from authors in 2019, one of which consisted of a 12-week poetry and short-writing course on World War I, with the end-product published and available for loan.
- 3.5 Access to the library was weekly, managed on a first-come, first-served basis. However, the maximum capacity for each house block was 15 prisoners, which was inadequate. The library did not collate data on attendance, and most prisoners complained about the limited access. The library resources for segregated prisoners and those on the inpatient wing were poor.
- 3.6 PE facilities were good, comprising a sports hall, weights room and fitness suite. Most areas were clean but there were not enough showers for prisoners to use after gym sessions.
- 3.7 The gym programme supported a range of health and well-being activity. This included a mental health well-being course, run jointly with the mental health team (see also paragraph

2.57), an inpatient activity session (see also paragraph 2.65) and an over-50s group supported by Age Concern UK (see also paragraph 2.38).

- 3.8** Prisoners could access the gym up to three times a week, depending on their level on the behaviour management scheme, although many complained of limited access. In our survey, only 33% said that they went to the gym twice a week or more. We came across some house blocks where the gym attendance list was managed by prisoners. The prison did not collate data on the percentage of the population that attended and therefore could not provide assurance of equitable access.
- 3.9** A range of accredited, and some non-accredited, gym courses had been introduced since the previous inspection. A practice circuit for the 'Parkrun' (a non-profit organisation that supports more than 700 communities across the country to coordinate free volunteer-led events for walkers and runners) was in place, with good take-up. Additional activities were offered and well received.

Recommendation

- 3.10 Prisoner access to the library and gym should be robustly monitored to ensure that it is equitable.**

Education, skills and work activities (Ofsted)

Expected outcomes:

All prisoners are expected and enabled to engage in education, skills or work activities that promote personal development and employability. There are sufficient, suitable education, skills and work places to meet the needs of the population and provision is of a good standard.

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

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

Note: In the previous report reintegration issues for education, skills and work were included within rehabilitation and release planning (previously resettlement).

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

Overall effectiveness:	Requires improvement
Quality of education:	Requires improvement
Behaviour and attitudes:	Requires improvement
Personal development:	Requires improvement
Leadership and management:	Requires improvement

- 3.12** The prison's senior leaders rightly acknowledged that they had yet to establish a curriculum that fully met all prisoners' needs (see key concern and recommendation S48). Since the previous inspection, the pace of change had been slow. This had been exacerbated by the ending of the learning and skills provision for a long period and the recategorisation to a training prison. Recent improvement initiatives were contributing effectively to prisoners' successful rehabilitation and resettlement. Leaders effectively used information on skills shortages in the areas to which prisoners were due to be released to plan curriculum developments.
- 3.13** The prison offered enough activity places for its population but the breadth and variety of the provision required improvement. Vulnerable prisoners did not have the same access to the curriculum as the main prison population. Not enough of the qualifications valued by employers were available in the workshops and in work roles. Managers had credible plans to extend the limited number of vocational training courses. Accredited education courses were provided at appropriate levels.
- 3.14** The prison had not implemented an English and mathematics curriculum that addressed all prisoners' needs. Not enough prisoners in workshops and work received enough support in these areas to help their successful resettlement. Too many prisoners withdrew from English and mathematics functional skills classes before completing their course. English and mathematics achievement rates were high at entry levels but not at all other levels (see key concern and recommendation S47). Prisoners' achievement rates in other curriculum areas were very high.
- 3.15** Prison managers did not make sure that activity allocation arrangements exploited all available places efficiently. Sentence plans were not used to inform the process. Prisoners' use of time after attending part-time activities was not planned effectively. When allocation to activities was delayed, prisoners remained idle on their house block. Prisoner pay rates reflected the demands of the activities but did not provide an incentive for prisoners to attend education sessions (see key concern and recommendation S48).
- 3.16** Prisoners received an adequate assessment of their starting points before commencing their prison activities. This included an evaluation of their English and mathematics levels, which staff used for allocation and the planning of learning.
- 3.17** Senior leaders had given priority to ensuring that prisoners participated in sessions. However, while overall attendance rates were usually adequate, they were not consistently so. Not all prisoners attended their sessions punctually, which undermined the development of a sound work ethic for some. Prison managers routinely followed up prisoners who did not attend sessions but this was not always effective. During the inspection, we noted low attendance in the workshops, and the English and mathematics classes. Too often, education sessions finished earlier than planned (see key concern and recommendation S49).

- 3.18** Senior managers had a good awareness of the provision's strengths and areas of weakness. They used regular and frequent subcontractor monitoring well to improve performance. Managers analysed data well to test the effect of improvement measures, and quickly implemented remedial actions as necessary. They had good oversight of how well standards in education and vocational training were being raised. However, work and workshop provision were not subject to these rigorous quality assurance processes. This limited managers' ability to monitor how well curriculum changes were being implemented to support prisoners' development at work.
- 3.19** Senior managers had engaged effectively with employers to establish commercial workshops. Prisoners worked to demanding deadlines that reflected commercial practices. Consequently, they gained valuable skills and knowledge that supported their release plans. However, their development in work and workshops was not comprehensively recorded and recognised as part of a planned process of personal growth. As a result, prisoners often had poor awareness of the gains they had made while working. In a small minority of workshops, the training was not sufficiently structured. In work areas and a few workshops, prisoners were not always gainfully occupied so they were unable to develop the skills that employers seek, such as working as part of a team.
- 3.20** Workshop instructors coached individual prisoners effectively to help them develop useful vocational and employment skills – for example, in producing complex computer coding. Prisoners' participation in vocational training motivated them effectively to explore the potential of self-employment on release.
- 3.21** Teachers and instructors were suitably qualified and experienced to carry out their role. They usually made good use of learning opportunities to help prisoners reflect on their personal circumstances. For example, in music sessions prisoners used lyric production exercises successfully to express their feelings, which they subsequently shared through performance and song.
- 3.22** Managers had planned the education and vocational training curriculum well, so that prisoners could join at any point and achieve within their time at the prison. This effectively ensured that the many short-term prisoners were able to benefit from participating in accredited learning.
- 3.23** Education and vocational training teachers skilfully built on what prisoners had learned in previous sessions to reinforce and extend their knowledge and skills. They gave prisoners helpful feedback on their work, which helped them to improve. Teachers competently accommodated the learning needs of prisoners with differing abilities and levels. Consequently, prisoners developed and retained new skills and knowledge at the expected pace or better.
- 3.24** The identification of and support for prisoners with learning difficulties and/or disabilities were good. Teachers used a wide range of strategies to help prisoners to succeed. The planning of learning was detailed and included clear, challenging and effectively monitored individualised improvement targets. As a result, these prisoners attained their learning goals at a good rate.
- 3.25** Prisoners who attended English and mathematics sessions generally made good progress. They were able to explain what they had learned and the importance of that learning. For example, they understood the different components of written sentence structure and knew the importance of this in communicating meaning clearly. In some cases, prisoners who had not been able to read had learned to do so while at the prison. They commented on how this had changed their lives and relationships with others.

- 3.26** Managers planned extracurricular activities that encouraged prisoners to behave with integrity and work constructively with their peers. For example, young prisoners attending personal development courses became better equipped to adapt to life in an adult male prison. Other courses supported prisoners' career aims on release. For example, a level 1 Football Association qualification in coaching had been introduced; this was an accredited 12-week programme, including a module on first aid and safeguarding. In addition, a project to make models from matchsticks supported the development of self-confidence and esteem well. Prisoners were proud of the high-quality work they achieved when undertaking extracurricular activities. However, too many had a poor understanding of the extracurricular activities that were on offer, and how to access sessions.
- 3.27** All prisoners treated each other and their teachers/instructors with respect, and their good behaviour and conduct contributed considerably to the calm and productive learning environment at the prison. They supported and helped each other well; for example, in joinery workshops they worked collaboratively to trim and sand doors safely and accurately. Younger prisoners sensitively supported older prisoners with reading. Most prisoners had an adequate awareness of values of tolerance and respect, and how to apply them in their lives. In education classes, prisoners' understanding of the dangers posed by radicalisation and extremism were underdeveloped.
- 3.28** In most workshops, prisoners worked diligently and were focused. Their completed work was neat and usually of a good standard. They took pride in their work and what they had produced. For example, prisoners in the bistro had a sound grasp of how to use relevant equipment to produce a range of coffees to order.
- 3.29** The work in a small number of assembly workshops and in work roles was often mundane and failed to challenge or inspire prisoners to attain their potential. This was particularly evident where too many prisoners were allocated to the same tasks. Consequently, they did not gain a realistic understanding of employers' expectations about the demands of employment outside the prison.
- 3.30** Prison leaders had initiated a clear strategy for the promotion of prisoners' personal development to support their release. The recently introduced careers centre benefited from good inter-agency collaboration. Prisoners participated in relevant sessions, where the content was logically aligned to their needs and intended goals on release. They routinely used the virtual campus (internet access for prisoners to community education, training and employment opportunities).
- 3.31** Prisoners received effective careers guidance, so that their choice of preferred prison-based activity was suitably aligned with their vocational aspirations. During their transition before release, careers centre staff provided effective support (see also paragraph 4.30). This included referral to other prison-based assistance, such as the job finding service 'Jobs Unlocked'. Prison data indicated that a relatively low but improving proportion of prisoners gained a job on release. Managers did not yet have enough reliable data on prisoners' employment and training destinations to use for curriculum planning.

Section 4. 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.

Children and families and contact with the outside world

Expected outcomes:

The prison 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.

- 4.1** Work to help prisoners maintain relationships with their families was reasonably good. The prison had developed a families and significant others strategy, which set out measures to improve this area further. However, it was not clear how these measures were being managed, as a number had target dates in 2019 and had not yet been completed at the time of the inspection.
- 4.2** The prison had five family support workers – three employed by Nepacs (see Glossary of terms) and two who worked with the drug and alcohol recovery team. The Nepacs family workers approached all new arrivals to discuss their needs in maintaining family ties, and could provide support with child contact, family courts, care proceedings and tracing family members. There was no provision for parenting courses.
- 4.3** Family workers also supported the Storybook Dads scheme (in which prisoners record stories for their children), and 29 recordings had been completed in the previous six months. Nepacs also arranged regular family days, which were greatly valued by the prisoners we spoke to. Monthly 'new dads visits' gave fathers the opportunity to meet their newborn children in a private section of the visits hall and have a photograph taken with them, which they could then keep.
- 4.4** Since the previous inspection, the prison had completed the installation of in-cell telephones, and in our survey 97% of respondents said they could use the telephone every day, which was much higher than at similar prisons. More respondents than the comparator also said that it was easy for family and friends to get to the prison. However, the management of visiting times was poor, and far fewer prisoners than at similar prisons said that visits started on time. When we attended the visits hall, every visitor we spoke to said that visits always started late, regularly by as much as half an hour. We observed prisoners arriving in the hall 25 minutes after the advertised start time. There was no official prison visitor scheme to support prisoners who did not receive visits.
- 4.5** Families were invited to celebratory events, such as the completion of programmes, and on some occasions families had been involved in casework to support prisoners in crisis.

Recommendation

4.6 Visits should start at the advertised time for all prisoners.

Reducing risk, rehabilitation and progression

Expected outcomes:

Planning for a prisoner's release starts on their arrival at the prison. Each prisoner has an allocated case manager and a custody plan designed to address their specific needs, manage risk of harm and reduce the risk of reoffending.

- 4.7** At the time of the previous inspection, the prison was transitioning from a category B local prison to a category C training prison with a resettlement function. The prison was now fully established as a training prison, with over 60% of the population serving a sentence of four years or more. At the time of the inspection, 27% of prisoners had been at the prison for more than a year.
- 4.8** The management of reducing reoffending work had improved in some areas since our previous inspection, but some weaknesses remained. A resettlement strategy had been published, although this was informed by a needs analysis based solely on a prisoner survey of 30% of prisoners. The needs analysis did not take account of offending behaviour and risks identified in offender assessment system (OASys) assessments, so the prison could not be assured that the interventions delivered were meeting the needs in the population. The prison had produced a resettlement action plan that was managed through a quarterly resettlement committee. The prison lacked a prison-wide approach to delivering this work; minutes indicated that attendance at the strategic meeting was limited, with managers from the residential function not attending at all.
- 4.9** The decision to move community resettlement company (CRC) staff into the offender management unit (OMU) had been positive, and we saw evidence of effective coordinated activity between these teams. The coordination between the OMU and programmes team was less evident (see also paragraph 4.26 and recommendation 4.29). Staff from the CRC completed a review of the initial resettlement plan for most prisoners soon after their arrival (unless this had already been done at a previous establishment), and a Nepacs family worker saw all new arrivals to offer support.
- 4.10** The prison had implemented the offender management in custody (OMiC) (see Glossary of terms) model. The OMU was resourced appropriately, with one full-time and one part-time senior probation officer (SPO), nine probation officer prison offender managers (POMs) and 9.5 full-time-equivalent prison POMs, supported by several case administrators. The unit held regular meetings for POMs, which included guest speakers, to develop knowledge in areas such as mental health. Not all POMs had completed the training required for their role, but a POM mentor from the National Probation Service had been posted to the prison in the previous six months to train the team. Probation POMs received regular professional supervision but the prison POMs had received only one practice supervision session each since October 2019.
- 4.11** POMs were no longer cross-deployed to other duties, but they each had a caseload of around 80 and told us that the associated administrative work took up most of their time. Although only 51% of respondents to our survey said that they had a sentence plan, the team had reduced the number of prisoners without an initial OASys assessment (which includes a sentence plan) from 219 at the previous inspection to 23, which was impressive. The OASys assessments we reviewed were of reasonable quality. The prison did not have a systematic process to monitor subsequent reviews of OASys assessments, either annually or following

significant events, and we found examples where prisoners had completed offending behaviour programmes without the OASys assessment being updated.

- 4.12 Levels of contact between POMs and prisoners were poor. Almost all the prisoners we spoke to who were being released that week said that they hardly saw their POM, and entries in P-Nomis (electronic case notes) suggested that there had not been any contact in more than six months in some instances. Some of the prisoners we spoke were frustrated that their POM could make important decisions such as recategorisation without spending time getting to know them (see key concern and recommendation S50).
- 4.13 This lack of contact was partly offset by regular support for prisoners from key workers (see paragraph 2.4). Some of the key worker entries on P-Nomis included discussions about resettlement needs, such as accommodation, while some demonstrated that key workers encouraged prisoners to progress. For example, we found records showing that some key workers explained how behaviour and risk was linked to recategorisation.
- 4.14 The home detention curfew (HDC) process started on time, and most eligible prisoners in the previous six months had been released under this provision. However, almost 40% had been released after their eligibility date; in many instances, this had been due to a difficulty in identifying a suitable address or the prisoner transferring to Holme House very close to the HDC date (see also paragraph 4.30).
- 4.15 The prison had made no use of release on temporary licence to support resettlement.
- 4.16 There was still little support for life-sentenced prisoners or those serving an indeterminate sentence for public protection (IPP). There had been a recent forum for this group, but there were no dedicated facilities to enable them to develop independent living skills.

Recommendation

- 4.17 **The reducing reoffending strategy and action plan should be informed by a comprehensive and up-to-date population needs analysis.**

Public protection

- 4.18 Public protection processes were reasonably good, although record keeping needed to be improved. Case administrators carried out an initial screening of the risks posed by each newly arrived prisoner, including assessing whether they should be subject to child contact restrictions or mail and telephone monitoring. This information was added to a public protection database, which also scheduled review points. POMs made the relevant decisions on the requirement for monitoring, and these were countersigned by an OMU manager. In the cases we reviewed, decisions had been proportionate and well documented. One of the probation POMs had a reduced caseload, allowing them to devote half their time to the role of public protection expert to advise colleagues on decisions and ensure consistency.
- 4.19 At the time of the inspection, over 60% of the population (754) had been assessed at posing a high or very high risk of serious harm, and 719 of these were subject to multi-agency public protection arrangements (MAPPA). POMs submitted appropriate information about prisoners to this forum, and the quality of the MAPPA reports we inspected was reasonable.
- 4.20 The prison held a monthly interdepartmental risk management meeting, chaired by the SPO, which considered high or very high risk prisoners three months before they were due to be released. The meeting included input from relevant departments, such as security, to provide

further information about a prisoner's risk. Some key workers had also been invited to the meeting to increase their knowledge and understanding of risk. The minutes of the meeting demonstrated an effective exchange of information and dialogue with community offender managers before release. However, the meeting did not always clearly outline the risk management plan, actions to be taken or whether previous actions had been completed.

- 4.21** At the time of the inspection, there was one prisoner convicted of a terrorism-related offence, and records indicated communication between his community offender manager and POM. The prisoner was engaged in an appropriate programme, and his record had been flagged to ensure he was referred to MAPPA at the relevant point before his release.

Categorisation and transfers

- 4.22** Recategorisation decisions were made promptly, and in the previous six months 67 prisoners had been categorised as suitable for open conditions (category D). However, there were long delays in transferring these prisoners, and at the time of the inspection 23 category D prisoners were still at the prison, one of whom had been waiting for a move since October 2019.

Recommendation

- 4.23** **Category D prisoners should be moved promptly to open conditions.**

Interventions

Expected outcomes:

Prisoners are able to access interventions designed to promote successful rehabilitation.

- 4.24** The prison delivered a range of accredited programmes, including Resolve, which addressed violent offending for high-risk prisoners, and the Thinking Skills Programme (TSP). The prison also offered two more-intensive programmes, lasting up to nine months: Kaizen general violence and Kaizen interpersonal violence. At the time of the inspection, waiting lists for these programmes were not excessive, and it was feasible that all those on the list would be able to complete the programme before release. However, the targets for yearly completions for each programme were relatively low, given the total population. The targets were 36 for Resolve, 36 for TSP, eight for Kaizen general violence and 12 for Kaizen interpersonal violence. The prison had not conducted any systematic analysis of OASys assessments to identify the full range of offending behaviour risks among the population. Therefore, it was difficult to determine if the programme on offer met all current need.
- 4.25** There were few referrals from POMs for programmes, with most having been referred from other establishments. When there had been referrals within Holme House, these had sometimes been made too late in the prisoner's sentence, which meant that they had not been able to complete the programme and potentially progress to open conditions.
- 4.26** The psychology team delivered one-to-one programmes to a small number of prisoners, including the Healthy Identity intervention for those who had committed extremist offences, and the Healthy Sex programme for prisoners who had a conviction for a sex offence or an offence with a sexual element. In the previous six months, a small number of prisoners convicted of a sex offence had also been assessed by the programmes team at HMP Northumberland for the Horizon programme. A few prisoners not suitable for programmes

had received bespoke psychological interventions. The prison did not deliver any non-accredited offender behaviour programmes.

- 4.27** The prison also delivered a range of non-accredited courses through the chaplaincy and gym. These helped participants to develop coping strategies, build their confidence and create the optimism necessary to address their offending behaviour.
- 4.28** The substance misuse therapeutic community was a well-run national resource to support prisoners on the drug recovery programme (see paragraph 2.81).

Recommendation

- 4.29** **There should be an up-to-date analysis of the offending behaviour needs of the population to inform the provision of an appropriate range of accredited programmes and other interventions to help prisoners address their attitudes, thinking and behaviour.**

Release planning

Expected outcomes:

The specific reintegration needs of individual prisoners are met through an individual multi-agency plan to maximise the likelihood of successful reintegration into the community.

- 4.30** In the previous six months, approximately 100 prisoners a month had been released. All those due for release were seen by the 'through-the-gate' (TTG) staff of the Durham Tees Valley CRC to agree a resettlement plan, which usually took place three months before release. The prison offered a range of services to address resettlement needs, including help with applications for universal credit by Jobcentre Plus staff. Such applications could not be completed until a release address had been agreed, which was often very late in the case of those released on HDC (see also paragraph 4.14). Resettlement coordinators in the careers centre (see also paragraph 3.31) could offer help with CV writing, interview skills and job searching, and had supported 192 prisoners since this service was introduced in November 2019.
- 4.31** Nepacs staff had delivered the Heading Home programme to 128 prisoners nearing release in the previous six months. Some elements of the programme required joint rehabilitative work between the prisoner and their family, and 11 families had attended such group work in this period.
- 4.32** Reception staff provided some clothing and a plain holdall to all prisoners who needed these on release. For the small number of prisoners being released to the local area under the management of the CRC, a much better level of TTG support was available at the visitors' centre. Named the 'departure lounge', the facility included TTG staff meeting prisoners to talk through their licence and appointments in the following days, and in some cases accompanying prisoners to these appointments. We saw a TTG worker accompany a prisoner with mental health needs through the day of release until they arrived at supported accommodation at 4pm. More formal allocation of mentors could also be arranged through the Wise Group at HMP Durham, and this had been taken up by 41 prisoners in the previous six months. TTG mentoring was also provided by the drug and alcohol recovery 'connecting communities' team (see paragraph 2.83). Nepacs staff provided toiletry and drinks packs, clothing and useful information, including where to access free food on release.

Good practice

- 4.33** *Prisoners were offered toiletries, drinks, clothing and useful information, including how to access free food, on release.*

Section 5. Summary of key concerns, recommendations and good practice

The following is a listing of repeated and new key concerns and recommendations, general recommendations and examples of good practice included in this report. The reference numbers in the left-hand column refer to the paragraph location in the main report.

Key concerns and recommendations

- 5.1** Key concern (S37): In our survey, 82% of prisoners reported having problems when they arrived at Holme House. Despite this, reception interviews were held at an open desk within earshot of other staff and prisoners, which reduced the likelihood of new arrivals disclosing important confidential information. There was no dedicated first night unit and no additional first night safety checks on new arrivals. (Directed to: the governor)

Recommendation: Safeguards should be in place to ensure that all prisoners arriving at Holme House are kept safe during their early days, including risk assessments that are conducted in private and enhanced safety checks overnight.

- 5.2** Key concern (S38): There was no formal induction programme. The induction booklet contained some useful information but relied on the prisoner being able to read all the information and understand it. Prisoners were left feeling vulnerable and not knowing what would happen in their early days. (Directed to: the governor)

Recommendation: Prisoners should be provided with an effective comprehensive induction to ensure that they have sufficient knowledge to access services and regime activities at the prison.

- 5.3** Key concern (S39): Violence towards staff had increased significantly. The prison lacked an effective strategic response to violence. Poorly attended safer custody meetings lacked structure and did not analyse information effectively or identify actions to improve safety. The management of the perpetrators of violence and support for victims were weak, too many investigations into incidents were incomplete or lacked detail, and there was no embedded violence reduction action plan. (Directed to: the governor)

Recommendation: The prison should develop a comprehensive violence reduction action plan, which is overseen and regularly reviewed by safety managers to ensure it is effective.

- 5.4** Key concern (S40): The governance of use of force lacked rigour. Not all the incidents that we observed were justified, and the behaviour of some staff during restraint was inappropriate. (Directed to: the governor)

Recommendation: Force should be used as a last resort and justified on all occasions. Governance arrangements should ensure that all staff behave appropriately and professionally during incidents, and use de-escalation techniques throughout.

- 5.5** Key concern (S41): Care plans and regimes in the segregation unit were not tailored to meet individual need. Our survey and observations highlighted some poor treatment and we were not assured that prisoners would be kept safe while segregated. (Directed to: the governor)

Recommendation: Segregated prisoners should be kept safe with intervention and care appropriate to their individual circumstances and needs.

- 5.6** Key concern (S42): Some prisoners on assessment, care in custody and teamwork (ACCT) case management were negative about the care they received, and the quality of ACCT documentation was too variable. (Directed to: the governor)

Recommendation: Prisoners at risk of self-harm or suicide should receive effective, well-documented care.

- 5.7** Key concern (S43): Discrimination complaint forms were not readily available on house blocks, investigations into complaints lacked rigour and sometimes did not address the concern raised. Prisoners often did not receive a response. There was no clear process or oversight to ensure these complaints were dealt with, including those submitted via the prison's standard complaint procedure. (Directed to: the governor)

Recommendation: The discrimination complaints procedure should ensure that complaints are investigated thoroughly, and that responses are prompt and independently scrutinised.

- 5.8** Key concern (S44): Prisoners had poor perceptions of health services. Improvement board measures had successfully addressed some key issues behind these perceptions, but the lack of prisoner consultation meant that key information was not effectively communicated. (Directed to: the governor)

Recommendation: Health service delivery should be informed by effective and regular prisoner consultation.

- 5.9** Key concern (S45): In the previous six months, none of the three patients needing to transfer to secure hospital for treatment under the Mental Health Act did so within the national guideline of 14 days, with the longest taking 98 days. One acutely unwell prisoner had been waiting for a high secure bed for seven months and had spent six of these months in segregation, in conditions that clearly exacerbated his ill health. This prisoner has since been transferred to Rampton Secure Hospital. (Directed to: the governor)

Recommendation: Patients requiring hospital admission under the Mental Health Act should be transferred within the national guideline of 14 days.

- 5.10** Key concern (S46): Time out of cell was insufficient. Too many prisoners were locked behind their cell during the core day, including those retired due to age or on medical grounds. The regime was regularly curtailed, and prisoners who were unemployed, segregated or on the basic level of the behaviour management scheme did not receive adequate time out of their cell. (Directed to: the governor)

Recommendation: Prisoners should have regular and predictable time out of cell that is sufficient to promote rehabilitation and mental well-being.

- 5.11** Key concern (S47): Leaders and managers had yet to implement English and mathematics support that met the needs of all prisoners, and attendance in education for these two curriculum areas was too low, as was achievement rates at higher levels. (Directed to: the governor)

Recommendation: Leaders and managers should ensure that teachers and instructors help all prisoners to improve their English and mathematical skills to an appropriately high level. Education managers should promptly identify prisoners who could become disengaged from learning, and work closely with

prison managers so that all prisoners stay on their course and achieve their qualifications.

- 5.12** Key concern (S48): Leaders and managers had not established a curriculum that was fully relevant for a training prison and ensured all prisoners had equal access to the provision. Prisoners' allocation was not rapid enough, pay rates did not incentivise education attendance, and managers had an insufficiently comprehensive oversight of training quality in workshops and work. (Directed to: the governor)

Recommendation: Leaders should rapidly implement existing plans to introduce a curriculum that meets all prisoners' needs. They should introduce quality assurance arrangements that allow them to improve fully all provision, make sure that prisoners commence their allocated activity on time, and ensure that prisoner pay rates act as an incentive to participation in education.

- 5.13** Key concern (S49): Leaders and managers had not ensured that prisoner attendance at education, skills and work activities was consistently high, that they always attended punctually and they were occupied fully in workshop and work areas. (Directed to: the governor)

Recommendation: Leaders and managers should ensure that all prisoners attend their activities as planned, including arriving and commencing their allocated activity promptly, remaining for the full duration and being occupied fully throughout the core day.

- 5.14** Key concern (S50): Reducing reoffending work, including the delivery of offending behaviour programmes, was not informed by an up-to-date analysis of needs identified in OASys assessments. This created the potential for prisoners' needs to go unmet. This was exacerbated by the lack of strategic oversight of the referral, assessment and allocation to offending behaviour programmes. Some prisoners waited too long before they were referred or allocated to a necessary intervention, which affected their ability to progress to open conditions. (Directed to: the governor)

Recommendation: Prisoners should be allocated promptly to interventions that are based on an up-to-date analysis of risk and needs.

- 5.15** Key concern (S51): Contact between prison offender managers (POMs) and prisoners was poor. Some POMs made important decisions affecting prisoners' ability to progress without regular contact and assessment. (Directed to: the governor)

Recommendation: Prison offender managers should have regular, good quality contact with prisoners to help them to reduce their risk and progress through their sentence.

General recommendations

- 5.16** General recommendation (1.8): Prisoners should only be strip searched when there is sufficient specific intelligence and proper authorisation. (Directed to: the governor)
- 5.17** General recommendation (1.18): The daily regime for self-isolators should be reliable and provide, at a minimum, exercise, a shower and a telephone call. (Directed to: the governor)
- 5.18** General recommendation (1.44): Early learning reviews from deaths in custody should be shared immediately with the safer custody team, and actions from these should be managed

- alongside the Prisons and Probation Ombudsman recommendations action plan to ensure that issues are identified and addressed promptly. (Directed to: the governor)
- 5.19** General recommendation (1.45): Staff carrying out constant watches should observe the prisoner at all times. (Directed to: the governor)
- 5.20** General recommendation (1.49): Staff should be aware of their statutory safeguarding duties and there should be a coordinated approach to ensuring that the safeguarding needs of prisoners are met. This should include prompt referral, care planning and ongoing monitoring. (Directed to: the governor)
- 5.21** General recommendation (1.50): Young adults should not share a cell with older prisoners without an appropriate risk assessment. (Directed to: the governor)
- 5.22** General recommendation (2.11): Prisoners should be allowed to receive an initial clothing parcel from their family or friends during their early days in custody. (Directed to: the governor)
- 5.23** General recommendation (2.18): Prisoners should have opportunities to dine in association and to self-cater. (Directed to: the governor)
- 5.24** General recommendation (2.26): Responses to prisoners' complaints should be respectful and always fully address the concerns raised. (Directed to: the governor)
- 5.25** General recommendation (2.27): Prisoners should have regular and meaningful opportunities to influence decisions about prison services, routines and facilities. (Directed to: the governor)
- 5.26** General recommendation (2.56): All clinical waste should be stored and disposed of safely and securely. (Directed to: the governor)
- 5.27** General recommendation (2.68): Prisoners should receive a health consultation in private, unless the risk assessment suggests otherwise. (Directed to: the governor)
- 5.28** General recommendation (2.71): Prisoner carers should receive training for the role and have access to regular supervision. (Directed to: the governor)
- 5.29** General recommendation (2.91): Prison officers should consistently monitor and manage medication administration queues to reduce the opportunities for bullying and diversion and maintain patient confidentiality at the hatch. (Repeated recommendation 2.68) (Directed to: the governor)
- 5.30** General recommendation (2.92): Prisoners should receive in-possession medication following a consistent recorded risk assessment that is regularly reviewed. (Repeated recommendation 2.66) (Directed to: the governor)
- 5.31** General recommendation (3.10): Prisoner access to the library and gym should be robustly monitored to ensure that it is equitable. (Directed to: the governor)
- 5.32** General recommendation (4.6): Visits should start at the advertised time for all prisoners. (Directed to: the governor)
- 5.33** General recommendation (4.17): The reducing reoffending strategy and action plan should be informed by a comprehensive and up-to-date population needs analysis. (Directed to: the governor)

- 5.34** General recommendation (4.23): Category D prisoners should be moved promptly to open conditions. (Directed to: HMPPS and the governor)
- 5.35** General recommendation (4.29): There should be an up-to-date analysis of the offending behaviour needs of the population to inform the provision of an appropriate range of accredited programmes and other interventions to help prisoners address their attitudes, thinking and behaviour. (Directed to: the governor)

Examples of good practice

- 5.36** Good practice point (1.37): The prison had made effective use of technology, including body and magnetic resonance scanners, to reduce the supply of illicit items.
- 5.37** Good practice point (1.46): Before prisoners who were prolific self-harmers transferred into the prison, the safer custody team visited the sending prison, met the prisoners concerned and took part in a multidisciplinary meeting.
- 5.38** Good practice point (2.42): The prison had introduced effective peer-led work to support young adult prisoners. It had appointed a prisoner mentor who had written and delivered an impressive 12-week 'youth upliftment' programme.
- 5.39** Good practice point (2.85): Under the drug recovery programme, a designated 'connecting communities' team engaged with prisoners 12 weeks before and 12 weeks after release, which had improved throughcare support and community engagement.
- 5.40** Good practice point (4.33): Prisoners were offered toiletries, drinks, clothing and useful information, including how to access free food, on release.

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy chief inspector
Deborah Butler	Team leader
Ian Dickens	Inspector
Jeanette Hall	Inspector
David Owens	Inspector
Tamara Pattison	Inspector
Nadia Syed	Inspector
Becky Duffield	Researcher
Rahul Jalil	Researcher
Chloe Moore	Researcher
Shannon Sahni	Researcher
Shaun Thomson	Lead health and social care inspector
Siggi Engelen	Health and social care inspector
Sue Melvin	Pharmacist
Dayni Johnson	Care Quality Commission inspector
Nigel Bragg	Ofsted inspector
Marina Gaze	Ofsted inspector
Shahram Safavi	Ofsted inspector
Helen Whelan	Ofsted inspector
Paddy Doyle	Offender management inspector

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided. The recommendations in the main body of the report are based on the fifth edition of Expectations, but those below are based on the fourth edition. Their order may therefore differ slightly from the main report.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2017, reception risk assessments did not focus sufficiently on identifying vulnerabilities. Not all prisoners received induction. Levels of violence were similar to comparator prisons. Many recommendations following deaths in custody had not been implemented. Constant watch arrangements for some prisoners were unsafe. Safeguarding procedures were generally good. With some exceptions, security arrangements were proportionate, but not enough had been done to address serious current NPS-related risks. Governance of use of force was poor. Many segregation cells were in poor condition. There was little evidence that the incentives and earned privileges scheme was effective in managing behaviour. Support for those with substance misuse problems was good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

Actions identified as a result of PPO death in custody reports should be fully implemented and kept under regular review to ensure effectiveness. ACCT documentation should be subject to robust quality assurance. The inadequacy of constant watch arrangements should be addressed immediately. (S40)

Not achieved

Managers should ensure that rigorous and coordinated work is undertaken to tackle the availability of drugs in the prison, including a comprehensive drug strategy and systematic suspicion testing. (S41)

Achieved

Recommendations

Prisoners should be able to alight from cellular vehicles immediately after arrival at Holme House. (I.3)

Achieved

Prisoners should be received into a welcoming reception area and have a private assessment of needs and vulnerabilities, before being moved promptly to adequately prepared first night accommodation. They should have additional checks and appropriate support on their first night. (I.10)

Not achieved

All prisoners should receive a prompt and full induction which provides information about all services and regime activities. (I.11)

Not achieved

There should be a prompt and concerted response to the main drivers of violence. (I.19)

Not achieved

There should be effective support planning for own protection prisoners and for victims of violent and/or antisocial behaviour. Own protection prisoners should have a regime equivalent to other prisoners. (I.20)

Partially achieved

Regular consultations should be held with vulnerable prisoners to understand their concerns, and effective steps should be taken to address any abuse directed towards them. (I.21)

Achieved

All staff should be trained in safeguarding policy and procedures. (I.32)

Not achieved

The particular needs of and possible risks to young prisoners should be assessed and met. (I.33)

Not achieved

Strip-searching and closed visits should only be applied when there is appropriate intelligence to justify their use. (I.42)

Not achieved

The incentives and earned privileges scheme should motivate good behaviour through individual and meaningful targets for prisoners. (I.45)

Not achieved

Data on adjudications should be routinely analysed to identify emerging patterns, trends should be investigated and appropriate action taken to address them. (I.49)

Not achieved

Managers should routinely analyse use of force data and review incidents to ensure proportionality and accountability, monitor trends, identify good practice and learn lessons. (I.54)

Partially achieved

The use of special accommodation should be justified on all occasions and it should only be used for the shortest possible period. (I.55)

Partially achieved

Decent living conditions should be provided for segregated prisoners, including accommodation free of graffiti, with a regime that offers purposeful activity and engagement. (I.59)

Partially achieved

Individual care plans should be in place for all segregated prisoners, with a clear focus on identified risks and successful reintegration planning. (I.60)

Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2017, communal areas were clean but many cells and showers were in a poor state, and toilets were inadequately screened. Many prisoners could not obtain cleaning materials or sufficient clean sheets and clothes. Staff-prisoner relationships were reasonable overall but under strain in many parts of the prison. Not all minority groups received adequate attention and equality monitoring data were not being used to investigate and address concerns. Faith provision was good. Complaints were dealt with well but prisoners lacked confidence in complaints procedures. Health services were improving after a period of decline but continued to be undermined by long waiting times and staff shortages. The quality of food was good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

Prisoners should not be held in overcrowded conditions. They should be held in decent, hygienic and well maintained conditions, with sufficient furniture, properly screened toilets and good access to cleaning materials to keep their cells clean. (S42)

Not achieved

Recommendations

Staff should answer cell call bells promptly, and bells should only be used for emergencies. (2.8)

Achieved

Prisoner applications should be tracked and timeliness of responses monitored. (2.9, repeated recommendation 2.12)

Achieved

Managers should encourage and enable staff to engage regularly and positively with prisoners. (2.13)

Achieved

National equality monitoring tool data should be recent, comprehensive and used systematically to help identify areas of potential discrimination. (2.17)

Achieved

There should be an equality action plan, with measurable objectives and completion dates, which drives change and is monitored by managers and updated regularly. (2.18)

Not achieved

All discrimination incidents should be promptly and thoroughly investigated. Replies should summarise how the incident was investigated and give the reasons for the conclusions that are reached. Quality assurance arrangements should be robust. (2.19)

Not achieved

The reasons for black and minority ethnic prisoners' poor perceptions of their treatment should be investigated and addressed. (2.27)

Partially achieved

The needs of prisoners with disabilities should be identified promptly and met by individual assessment, regular consultation, care planning and monitoring. If they are not in education or work because of their disability, they should be unlocked during the core day. (2.28)

Partially achieved

Complaint boxes should be emptied by non-uniformed staff to encourage more confidence in the complaints system. (2.36)

Not achieved

All clinical rooms should comply with infection control standards and offer a decent, safe and accessible environment for prisoners and staff. (2.49)

Achieved

Patient confidentiality should be consistently maintained. (2.50)

Not achieved

Prisoners should be able to complain about health services through a confidential, well-advertised system and responses should address all issues. (2.51)

Achieved

Patients should be able to access all primary care services within community equivalent waiting times and routine dental appointments within six weeks. (2.57)

Achieved

Patients on the inpatient unit should have easy access to a full prison regime and an adequate range of therapeutic activities. (2.58)

Not achieved

Prisoners should receive in-possession medication following a consistent recorded risk assessment that is regularly reviewed. (2.66)

Not achieved (recommendation repeated, 2.92)

Medication should be administered at clinically appropriate times. (2.67)

Achieved

Prison officers should consistently monitor and manage medication administration queues to reduce the opportunities for bullying and diversion and maintain patient confidentiality at the hatch. (2.68)

Not achieved (recommendation repeated, 2.91)

Patients should be involved in prescribing decisions and be offered alternatives promptly where clinically indicated. (2.69)

Achieved

Prisoners should have timely access to an appropriate range of over-the-counter remedies for minor injuries and illnesses. (2.70)

Not achieved

All patients with mental health needs should have timely interventions and clear care plans that have been agreed with them. (2.80)

Achieved

Patients sectioned under the Mental Health Act should be transferred within the transfer timescale guidelines. (2.81)

Not achieved

The evening meal should not be served before 5pm and breakfast packs should be served on the morning they are eaten. (2.88)

Partially achieved

Purposeful activity

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

At the last inspection, in 2017, time out of cell was adequate for full-time workers but too limited for others. The quality of education and training was good. Most workshops enabled prisoners to develop useful skills. Attendance and punctuality were not good enough. Achievement of qualifications was generally high. Library and PE provision were reasonably good. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

A predictable regime should be delivered and prisoners should be unlocked on time. Prisoners should be unlocked and able to attend appointments and engage in constructive activity during the working day. (S43)

Partially achieved

Recommendations

The proportion of appropriately trained prison staff should be increased to support learners' development. (3.10)

Achieved

Managers should ensure good attendance and punctuality at sessions and, where sessions finish early, productive use should be made of the remaining time. (3.11)

Not achieved

Sufficient purposeful activity places should be provided to occupy prisoners who require fulltime activity. (3.18)

Achieved

The proportion of prisoners studying for qualifications while working should reflect assessed resettlement needs. (3.19)

Not achieved

Tutors should plan activities well so that more learners attain at a high level and can apply their learning to wider contexts. (3.26)

Achieved

Tutors should ensure that the recording of learners' progress is regular and accurate, and enables learners to understand the knowledge and skills that they have developed. (3.27)

Not achieved

Learners should use up-to-date software in information technology lessons. (3.28)

Achieved

Where practical, learners should complete their planned course and achieve their qualifications. (3.36)

Not achieved

The number of prisoners who use the library should be significantly increased. (3.40)

Achieved

Prisoners should routinely be able to undertake accredited courses and specialist sessions. (3.46)

Achieved

Resettlement

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

At the last inspection, in 2017, management of resettlement functions was not well coordinated. Staff shortages seriously undermined risk assessment and rehabilitation work by the offender management unit (OMU). The offender assessment system (OASys) assessments backlog was high. Many home detention curfew assessments were delayed. Good individual work was done with indeterminate sentenced prisoners. Public protection processes were not systematic enough. Re-categorisation processes were good. Resettlement planning and work were adequate but undermined by the lack of coordination with the OMU. Prisoners had access to a good range of programmes. Work to support family links was good but visits regularly started late. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

There should be regular staff contact with individual prisoners from arrival at the prison to: assess and record individual risks and needs; ensure that the prisoner is engaging with a developing plan, shared across all relevant departments; and encourage prisoners to use their sentence to reduce the risk of reoffending. (S44)

Not achieved

Recommendations

A new resettlement strategy based on the priorities of a training prison should be used to drive effective, planned and coordinated rehabilitation work throughout the prisoner's sentence. Implementation of the strategy should be monitored and adjusted to reflect relevant outcome data. (4.4)

Achieved

The backlog of offender assessment system (OASys) assessments should be cleared and the work kept up to date. (4.10, repeated recommendation 4.19)

Achieved

Public protection measures should be planned, carried out and monitored in a consistent and timely way, involving all departments with knowledge of individual prisoners and the risk factors associated with them. (4.13)

Achieved

Formal consultation arrangements should be developed and implemented for indeterminate sentenced prisoners. (4.16, repeated recommendation 4.34)

Not achieved

The prison should make full use of the National Careers Service skills action plans to inform sentence plans. (4.24)

No longer relevant

All prisoners should have planned participation in a pre-release course. (4.25)

Not achieved

All prisoners should receive effective pre-release planning to ensure continuity of care, including medications, after release. (4.27)

Achieved

There should be sufficient support for all prisoners who need help to maintain and rebuild relationships with their families. (4.41)

Achieved

Visits should start at the publicised time, and prisoners should be able to receive visits from a prison visitors' scheme. (4.42)

Not achieved

Interventions should be available to reduce the potential for violence across all levels of risk, by addressing behaviour in custody and in the community after release. (4.48)

Not achieved

Appendix III: Care Quality Commission Requirement Notice



Requirement Notices

Provider: G4S Health Services (UK) Limited

Location: HMP YOI Holme House

Location ID: 1-1988059749

Regulated activities: Treatment of disease, disorder or injury, Diagnostic and screening procedures

Action we have told the provider to take

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

Regulation 17 – Good governance

Regulation 17(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

How the regulation was not being met:

There were no systems or processes that enabled the registered person to seek and act on feedback from relevant persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services;

- There were no systems to seek and act on feedback from patients to inform service delivery or improvement.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- Clinical waste arrangements were in place however one clinical waste bin was found open and overflowing during our inspection and could not be locked. The issue was raised with managers during the inspection and we were told the problem had been rectified, however the following day the issue remained the same.
- Patient confidentiality was compromised due to clinical room doors being left

open during patient consultations. This was raised with managers during the inspection, but doors were still observed to be open during consultations in the following two days. This issue was also highlighted during a previous inspection report in 2017.

There was an absence of evidence to support assurance previously submitted to CQC in response to a death in custody action plan. NEWS2 (National Early Warning Score) and care plan training had not been recorded for all relevant staff, and the development of an inpatient admissions leaflet had not been completed.

Appendix IV: Prison population profile

Please note: the following figures were supplied by the establishment and any errors or omissions are the establishment's own.

Status	18–20-year-olds	21 and over	%
Sentenced	18	1,014	86
Recall	1	168	14
Detainees		1	
Total	19	1,183	100

Sentence	18–20-year-olds	21 and over	%
Less than 6 months	0	42	3.4
6 months to less than 12 months	0	45	3.7
12 months to less than 2 years	3	131	11.1
2 years to less than 4 years	7	273	23.2
4 years to less than 10 years	7	478	40.3
10 years and over (not life)	2	122	10.3
ISPP	0	53	4.4
Life	0	39	3.2
Total	19	1,183	100

Age	Number of prisoners	%
Under 21 years	19 (youngest 18)	1.5
21 years to 29 years	359	29.8
30 years to 39 years	441	36.6
40 years to 49 years	249	20.7
50 years to 59 years	79	6.5
60 years to 69 years	33	2.7
70 plus years	22 (oldest 87)	1.8
Total	1,202	100

Nationality	18–20-year-olds	21 and over	%
British	18	1,146	96.8
Foreign nationals	1	37	3.2
Total	19	1,183	100

Ethnicity	18–20-year-olds	21 and over	%
White			
British	18	1,067	90.3
Irish	0	4	0.3
Gypsy/Irish Traveller	0	28	2.3
Other white	0	23	1.9
Mixed			
White and Black Caribbean	0	7	0.6
White and Asian	0	5	0.4
Other mixed	0	3	0.2
Asian or Asian British			
Indian	0	5	0.5
Pakistani	0	9	0.7
Bangladeshi	0	2	0.1
Chinese	0	9	0.7
Other Asian	0	1	0.1
Black or black British			
Caribbean	0	8	0.6
African	0	3	0.2
Other black	1	3	0.2
Other ethnic group			
Arab	0	2	0.1
Other ethnic group	0	3	0.2
Not stated	0	1	0.1
Total	19	1,183	100

Religion	18–20-year-olds	21 and over	%
Church of England	1	229	19.1
Roman Catholic	4	157	13.3
Other Christian denominations	1	84	7
Muslim	2	45	3.4
Sikh	0	3	0.2
Hindu	0	1	0.1
Buddhist	0	19	1.5
Jewish	0	3	0.2
Other	0	22	1.8
No religion	11	620	52.6
Total	19	1,183	100

Other demographics	18–20-year-olds	21 and over	%
Veteran (ex-armed services)	0	23	1.9

Sentenced prisoners only (as at 26 May 2020)

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0.0	102	8.9
1 month to 3 months	1	0.1	175	15.3
3 months to 6 months	6	0.5	220	19.2
6 months to 1 year	1	0.1	280	24.4
1 year to 2 years	2	0.2	229	20.0

2 years to 4 years	0	0.0	121	10.5
4 years or more	0	0.0	10	0.9
Total	10	0.9		99.1

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced	0	1 (IS91)	0.1
Category C	5	1145	95.7
Category D	0	31	2.6
Other	14	4 (YOI closed)	1.5
Total			

Main offence	18–20-year-olds	21 and over	%
Violence against the person	0	262	21.8
Sexual offences	4	178	15.1
Burglary	1	176	14.7
Robbery	2	177	14.9
Theft and handling	0	35	2.9
Fraud and forgery	0	11	0.9
Drugs offences	1	111	9.3
Other offences	11	233	20.3

Appendix V: Photographs



New showers on house blocks 1–4



Unsafe storage of clinical waste



Appendix VI: Prisoner survey methodology and results

Prisoner survey methodology

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.

HM Inspectorate of Prisons (HMI Prisons) researchers have developed a self-completion questionnaire to support HMI Prisons' *Expectations*. The questionnaire consists of structured questions covering the prisoner 'journey' from reception to release, together with demographic and background questions which enable us to compare responses from different sub-groups of the prisoner population. There are also three open questions at the end of the questionnaire which allow prisoners to express, in their own words, what they find most positive and negative about the prison. Qualitative analysis of these written comments is undertaken by HMI Prisons researchers and used by inspectors.

The questionnaire is available in 14 languages and can also be administered via a telephone translation service if necessary.

The questionnaire was revised during 2016–17, in consultation with both inspectors and prisoners. The current version has been in use since September 2017.

Sampling

On the day of the survey a stratified random sample is drawn by HMI Prisons researchers from a P-NOMIS prisoner population printout ordered by cell location. Using a robust statistical formula HMI Prisons researchers calculate the minimum sample size required to ensure that the survey findings can be generalised to the entire population of the establishment (95% confidence interval with a sampling error of 7%; the formula assumes a 75% response rate (65% in open establishments). In smaller establishments we may offer a questionnaire to the entire population.

Distributing and collecting questionnaires

HMI Prisons researchers distribute and collect the questionnaires in person. So that prisoners can give their informed consent to participate, the purpose of the survey is explained and assurances are given about confidentiality and anonymity. For further information about the ethical principles which underpin our survey methodology, please see *Ethical principles for research activities* which can be downloaded from HMI Prisons' website <http://www.justiceinspectorates.gov.uk/hmiprison/about-our-inspections/>. Prisoners are made aware that participation in the survey is voluntary; refusals are noted but not replaced within the sample. Those who agree to participate are provided with a sealable envelope for their completed questionnaire and told when we will be returning to collect it. We make arrangements to administer the questionnaire via a face-to-face interview for respondents who disclose literacy difficulties.

Survey response

At the time of the survey on 24 February 2020 the prisoner population at HMP Holme House was 1201. Using the sampling method described above, questionnaires were distributed to 225 prisoners. We received a total of 181 completed questionnaires, a response rate of 80%. Twenty-five prisoners declined to participate in the survey and 19 questionnaires were either not returned at all, or returned blank.

Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for HMP Holme House. For the comparator analyses, each question was reformulated into a binary 'yes/no' format and affirmative responses compared, using the Chi-square test (or Fisher's exact test if there are fewer than five responses in a group). Missing responses have been excluded from all analyses.

Full survey results

A full breakdown of responses is provided for every question. Percentages have been rounded and therefore may not add up to 100%.

Responses from HMP Holme House 2020 compared with those from other HMIP surveys

Note: these analyses are carried out on summary data from all survey questions. As we have been using a new version of the questionnaire since September 2017, we do not yet have full comparator data for all questions.

- Survey responses from HMP Holme House in 2020 compared with survey responses from other category C training prisons inspected since September 2017.
- Survey responses from HMP Holme House in 2020 compared with survey responses from HMP Holme House in 2017. *Please note that HMP Holme House was a category B local prison when inspected in July 2017.*

Comparisons between different residential locations within HMP Holme House 2020

- Responses of prisoners on the vulnerable prisoner unit (house block 7) compared with those from the rest of the establishment.

Comparisons between self-reported sub-populations of prisoners within Holme House 2020

Note: These analyses are carried out on summary data from selected survey questions only.

- Responses of prisoners who reported that they had a disability compared to those who did not.
- Responses of prisoners who reported that they had mental health problems compared with those who did not.
- Responses of prisoners aged 50 and over compared with those under 50.
- Responses of prisoners aged 25 and under compared with those over 25.

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group. A minimum of 10 responses which must also represent at least 10% of the total response.

In the comparator analyses, statistically significant differences are indicated by shading. A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing, $p < 0.01$ is considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance. Results that are significantly more positive are indicated by green shading and results that are significantly more negative are indicated by blue shading. Orange shading has been used to show a statistically significant difference in demographic or other background details. If there is no shading, any difference between the two results is not statistically significant and may have occurred by chance. Grey shading indicates that there is no valid comparative data for that question.

Filtered questions are indented and preceded by an explanation in italics of how the filter has been applied. In the comparator analyses, percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the total number of valid responses to the question.

Survey summary

Background information

I.1 What wing or house block are you currently living on?

House block 1	26 (14%)
House block 2	29 (16%)
House block 3	22 (12%)
House block 4	23 (13%)
House block 5	16 (9%)
House block 6A	11 (6%)
House block 6B	13 (7%)
House block 7	37 (20%)
Segregation unit	3 (2%)
Health care unit	1 (1%)

I.2 How old are you?

Under 21	2 (1%)
21 - 25	21 (12%)
26 - 29	32 (18%)
30 - 39	68 (38%)
40 - 49	38 (21%)
50 - 59	13 (7%)
60 - 69	3 (2%)
70 or over	4 (2%)

I.3 What is your ethnic group?

White - English/ Welsh/ Scottish/ Northern Irish/ British	170 (95%)
White - Irish	0 (0%)
White - Gypsy or Irish Traveller	2 (1%)
White - any other White background	1 (1%)
Mixed - White and Black Caribbean	2 (1%)
Mixed - White and Black African	0 (0%)
Mixed - White and Asian	2 (1%)
Mixed - any other Mixed ethnic background	0 (0%)
Asian/ Asian British - Indian	0 (0%)
Asian/ Asian British - Pakistani	0 (0%)
Asian/ Asian British - Bangladeshi	0 (0%)
Asian/ Asian British - Chinese	0 (0%)
Asian - any other Asian Background	0 (0%)
Black/ Black British - Caribbean	0 (0%)
Black/ Black British - African	1 (1%)
Black - any other Black/ African/ Caribbean background	0 (0%)
Arab	0 (0%)
Any other ethnic group	1 (1%)

I.4 How long have you been in this prison?

Less than 6 months	59 (33%)
6 months or more	120 (67%)

I.5 Are you currently serving a sentence?

Yes	146 (82%)
Yes - on recall	31 (17%)
No - on remand or awaiting sentence	0 (0%)
No - immigration detainee	1 (1%)

1.6 How long is your sentence?

Less than 6 months	10 (6%)
6 months to less than 1 year	14 (8%)
1 year to less than 4 years	61 (34%)
4 years to less than 10 years	59 (33%)
10 years or more.....	18 (10%)
IPP (indeterminate sentence for public protection)	8 (4%)
Life	7 (4%)
Not currently serving a sentence.....	1 (1%)

Arrival and reception**2.1 Were you given up-to-date information about this prison before you came here?**

Yes	29 (16%)
No.....	138 (78%)
Don't remember	11 (6%)

2.2 When you arrived at this prison, how long did you spend in reception?

Less than 2 hours	37 (21%)
2 hours or more.....	138 (78%)
Don't remember	1 (1%)

2.3 When you were searched in reception, was this done in a respectful way?

Yes	139 (78%)
No.....	30 (17%)
Don't remember	9 (5%)

2.4 Overall, how were you treated in reception?

Very well	34 (19%)
Quite well	110 (62%)
Quite badly	20 (11%)
Very badly	12 (7%)
Don't remember	1 (1%)

2.5 When you first arrived here, did you have any of the following problems?

Problems getting phone numbers	43 (25%)
Contacting family.....	37 (21%)
Arranging care for children or other dependants.....	5 (3%)
Contacting employers	8 (5%)
Money worries.....	41 (24%)
Housing worries	32 (18%)
Feeling depressed.....	73 (42%)
Feeling suicidal	23 (13%)
Other mental health problems	50 (29%)
Physical health problems	28 (16%)
Drug or alcohol problems (e.g. withdrawal)	30 (17%)
Problems getting medication	52 (30%)
Needing protection from other prisoners.....	11 (6%)
Lost or delayed property	45 (26%)
Other problems.....	19 (11%)
Did not have any problems.....	32 (18%)

2.6 Did staff help you to deal with these problems when you first arrived?

Yes	38 (22%)
No.....	102 (59%)
Did not have any problems when I first arrived.....	32 (19%)

First night and induction

3.1 Before you were locked up on your first night here, were you offered any of the following things?

Tobacco or nicotine replacement.....	134 (76%)
Toiletries / other basic items	87 (49%)
A shower.....	52 (29%)
A free phone call	42 (24%)
Something to eat.....	122 (69%)
The chance to see someone from health care	108 (61%)
The chance to talk to a Listener or Samaritans.....	32 (18%)
Support from another prisoner (e.g. Insider or buddy).....	29 (16%)
Wasn't offered any of these things	12 (7%)

3.2 On your first night in this prison, how clean or dirty was your cell?

Very clean	11 (6%)
Quite clean	59 (33%)
Quite dirty	34 (19%)
Very dirty	71 (40%)
Don't remember	4 (2%)

3.3 Did you feel safe on your first night here?

Yes	136 (76%)
No.....	39 (22%)
Don't remember	3 (2%)

3.4 In your first few days here, did you get:

	Yes	No	Don't remember
Access to the prison shop / canteen?	57 (33%)	105 (61%)	9 (5%)
Free PIN phone credit?	105 (61%)	60 (35%)	6 (4%)
Numbers put on your PIN phone?	86 (52%)	67 (41%)	11 (7%)

3.5 Did your induction cover everything you needed to know about this prison?

Yes.....	74 (42%)
No.....	77 (44%)
Have not had an induction.....	26 (15%)

On the wing

4.1 Are you in a cell on your own?

Yes.....	56 (31%)
No, I'm in a shared cell or dormitory.....	123 (69%)

4.2 Is your cell call bell normally answered within 5 minutes?

Yes.....	50 (28%)
No.....	110 (62%)
Don't know.....	17 (10%)
Don't have a cell call bell.....	0 (0%)

4.3 Please answer the following questions about the wing or house block you are currently living on:

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	104 (59%)	71 (41%)	0 (0%)
Can you shower every day?	164 (93%)	12 (7%)	1 (1%)
Do you have clean sheets every week?	130 (74%)	44 (25%)	1 (1%)
Do you get cell cleaning materials every week?	66 (38%)	103 (59%)	6 (3%)
Is it normally quiet enough for you to relax or sleep at night?	119 (69%)	53 (31%)	1 (1%)
Can you get your stored property if you need it?	45 (26%)	89 (51%)	41 (23%)

4.4 Normally, how clean or dirty are the communal / shared areas of your wing or house block (landings, stairs, wing showers etc.)?

Very clean	15 (9%)
Quite clean	73 (42%)
Quite dirty	53 (31%)
Very dirty	31 (18%)

Food and canteen

5.1 What is the quality of food like in this prison?

Very good	7 (4%)
Quite good	34 (19%)
Quite bad	71 (40%)
Very bad	64 (36%)

5.2 Do you get enough to eat at mealtimes?

Always	12 (7%)
Most of the time	31 (18%)
Some of the time	69 (39%)
Never	65 (37%)

5.3 Does the shop / canteen sell the things that you need?

Yes	133 (75%)
No	44 (25%)
Don't know	1 (1%)

Relationships with staff

6.1 Do most staff here treat you with respect?

Yes	118 (66%)
No	60 (34%)

6.2 Are there any staff here you could turn to if you had a problem?

Yes	131 (74%)
No	45 (26%)

6.3 In the last week, has any member of staff talked to you about how you are getting on?

Yes	77 (43%)
No	104 (57%)

6.4	How helpful is your personal or named officer?	
	Very helpful.....	55 (31%)
	Quite helpful.....	57 (32%)
	Not very helpful	22 (12%)
	Not at all helpful.....	25 (14%)
	Don't know.....	9 (5%)
	Don't have a personal / named officer	10 (6%)
6.5	How often do you see prison governors, directors or senior managers talking to prisoners?	
	Regularly.....	9 (5%)
	Sometimes.....	34 (19%)
	Hardly ever	124 (70%)
	Don't know.....	10 (6%)
6.6	Do you feel that you are treated as an individual in this prison?	
	Yes.....	72 (42%)
	No.....	100 (58%)
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	
	Yes, and things sometimes change.....	26 (14%)
	Yes, but things don't change.....	65 (36%)
	No.....	62 (34%)
	Don't know.....	27 (15%)

Faith

7.1	What is your religion?	
	No religion.....	87 (48%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	79 (44%)
	Buddhist.....	1 (1%)
	Hindu.....	0 (0%)
	Jewish	0 (0%)
	Muslim.....	4 (2%)
	Sikh	0 (0%)
	Other	9 (5%)
7.2	Are your religious beliefs respected here?	
	Yes.....	61 (34%)
	No.....	17 (9%)
	Don't know.....	14 (8%)
	Not applicable (no religion).....	87 (49%)
7.3	Are you able to speak to a chaplain of your faith in private, if you want to?	
	Yes.....	63 (35%)
	No.....	12 (7%)
	Don't know.....	17 (9%)
	Not applicable (no religion).....	87 (49%)
7.4	Are you able to attend religious services, if you want to?	
	Yes.....	76 (43%)
	No.....	11 (6%)
	Don't know.....	4 (2%)
	Not applicable (no religion).....	87 (49%)

Contact with family and friends

8.1	Have staff here encouraged you to keep in touch with your family / friends?	
	Yes	66 (37%)
	No	113 (63%)
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	108 (60%)
	No	72 (40%)
8.3	Are you able to use a phone every day (if you have credit)?	
	Yes	173 (97%)
	No	6 (3%)
8.4	How easy or difficult is it for your family and friends to get here?	
	Very easy	29 (16%)
	Quite easy	57 (32%)
	Quite difficult	34 (19%)
	Very difficult	49 (28%)
	Don't know	8 (5%)
8.5	How often do you have visits from family or friends?	
	More than once a week	2 (1%)
	About once a week	39 (22%)
	Less than once a week	67 (39%)
	Not applicable (don't get visits)	66 (38%)
8.6	Do visits usually start and finish on time?	
	Yes	30 (29%)
	No	73 (71%)
8.7	Are your visitors usually treated respectfully by staff?	
	Yes	56 (57%)
	No	42 (43%)

Time out of cell

9.1	Do you know what the unlock and lock-up times are supposed to be here (or roll check times if you are in an open prison)?	
	Yes, and these times are usually kept to	60 (34%)
	Yes, but these times are not usually kept to	97 (55%)
	No	20 (11%)
9.2	How long do you usually spend out of your cell on a typical weekday (including time spent at education, work etc.)?	
	Less than 2 hours	46 (26%)
	2 to 6 hours	79 (45%)
	6 to 10 hours	40 (23%)
	10 hours or more	3 (2%)
	Don't know	7 (4%)
9.3	How long do you usually spend out of your cell on a typical Saturday or Sunday?	
	Less than 2 hours	84 (48%)
	2 to 6 hours	82 (47%)
	6 to 10 hours	3 (2%)
	10 hours or more	0 (0%)

Don't know..... 5 (3%)

9.4 How many days in a typical week do you have time to do domestics (shower, clean cell, use the wing phones etc.)?

None 12 (7%)
 1 or 2 24 (13%)
 3 to 5..... 25 (14%)
 More than 5..... 110 (62%)
 Don't know..... 7 (4%)

9.5 How many days in a typical week do you get association, if you want it?

None 5 (3%)
 1 or 2 4 (2%)
 3 to 5..... 16 (9%)
 More than 5..... 148 (83%)
 Don't know..... 5 (3%)

9.6 How many days in a typical week could you go outside for exercise, if you wanted to?

None 6 (3%)
 1 or 2 7 (4%)
 3 to 5..... 18 (10%)
 More than 5..... 143 (80%)
 Don't know..... 5 (3%)

9.7 Typically, how often do you go to the gym?

Twice a week or more 59 (33%)
 About once a week..... 37 (21%)
 Less than once a week..... 8 (5%)
 Never 73 (41%)

9.8 Typically, how often do you go to the library?

Twice a week or more 5 (3%)
 About once a week..... 83 (46%)
 Less than once a week..... 44 (25%)
 Never 47 (26%)

9.9 Does the library have a wide enough range of materials to meet your needs?

Yes 71 (42%)
 No..... 53 (31%)
 Don't use the library 47 (27%)

Applications, complaints and legal rights

10.1 Is it easy for you to make an application?

Yes 128 (71%)
 No..... 40 (22%)
 Don't know..... 12 (7%)

10.2 If you have made any applications here, please answer the questions below:

	Yes	No	Not made any applications
Are applications usually dealt with fairly?	72 (42%)	84 (49%)	15 (9%)
Are applications usually dealt with within 7 days?	60 (35%)	95 (56%)	15 (9%)

I0.3 Is it easy for you to make a complaint?

Yes	115 (65%)
No	37 (21%)
Don't know	26 (15%)

I0.4 If you have made any complaints here, please answer the questions below:

	Yes	No	Not made any complaints
Are complaints usually dealt with fairly?	31 (19%)	80 (48%)	55 (33%)
Are complaints usually dealt with within 7 days?	30 (18%)	79 (48%)	55 (34%)

I0.5 Have you ever been prevented from making a complaint here when you wanted to?

Yes	46 (27%)
No	90 (52%)
Not wanted to make a complaint	37 (21%)

I0.6 In this prison, is it easy or difficult for you to...

	Easy	Difficult	Don't know	Don't need this
Communicate with your solicitor or legal representative?	72 (42%)	45 (26%)	27 (16%)	29 (17%)
Attend legal visits?	107 (61%)	17 (10%)	30 (17%)	20 (11%)
Get bail information?	32 (19%)	31 (18%)	57 (33%)	52 (30%)

I0.7 Have staff here ever opened letters from your solicitor or legal representative when you were not present?

Yes	105 (60%)
No	48 (28%)
Not had any legal letters	21 (12%)

Health care**I1.1 How easy or difficult is it to see the following people?**

	Very easy	Quite easy	Quite difficult	Very difficult	Don't know
Doctor	7 (4%)	22 (13%)	40 (23%)	94 (54%)	11 (6%)
Nurse	18 (10%)	56 (32%)	34 (19%)	53 (30%)	15 (9%)
Dentist	6 (3%)	7 (4%)	32 (18%)	114 (64%)	18 (10%)
Mental health workers	10 (6%)	26 (15%)	39 (22%)	68 (38%)	34 (19%)

I1.2 What do you think of the quality of the health service from the following people?

	Very good	Quite good	Quite bad	Very bad	Don't know
Doctor	15 (9%)	35 (20%)	46 (26%)	54 (31%)	25 (14%)
Nurse	18 (10%)	62 (35%)	33 (19%)	40 (23%)	22 (13%)
Dentist	13 (7%)	31 (18%)	28 (16%)	52 (30%)	50 (29%)
Mental health workers	17 (10%)	39 (22%)	26 (15%)	43 (24%)	51 (29%)

I1.3 Do you have any mental health problems?

Yes	113 (63%)
No	65 (37%)

11.4	Have you been helped with your mental health problems in this prison?	
	Yes	41 (23%)
	No	69 (39%)
	Don't have any mental health problems	65 (37%)
11.5	What do you think of the overall quality of the health services here?	
	Very good	7 (4%)
	Quite good	43 (24%)
	Quite bad	49 (28%)
	Very bad	65 (37%)
	Don't know	13 (7%)

Other support needs

12.1	Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?	
	Yes	87 (49%)
	No	90 (51%)
12.2	If you have a disability, are you getting the support you need?	
	Yes	15 (9%)
	No	70 (40%)
	Don't have a disability	90 (51%)
12.3	Have you been on an ACCT in this prison?	
	Yes	32 (18%)
	No	145 (82%)
12.4	If you have been on an ACCT in this prison, did you feel cared for by staff?	
	Yes	13 (7%)
	No	17 (10%)
	Have not been on an ACCT in this prison	145 (83%)
12.5	How easy or difficult is it for you to speak to a Listener, if you need to?	
	Very easy	37 (21%)
	Quite easy	48 (27%)
	Quite difficult	10 (6%)
	Very difficult	7 (4%)
	Don't know	70 (39%)
	No Listeners at this prison	6 (3%)

Alcohol and drugs

13.1	Did you have an alcohol problem when you came into this prison?	
	Yes	45 (25%)
	No	132 (75%)
13.2	Have you been helped with your alcohol problem in this prison?	
	Yes	26 (15%)
	No	17 (10%)
	Did not / do not have an alcohol problem	132 (75%)
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	88 (49%)
	No	90 (51%)

13.4	Have you developed a problem with illicit drugs since you have been in this prison?	
	Yes	29 (16%)
	No	148 (84%)
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	
	Yes	37 (21%)
	No	141 (79%)
13.6	Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	60 (34%)
	No	38 (22%)
	Did not / do not have a drug problem	76 (44%)
13.7	Is it easy or difficult to get illicit drugs in this prison?	
	Very easy	35 (20%)
	Quite easy	37 (21%)
	Quite difficult	24 (14%)
	Very difficult	17 (10%)
	Don't know	63 (36%)
13.8	Is it easy or difficult to get alcohol in this prison?	
	Very easy	33 (19%)
	Quite easy	49 (28%)
	Quite difficult	15 (9%)
	Very difficult	9 (5%)
	Don't know	70 (40%)

Safety

14.1	Have you ever felt unsafe here?	
	Yes	76 (43%)
	No	101 (57%)
14.2	Do you feel unsafe now?	
	Yes	38 (22%)
	No	136 (78%)
14.3	Have you experienced any of the following types of bullying / victimisation from other prisoners here?	
	Verbal abuse	63 (37%)
	Threats or intimidation	51 (30%)
	Physical assault	30 (18%)
	Sexual assault	5 (3%)
	Theft of canteen or property	32 (19%)
	Other bullying / victimisation	27 (16%)
	Not experienced any of these from prisoners here	94 (55%)
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	
	Yes	52 (31%)
	No	118 (69%)

14.5 Have you experienced any of the following types of bullying / victimisation from staff here?

Verbal abuse.....	57 (34%)
Threats or intimidation.....	37 (22%)
Physical assault.....	16 (10%)
Sexual assault.....	4 (2%)
Theft of canteen or property.....	12 (7%)
Other bullying / victimisation	31 (18%)
Not experienced any of these from staff here.....	100 (60%)

14.6 If you were being bullied / victimised by staff here, would you report it?

Yes.....	81 (47%)
No.....	91 (53%)

Behaviour management**15.1 Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?**

Yes.....	68 (39%)
No.....	77 (44%)
Don't know what the incentives / rewards are	31 (18%)

15.2 Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?

Yes.....	79 (45%)
No.....	58 (33%)
Don't know.....	18 (10%)
Don't know what this is	21 (12%)

15.3 Have you been physically restrained by staff in this prison in the last 6 months?

Yes.....	16 (9%)
No.....	161 (91%)

15.4 If you have been restrained by staff in this prison in the last 6 months, did anyone come and talk to you about it afterwards?

Yes.....	3 (2%)
No.....	12 (7%)
Don't remember	1 (1%)
Not been restrained here in last 6 months.....	161 (91%)

15.5 Have you spent one or more nights in the segregation unit in this prison in the last 6 months?

Yes.....	27 (15%)
No.....	149 (85%)

15.6 If you have spent one or more nights in the segregation unit in this prison in the last 6 months please answer the questions below:

	Yes	No
Were you treated well by segregation staff?	5 (19%)	21 (81%)
Could you shower every day?	9 (35%)	17 (65%)
Could you go outside for exercise every day?	12 (46%)	14 (54%)
Could you use the phone every day (if you had credit)?	4 (15%)	22 (85%)

Education, skills and work**16.1 Is it easy or difficult to get into the following activities in this prison?**

	Easy	Difficult	Don't know	Not available here
Education	76 (45%)	45 (26%)	47 (28%)	2 (1%)
Vocational or skills training	40 (25%)	57 (35%)	61 (38%)	4 (2%)
Prison job	56 (34%)	84 (50%)	26 (16%)	1 (1%)
Voluntary work outside of the prison	5 (3%)	38 (24%)	51 (32%)	67 (42%)
Paid work outside of the prison	4 (2%)	37 (23%)	48 (30%)	73 (45%)

16.2 If you have done any of these activities while in this prison, do you think they will help you on release?

	Yes, will help	No, won't help	Not done this
Education	56 (34%)	53 (32%)	55 (34%)
Vocational or skills training	37 (24%)	50 (32%)	67 (44%)
Prison job	53 (33%)	73 (46%)	33 (21%)
Voluntary work outside of the prison	19 (12%)	28 (18%)	109 (70%)
Paid work outside of the prison	23 (15%)	22 (14%)	111 (71%)

16.3 Do staff encourage you to attend education, training or work?

Yes	92 (54%)
No.....	66 (39%)
Not applicable (e.g. if you are retired, sick or on remand)	12 (7%)

Planning and progression**17.1 Do you have a custody plan? (This may be called a sentence plan or resettlement plan.)**

Yes	86 (51%)
No.....	84 (49%)

17.2 Do you understand what you need to do to achieve the objectives or targets in your custody plan?

Yes	65 (77%)
No.....	11 (13%)
Don't know what my objectives or targets are.....	8 (10%)

17.3 Are staff here supporting you to achieve your objectives or targets?

Yes	44 (52%)
No.....	33 (39%)
Don't know what my objectives or targets are.....	8 (9%)

17.4 If you have done any of the following things in this prison, did they help you to achieve your objectives or targets?

	Yes, this helped	No, this didn't help	Not done / don't know
Offending behaviour programmes	21 (26%)	10 (13%)	49 (61%)
Other programmes	20 (26%)	10 (13%)	47 (61%)
One to one work	26 (34%)	7 (9%)	44 (57%)
Being on a specialist unit	7 (9%)	9 (12%)	58 (78%)
ROTL - day or overnight release	3 (4%)	5 (7%)	67 (89%)

Preparation for release**18.1 Do you expect to be released in the next 3 months?**

Yes	48 (28%)
No	114 (66%)
Don't know	12 (7%)

18.2 How close is this prison to your home area or intended release address?

Very near	7 (16%)
Quite near	13 (29%)
Quite far	15 (33%)
Very far	10 (22%)

18.3 Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, case worker)?

Yes	30 (65%)
No	16 (35%)

18.4 Are you getting help to sort out the following things for when you are released?

	Yes, I'm getting help with this	No, but I need help with this	No, and I don't need help with this
Finding accommodation	9 (20%)	20 (43%)	17 (37%)
Getting employment	5 (11%)	22 (49%)	18 (40%)
Setting up education or training	5 (11%)	16 (36%)	23 (52%)
Arranging benefits	14 (31%)	25 (56%)	6 (13%)
Sorting out finances	10 (23%)	25 (57%)	9 (20%)
Support for drug or alcohol problems	15 (36%)	12 (29%)	15 (36%)
Health / mental health support	9 (21%)	22 (51%)	12 (28%)
Social care support	4 (9%)	19 (43%)	21 (48%)
Getting back in touch with family or friends	10 (22%)	16 (36%)	19 (42%)

More about you**19.1 Do you have children under the age of 18?**

Yes	97 (56%)
No	76 (44%)

19.2 Are you a UK / British citizen?

Yes	169 (97%)
No	6 (3%)

19.3 Are you from a Traveller community (e.g. Gypsy, Roma, Irish Traveller)?

Yes	7 (4%)
No	167 (96%)

19.4 Have you ever been in the armed services (e.g. army, navy, air force)?

Yes	15 (9%)
No	159 (91%)

19.5 What is your gender?

Male	172 (98%)
Female	1 (1%)
Non-binary	1 (1%)
Other	1 (1%)

19.6 How would you describe your sexual orientation?

Straight / heterosexual.....	159 (94%)
Gay / lesbian / homosexual.....	3 (2%)
Bisexual.....	7 (4%)
Other	1 (1%)

19.7 Do you identify as transgender or transsexual?

Yes.....	3 (2%)
No.....	164 (98%)

Final questions about this prison**20.1 Do you think your experiences in this prison have made you more or less likely to offend in the future?**

More likely to offend.....	10 (6%)
Less likely to offend.....	92 (53%)
Made no difference	71 (41%)

HMP Holme House 2020

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- responses of prisoners who reported that they had a disability compared with those who did not.
- responses of prisoners who reported that they had mental health problems compared with those who did not.

Please note that these analyses are based on summary data from selected survey questions only.

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Have a disability	Do not have a disability	Mental health problems	No mental health problems
87	90	113	65

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 25 years of age?	14%	12%	12%	15%
	Are you 50 years of age or older?	13%	10%	12%	11%
1.3	Are you from a black and minority ethnic group?	5%	2%	4%	2%
7.1	Are you Muslim?	2%	2%	3%	0%
11.3	Do you have any mental health problems?	85%	42%		
12.1	Do you consider yourself to have a disability?			67%	20%
19.2	Are you a foreign national?	5%	2%	2%	6%
19.3	Are you from a Traveller community? (e.g. Gypsy, Roma, Irish Traveller)	5%	3%	6%	0%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	78%	79%	74%	86%
2.4	Overall, were you treated very / quite well in reception?	79%	83%	76%	92%
2.5	When you first arrived, did you have any problems?	95%	69%	96%	57%
For those who had any problems when they first arrived:					
2.6	Did staff help you to deal with these problems?	21%	36%	22%	44%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	73%	79%	68%	91%
3.5	Have you had an induction at this prison?	85%	86%	84%	88%
For those who have had an induction:					
3.5	Did your induction cover everything you needed to know about this prison?	41%	57%	40%	64%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	24%	33%	23%	38%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	54%	66%	51%	75%
	- Can you shower every day?	91%	96%	92%	95%
	- Do you have clean sheets every week?	76%	72%	67%	86%
	- Do you get cell cleaning materials every week?	34%	43%	28%	56%
	- Is it normally quiet enough for you to relax or sleep at night?	63%	74%	61%	82%
	- Can you get your stored property if you need it?	22%	30%	20%	34%

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Have a disability	Do not have a disability	Mental health problems	No mental health problems
87	90	113	65

FOOD AND CANTEEN					
5.2	Do you get enough to eat at meal-times always / most of the time?	19%	29%	21%	29%
5.3	Does the shop / canteen sell the things that you need?	75%	77%	75%	77%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	59%	73%	56%	83%
6.2	Are there any staff here you could turn to if you had a problem?	70%	77%	70%	83%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	35%	49%	34%	57%
6.6	Do you feel that you are treated as an individual in this prison?	36%	48%	35%	54%
FAITH					
For those who have a religion:					
7.2	Are your religious beliefs respected here?	66%	66%	63%	74%
7.3	Are you able to speak to a chaplain of your faith in private, if you want to?	64%	73%	63%	81%
CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	36%	39%	33%	45%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	63%	58%	65%	52%
8.3	Are you able to use a phone every day (if you have credit)?	97%	97%	98%	94%
For those who get visits:					
8.7	Are your visitors usually treated respectfully by staff?	51%	61%	50%	66%
TIME OUT OF CELL					
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	35%	17%	31%	19%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	2%	1%	2%	2%
For those who use the library:					
9.9	Does the library have a wide enough range of materials to meet your needs?	58%	58%	57%	58%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	59%	84%	63%	86%
For those who have made an application:					
10.2	Are applications usually dealt with fairly?	33%	58%	35%	66%
10.3	Is it easy for you to make a complaint?	61%	68%	63%	68%
For those who have made a complaint:					
10.4	Are complaints usually dealt with fairly?	17%	40%	22%	42%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	37%	30%	39%	22%

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	Have a disability	Do not have a disability		
	87	90	Mental health problems	No mental health problems
			113	65

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	9%	24%
	- Nurse?	41%	44%
	- Dentist?	5%	10%
	- Mental health workers?	17%	24%
For those who have mental health problems:			
11.4	Have you been helped with your mental health problems in this prison?	36%	42%
11.5	Do you think the overall quality of the health services here is very / quite good?	22%	34%
OTHER SUPPORT NEEDS			
For those who have a disability:			
12.2	Are you getting the support you need?	18%	
SAFETY			
14.1	Have you ever felt unsafe here?	47%	39%
14.2	Do you feel unsafe now?	28%	15%
14.3	Not experienced bullying / victimisation by other prisoners	52%	59%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	21%	39%
14.5	Not experienced bullying / victimisation by members of staff	56%	64%
14.6	If you were being bullied / victimised by staff here, would you report it?	43%	51%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	34%	42%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	40%	51%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	14%	5%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	19%	11%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	52%	65%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	52%	51%
For those who have a custody plan:			
17.3	Are staff helping you to achieve your objectives or targets?	50%	54%
PREPARATION FOR RELEASE			
For those who expect to be released in the next 3 months:			
18.3	Is anybody helping you to prepare for your release?	63%	68%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	39%	66%

8%	32%
35%	53%
6%	9%
13%	33%
38%	
20%	43%
16%	25%
55%	22%
30%	7%
46%	71%
22%	45%
49%	78%
41%	59%
28%	57%
40%	55%
12%	5%
19%	9%
49%	74%
51%	49%
46%	66%
62%	75%
46%	66%

HMP Holme House 2020

Survey responses compared with those from other HMIP surveys of category C training prisons

and with those from the previous survey

In this table summary statistics from **HMP Holme House 2020** are compared with the following HMIP survey data:

- **Summary statistics from surveys of category C training prisons conducted since the introduction of the new questionnaire in September 2017 (27 prisons).** Please note that this does not include all category C training prisons.
- **Summary statistics from HMP Holme House in 2017.** Please note that HMP Holme House was a category B local prison when inspected in July 2017. Please note that we do not have comparable data for the new questions introduced in September 2017.

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DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	n=181	1%	6%	1%
	Are you 25 years of age or younger?	n=181	13%	25%	
	Are you 50 years of age or older?	n=181	11%	12%	11%
	Are you 70 years of age or older?	n=181	2%	1%	2%
1.3	Are you from a black and minority ethnic group?	n=179	3%	31%	3%
1.4	Have you been in this prison for less than 6 months?	n=179	33%	35%	
1.5	Are you currently serving a sentence?	n=178	99%	100%	99%
	Are you on recall?	n=178	17%	9%	17%
1.6	Is your sentence less than 12 months?	n=178	14%	8%	14%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	n=178	5%	4%	5%
7.1	Are you Muslim?	n=180	2%	17%	2%
11.3	Do you have any mental health problems?	n=178	64%	44%	64%
12.1	Do you consider yourself to have a disability?	n=177	49%	33%	49%
19.1	Do you have any children under the age of 18?	n=173	56%	50%	56%
19.2	Are you a foreign national?	n=175	3%	9%	3%
19.3	Are you from a Traveller community? (e.g. Gypsy, Roma, Irish Traveller)	n=174	4%	5%	4%
19.4	Have you ever been in the armed services?	n=174	9%	6%	9%
19.5	Is your gender female or non-binary?	n=175	2%	1%	2%
19.6	Are you homosexual, bisexual or other sexual orientation?	n=170	7%	4%	7%
19.7	Do you identify as transgender or transsexual?	n=167	2%	2%	2%
ARRIVAL AND RECEPTION					
2.1	Were you given up-to-date information about this prison before you came here?	n=178	16%	17%	16%
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	n=176	21%	48%	21%
2.3	When you were searched in reception, was this done in a respectful way?	n=178	78%	83%	78%
2.4	Overall, were you treated very / quite well in reception?	n=177	81%	86%	81%

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2.5	When you first arrived, did you have any problems?	n=174	82%	71%	82%	77%
2.5	Did you have problems with:					
	- Getting phone numbers?	n=174	25%	25%	25%	20%
	- Contacting family?	n=174	21%	25%	21%	31%
	- Arranging care for children or other dependents?	n=174	3%	2%	3%	
	- Contacting employers?	n=174	5%	2%	5%	2%
	- Money worries?	n=174	24%	17%	24%	19%
	- Housing worries?	n=174	18%	13%	18%	17%
	- Feeling depressed?	n=174	42%	29%	42%	
	- Feeling suicidal?	n=174	13%	9%	13%	
	- Other mental health problems?	n=174	29%	21%	29%	
	- Physical health problems?	n=174	16%	13%	16%	19%
	- Drugs or alcohol (e.g. withdrawal)?	n=174	17%	11%	17%	
	- Getting medication?	n=174	30%	20%	30%	
	- Needing protection from other prisoners?	n=174	6%	6%	6%	9%
	- Lost or delayed property?	n=174	26%	23%	26%	16%
	For those who had any problems when they first arrived:					
2.6	Did staff help you to deal with these problems?	n=140	27%	33%	27%	31%
	FIRST NIGHT AND INDUCTION					
3.1	Before you were locked up on your first night, were you offered:					
	- Tobacco or nicotine replacement?	n=177	76%	66%	76%	82%
	- Toiletries / other basic items?	n=177	49%	52%	49%	46%
	- A shower?	n=177	29%	45%	29%	32%
	- A free phone call?	n=177	24%	44%	24%	52%
	- Something to eat?	n=177	69%	75%	69%	68%
	- The chance to see someone from health care?	n=177	61%	60%	61%	68%
	- The chance to talk to a Listener or Samaritans?	n=177	18%	28%	18%	31%
	- Support from another prisoner (e.g. Insider or buddy)?	n=177	16%	24%	16%	
	- None of these?	n=177	7%	7%	7%	
3.2	On your first night in this prison, was your cell very / quite clean?	n=179	39%	42%	39%	
3.3	Did you feel safe on your first night here?	n=178	76%	75%	76%	74%
3.4	In your first few days here, did you get:					
	- Access to the prison shop / canteen?	n=171	33%	43%	33%	17%
	- Free PIN phone credit?	n=171	61%	48%	61%	
	- Numbers put on your PIN phone?	n=164	52%	48%	52%	
3.5	Have you had an induction at this prison?	n=177	85%	94%	85%	84%
	For those who have had an induction:					
3.5	Did your induction cover everything you needed to know about this prison?	n=151	49%	57%	49%	

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ON THE WING					
4.1	Are you in a cell on your own?	n=179	31%	65%	31%
4.2	Is your cell call bell normally answered within 5 minutes?	n=177	28%	31%	28%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	n=175	59%	70%	59%
	- Can you shower every day?	n=177	93%	89%	93%
	- Do you have clean sheets every week?	n=175	74%	66%	74%
	- Do you get cell cleaning materials every week?	n=175	38%	60%	38%
	- Is it normally quiet enough for you to relax or sleep at night?	n=173	69%	68%	69%
	- Can you get your stored property if you need it?	n=175	26%	26%	26%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	n=172	51%	61%	51%
FOOD AND CANTEEN					
5.1	Is the quality of the food in this prison very / quite good?	n=176	23%	42%	23%
5.2	Do you get enough to eat at meal-times always / most of the time?	n=177	24%	36%	24%
5.3	Does the shop / canteen sell the things that you need?	n=178	75%	61%	75%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	n=178	66%	70%	66%
6.2	Are there any staff here you could turn to if you had a problem?	n=176	74%	70%	74%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	n=181	43%	33%	43%
6.4	Do you have a personal officer?	n=178	94%	84%	94%
For those who have a personal officer:					
6.4	Is your personal or named officer very / quite helpful?	n=168	67%	49%	67%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	n=177	5%	13%	5%
6.6	Do you feel that you are treated as an individual in this prison?	n=172	42%	44%	42%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	n=180	51%	53%	51%
	If so, do things sometimes change?	n=91	29%	35%	29%
FAITH					
7.1	Do you have a religion?	n=180	52%	68%	52%
For those who have a religion:					
7.2	Are your religious beliefs respected here?	n=92	66%	70%	66%
7.3	Are you able to speak to a chaplain of your faith in private, if you want to?	n=92	69%	70%	69%
7.4	Are you able to attend religious services, if you want to?	n=91	84%	88%	84%

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CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	n=179	37%	30%	37%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=180	60%	56%	60%
8.3	Are you able to use a phone every day (if you have credit)?	n=179	97%	89%	97%
8.4	Is it very / quite easy for your family and friends to get here?	n=177	49%	35%	49%
8.5	Do you get visits from family/friends once a week or more?	n=174	24%	17%	24%
For those who get visits:					
8.6	Do visits usually start and finish on time?	n=103	29%	50%	29%
8.7	Are your visitors usually treated respectfully by staff?	n=98	57%	75%	57%
TIME OUT OF CELL					
9.1	Do you know what the unlock and lock-up times are supposed to be here?	n=177	89%	91%	89%
For those who know what the unlock and lock-up times are supposed to be:					
9.1	Are these times usually kept to?	n=157	38%	58%	38%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=175	26%	16%	26%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=175	2%	10%	2%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	n=174	48%	21%	48%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	n=174	0%	3%	0%
9.4	Do you have time to do domestics more than 5 days in a typical week?	n=178	62%	59%	62%
9.5	Do you get association more than 5 days in a typical week, if you want it?	n=178	83%	67%	83%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	n=179	80%	68%	80%
9.7	Do you typically go to the gym twice a week or more?	n=177	33%	53%	33%
9.8	Do you typically go to the library once a week or more?	n=179	49%	49%	49%
For those who use the library:					
9.9	Does the library have a wide enough range of materials to meet your needs?	n=124	57%	56%	57%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	n=180	71%	74%	71%
For those who have made an application:					
10.2	Are applications usually dealt with fairly?	n=156	46%	51%	46%
	Are applications usually dealt with within 7 days?	n=155	39%	36%	39%
10.3	Is it easy for you to make a complaint?	n=178	65%	64%	65%
For those who have made a complaint:					
10.4	Are complaints usually dealt with fairly?	n=111	28%	32%	28%
	Are complaints usually dealt with within 7 days?	n=109	28%	25%	28%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=136	34%	27%	34%

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For those who need it, is it easy to:					
10.6	Communicate with your solicitor or legal representative?	n=144	50%	41%	50%
	Attend legal visits?	n=154	70%	49%	70%
	Get bail information?	n=120	27%	17%	27%
For those who have had legal letters:					
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	n=153	69%	58%	69%
HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	n=174	17%	32%	17%
	- Nurse?	n=176	42%	53%	42%
	- Dentist?	n=177	7%	15%	7%
	- Mental health workers?	n=177	20%	24%	20%
11.2	Do you think the quality of the health service is very / quite good from:				
	- Doctor?	n=175	29%	48%	29%
	- Nurse?	n=175	46%	58%	46%
	- Dentist?	n=174	25%	34%	25%
	- Mental health workers?	n=176	32%	30%	32%
11.3	Do you have any mental health problems?	n=178	64%	44%	64%
For those who have mental health problems:					
11.4	Have you been helped with your mental health problems in this prison?	n=110	37%	42%	37%
11.5	Do you think the overall quality of the health services here is very / quite good?	n=177	28%	43%	28%
OTHER SUPPORT NEEDS					
12.1	Do you consider yourself to have a disability?	n=177	49%	33%	49%
For those who have a disability:					
12.2	Are you getting the support you need?	n=85	18%	31%	18%
12.3	Have you been on an ACCT in this prison?	n=177	18%	16%	18%
For those who have been on an ACCT:					
12.4	Did you feel cared for by staff?	n=30	43%	45%	43%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	n=178	48%	39%	48%
ALCOHOL AND DRUGS					
13.1	Did you have an alcohol problem when you came into this prison?	n=177	25%	15%	25%
For those who had / have an alcohol problem:					
13.2	Have you been helped with your alcohol problem in this prison?	n=43	61%	52%	61%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	n=178	49%	28%	49%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	n=177	16%	17%	16%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	n=178	21%	10%	21%
For those who had / have a drug problem:					
13.6	Have you been helped with your drug problem in this prison?	n=98	61%	49%	61%
13.7	Is it very / quite easy to get illicit drugs in this prison?	n=176	41%	49%	41%
13.8	Is it very / quite easy to get alcohol in this prison?	n=176	47%	31%	47%

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SAFETY				
14.1	Have you ever felt unsafe here?	n=177	43%	45%
14.2	Do you feel unsafe now?	n=174	22%	22%
14.3	Have you experienced any of the following from other prisoners here:			
	- Verbal abuse?	n=170	37%	33%
	- Threats or intimidation?	n=170	30%	29%
	- Physical assault?	n=170	18%	17%
	- Sexual assault?	n=170	3%	2%
	- Theft of canteen or property?	n=170	19%	24%
	- Other bullying / victimisation?	n=170	16%	17%
	- Not experienced any of these from prisoners here	n=170	55%	55%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=170	31%	33%
14.5	Have you experienced any of the following from staff here:			
	- Verbal abuse?	n=168	34%	29%
	- Threats or intimidation?	n=168	22%	23%
	- Physical assault?	n=168	10%	10%
	- Sexual assault?	n=168	2%	2%
	- Theft of canteen or property?	n=168	7%	9%
	- Other bullying / victimisation?	n=168	19%	17%
	- Not experienced any of these from staff here	n=168	60%	58%
14.6	If you were being bullied / victimised by staff here, would you report it?	n=172	47%	49%
BEHAVIOUR MANAGEMENT				
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	n=176	39%	41%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	n=176	45%	39%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	n=177	9%	13%
For those who have been restrained in the last 6 months:				
15.4	Did anyone come and talk to you about it afterwards?	n=16	19%	21%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	n=176	15%	9%
For those who have spent one or more nights in the segregation unit in the last 6 months:				
15.6	Were you treated well by segregation staff?	n=26	19%	61%
	Could you shower every day?	n=26	35%	77%
	Could you go outside for exercise every day?	n=26	46%	78%
	Could you use the phone every day (if you had credit)?	n=26	15%	66%

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EDUCATION, SKILLS AND WORK					
16.1	In this prison, is it easy to get into the following activities:				
	- Education?	n=170	45%	62%	45%
	- Vocational or skills training?	n=162	25%	41%	25%
	- Prison job?	n=167	34%	49%	34%
	- Voluntary work outside of the prison?	n=161	3%	5%	3%
	- Paid work outside of the prison?	n=162	3%	4%	3%
16.2	In this prison, have you done the following activities:				
	- Education?	n=164	67%	80%	67%
	- Vocational or skills training?	n=154	57%	69%	57%
	- Prison job?	n=159	79%	82%	79%
	- Voluntary work outside of the prison?	n=156	30%	33%	30%
	- Paid work outside of the prison?	n=156	29%	33%	29%
For those who have done the following activities, do you think they will help you on release:					
	- Education?	n=109	51%	62%	51%
	- Vocational or skills training?	n=87	43%	67%	43%
	- Prison job?	n=126	42%	41%	42%
	- Voluntary work outside of the prison?	n=47	40%	54%	40%
	- Paid work outside of the prison?	n=45	51%	58%	51%
16.3	Do staff encourage you to attend education, training or work?		n=158	58%	61%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?		n=170	51%	59%
For those who have a custody plan:					
17.2	Do you understand what you need to do to achieve your objectives or targets?		n=84	77%	84%
17.3	Are staff helping you to achieve your objectives or targets?		n=85	52%	47%
17.4	In this prison, have you done:				
	- Offending behaviour programmes?	n=80	39%	50%	39%
	- Other programmes?	n=77	39%	44%	39%
	- One to one work?	n=77	43%	39%	43%
	- Been on a specialist unit?	n=74	22%	21%	22%
	- ROTL - day or overnight release?	n=75	11%	14%	11%
For those who have done the following, did they help you to achieve your objectives or targets:					
	- Offending behaviour programmes?	n=31	68%	72%	68%
	- Other programmes?	n=30	67%	68%	67%
	- One to one work?	n=33	79%	69%	79%
	- Being on a specialist unit?	n=16	44%	50%	44%
	- ROTL - day or overnight release?	n=8	38%	41%	38%

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Number of completed questionnaires returned

HMP Holme House 2020	All other category C training prisons surveyed since September 2017	HMP Holme House 2020 (category C training prison)	HMP Holme House 2017 (category B local prison)
181	4,438	181	190

n=number of valid responses to question (HMP Holme House 2020)

PREPARATION FOR RELEASE					
18.1	Do you expect to be released in the next 3 months?	n=174	28%	25%	28%
For those who expect to be released in the next 3 months:					
18.2	Is this prison very / quite near to your home area or intended release address?	n=45	44%	40%	44%
18.3	Is anybody helping you to prepare for your release?	n=46	65%	59%	65%
18.4	Do you need help to sort out the following for when you are released:				
	- Finding accommodation?	n=46	63%	64%	63%
	- Getting employment?	n=45	60%	63%	60%
	- Setting up education or training?	n=44	48%	48%	48%
	- Arranging benefits?	n=45	87%	69%	87%
	- Sorting out finances?	n=44	80%	58%	80%
	- Support for drug or alcohol problems?	n=42	64%	43%	64%
	- Health / mental health support?	n=43	72%	50%	72%
	- Social care support?	n=44	52%	37%	52%
	- Getting back in touch with family or friends?	n=45	58%	39%	58%
18.4	Are you getting help to sort out the following for when you are released, if you need it:				
	- Finding accommodation?	n=29	31%	38%	31%
	- Getting employment?	n=27	19%	25%	19%
	- Setting up education or training?	n=21	24%	25%	24%
	- Arranging benefits?	n=39	36%	31%	36%
	- Sorting out finances?	n=35	29%	25%	29%
	- Support for drug or alcohol problems?	n=27	56%	48%	56%
	- Health / mental health support?	n=31	29%	31%	29%
	- Social care support?	n=23	17%	27%	17%
	- Getting back in touch with family or friends?	n=26	39%	32%	39%
FINAL QUESTION ABOUT THIS PRISON					
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	n=173	53%	51%	53%

HMP Holme House 2020

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- responses of prisoners aged 25 and under are compared with those of prisoners over 25
- responses of prisoners aged 50 and over are compared with those of prisoners under 50

Please note that these analyses are based on summary data from selected survey questions only.

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Number of completed questionnaires returned

	25 and under	Over 25		50 and over	Under 50
	23	158		20	161

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	9%			1%
	Are you 70 years of age or older?		3%	20%	
1.3	Are you from a black and minority ethnic group?	0%	4%	0%	4%
7.1	Are you Muslim?	4%	2%	5%	2%
11.3	Do you have any mental health problems?	57%	65%	65%	63%
12.1	Do you consider yourself to have a disability?	52%	49%	55%	48%
19.2	Are you a foreign national?	9%	3%	0%	4%
19.3	Are you from a Traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	5%	0%	5%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	91%	76%	80%	78%
2.4	Overall, were you treated very / quite well in reception?	87%	81%	90%	80%
2.5	When you first arrived, did you have any problems?	71%	83%	85%	81%
For those who had any problems when they first arrived:					
2.6	Did staff help you to deal with these problems?	31%	27%	17%	29%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	83%	76%	70%	77%
3.5	Have you had an induction at this prison?	78%	86%	80%	86%
For those who have had an induction:					
3.5	Did your induction cover everything you needed to know about this prison?	44%	50%	56%	48%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	35%	27%	30%	28%
4.3					
	- Do you normally have enough clean, suitable clothes for the week?	70%	58%	74%	58%
	- Can you shower every day?	96%	92%	90%	93%
	- Do you have clean sheets every week?	86%	73%	75%	74%
	- Do you get cell cleaning materials every week?	46%	37%	32%	39%
	- Is it normally quiet enough for you to relax or sleep at night?	67%	69%	50%	71%
	- Can you get your stored property if you need it?	27%	26%	30%	25%

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Number of completed questionnaires returned






23	25 and under
158	Over 25

20	50 and over
161	Under 50

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	30%	23%
5.3	Does the shop / canteen sell the things that you need?	70%	76%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	68%	66%
6.2	Are there any staff here you could turn to if you had a problem?	73%	75%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	52%	41%
6.6	Do you feel that you are treated as an individual in this prison?	50%	41%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	78%	65%
7.3	Are you able to speak to a chaplain of your faith in private, if you want to?	67%	69%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	41%	36%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	65%	59%
8.3	Are you able to use a phone every day (if you have credit)?	96%	97%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	77%	54%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	13%	28%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	0%	2%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	54%	58%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	70%	71%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	50%	46%
10.3	Is it easy for you to make a complaint?	65%	65%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	27%	28%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	29%	35%

40%	22%
70%	75%
63%	67%
84%	73%
40%	43%
42%	42%
79%	64%
79%	67%
40%	37%
50%	61%
100%	96%
50%	58%
20%	27%
0%	2%
88%	53%
55%	73%
50%	46%
63%	65%
40%	27%
21%	35%

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Number of completed questionnaires returned

23	25 and under
158	Over 25

20	50 and over
161	Under 50

HEALTH CARE				
11.1	Is it very / quite easy to see:			
	- Doctor?		23%	16%
	- Nurse?		55%	40%
	- Dentist?		9%	7%
	- Mental health workers?		26%	20%
For those who have mental health problems:				
11.4	Have you been helped with your mental health problems in this prison?		17%	40%
11.5	Do you think the overall quality of the health services here is very / quite good?		30%	28%
OTHER SUPPORT NEEDS				
For those who have a disability:				
12.2	Are you getting the support you need?		8%	19%
SAFETY				
14.1	Have you ever felt unsafe here?		26%	46%
14.2	Do you feel unsafe now?		13%	23%
14.3	Not experienced bullying / victimisation by other prisoners		65%	54%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?		38%	30%
14.5	Not experienced bullying / victimisation by members of staff		73%	58%
14.6	If you were being bullied / victimised by staff here, would you report it?		65%	45%
BEHAVIOUR MANAGEMENT				
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?		48%	38%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?		46%	45%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?		14%	8%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?		18%	15%
EDUCATION, SKILLS AND WORK				
16.3	Do staff encourage you to attend education, training or work?		79%	55%
PLANNING AND PROGRESSION				
17.1	Do you have a custody plan?		55%	50%
For those who have a custody plan:				
17.3	Are staff helping you to achieve your objectives or targets?		55%	51%
PREPARATION FOR RELEASE				
For those who expect to be released in the next 3 months:				
18.3	Is anybody helping you to prepare for your release?		63%	66%
FINAL QUESTION ABOUT THIS PRISON				
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?		62%	52%

26%	16%
42%	42%
5%	8%
20%	20%
31%	38%
50%	26%
9%	19%
50%	42%
21%	22%
42%	57%
50%	28%
53%	60%
72%	44%
40%	39%
45%	45%
5%	10%
0%	17%
53%	59%
59%	50%
50%	52%
40%	68%
70%	51%

HMP Holme House 2020

Comparison of survey responses from different residential locations

In this table responses from the Vulnerable Prisoner Unit (house block 7) are compared with those from rest of the establishment.

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Number of completed questionnaires returned

Vulnerable Prisoner Unit (HB7)	Rest of the establishment
37	140

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	3%	1%
	Are you 25 years of age or younger?	16%	12%
	Are you 50 years of age or older?	32%	6%
	Are you 70 years of age or older?	8%	1%
1.3	Are you from a black and minority ethnic group?	0%	4%
1.4	Have you been in this prison for less than 6 months?	17%	36%
1.5	Are you currently serving a sentence?	100%	99%
	Are you on recall?	6%	20%
1.6	Is your sentence less than 12 months?	8%	15%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	5%	4%
7.1	Are you Muslim?	0%	3%
11.3	Do you have any mental health problems?	65%	63%
12.1	Do you consider yourself to have a disability?	43%	50%
19.1	Do you have any children under the age of 18?	47%	59%
19.2	Are you a foreign national?	0%	5%
19.3	Are you from a Traveller community? (e.g. Gypsy, Roma, Irish Traveller)	5%	4%
19.4	Have you ever been in the armed services?	16%	7%
19.5	Is your gender female non-binary?	3%	2%
19.6	Are you homosexual, bisexual or other sexual orientation?	22%	2%
19.7	Do you identify as transgender or transsexual?	3%	2%
ARRIVAL AND RECEPTION			
2.1	Were you given up-to-date information about this prison before you came here?	19%	16%
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	14%	24%
2.3	When you were searched in reception, was this done in a respectful way?	89%	75%
2.4	Overall, were you treated very / quite well in reception?	87%	80%

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Vulnerable Prisoner Unit (HB7)	Rest of the establishment
37	140

Number of completed questionnaires returned

2.5	When you first arrived, did you have any problems?	84%	81%
2.5	Did you have problems with:		
	- Getting phone numbers?	16%	26%
	- Contacting family?	19%	20%
	- Arranging care for children or other dependents?	3%	3%
	- Contacting employers?	3%	5%
	- Money worries?	19%	24%
	- Housing worries?	11%	20%
	- Feeling depressed?	49%	39%
	- Feeling suicidal?	16%	12%
	- Other mental health problems?	32%	27%
	- Physical health problems?	19%	16%
	- Drugs or alcohol (e.g. withdrawal)?	5%	20%
	- Getting medication?	24%	31%
	- Needing protection from other prisoners?	5%	6%
	- Lost or delayed property?	19%	28%
	For those who had any problems when they first arrived:		
2.6	Did staff help you to deal with these problems?	41%	23%
FIRST NIGHT AND INDUCTION			
3.1	Before you were locked up on your first night, were you offered:		
	- Tobacco or nicotine replacement?	54%	82%
	- Toiletries / other basic items?	60%	46%
	- A shower?	19%	33%
	- A free phone call?	11%	27%
	- Something to eat?	68%	68%
	- The chance to see someone from health care?	62%	62%
	- The chance to talk to a Listener or Samaritans?	19%	18%
	- Support from another prisoner (e.g. Insider or buddy)?	16%	16%
	- None of these?	11%	6%
3.2	On your first night in this prison, was your cell very / quite clean?	68%	31%
3.3	Did you feel safe on your first night here?	73%	78%
3.4	In your first few days here, did you get:		
	- Access to the prison shop / canteen?	44%	30%
	- Free PIN phone credit?	50%	63%
	- Numbers put on your PIN phone?	59%	51%
3.5	Have you had an induction at this prison?	81%	87%
	For those who have had an induction:		
3.5	Did your induction cover everything you needed to know about this prison?	50%	50%

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Number of completed questionnaires returned

Vulnerable Prisoner Unit (HB7)	Rest of the establishment
37	140

ON THE WING			
4.1	Are you in a cell on your own?	60%	22%
4.2	Is your cell call bell normally answered within 5 minutes?	35%	27%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	58%	61%
	- Can you shower every day?	100%	92%
	- Do you have clean sheets every week?	78%	74%
	- Do you get cell cleaning materials every week?	30%	40%
	- Is it normally quiet enough for you to relax or sleep at night?	78%	66%
	- Can you get your stored property if you need it?	43%	20%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	64%	48%
FOOD AND CANTEEN			
5.1	Is the quality of the food in this prison very / quite good?	28%	21%
5.2	Do you get enough to eat at meal-times always / most of the time?	35%	21%
5.3	Does the shop / canteen sell the things that you need?	70%	75%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	77%	64%
6.2	Are there any staff here you could turn to if you had a problem?	92%	70%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	49%	42%
6.4	Do you have a personal officer?	92%	96%
For those who have a personal officer:			
6.4	Is your personal or named officer very / quite helpful?	79%	64%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	8%	4%
6.6	Do you feel that you are treated as an individual in this prison?	53%	39%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	60%	48%
	If so, do things sometimes change?	23%	30%
FAITH			
7.1	Do you have a religion?	60%	50%
For those who have a religion:			
7.2	Are your religious beliefs respected here?	82%	61%
7.3	Are you able to speak to a chaplain of your faith in private, if you want to?	77%	65%
7.4	Are you able to attend religious services, if you want to?	86%	82%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	49%	33%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	57%	60%
8.3	Are you able to use a phone every day (if you have credit)?	100%	96%
8.4	Is it very / quite easy for your family and friends to get here?	58%	47%
8.5	Do you get visits from family/friends once a week or more?	23%	24%
For those who get visits:			
8.6	Do visits usually start and finish on time?	27%	30%
8.7	Are your visitors usually treated respectfully by staff?	71%	53%

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Number of completed questionnaires returned

Vulnerable Prisoner Unit (HB7)	Rest of the establishment
37	140

TIME OUT OF CELL			
9.1	Do you know what the unlock and lock-up times are supposed to be here?	95%	87%
For those who know what the unlock and lock-up times are supposed to be:			
9.1	Are these times usually kept to?	34%	40%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	8%	30%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	0%	2%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	24%	54%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	0%	0%
9.4	Do you have time to do domestics more than 5 days in a typical week?	62%	63%
9.5	Do you get association more than 5 days in a typical week, if you want it?	87%	82%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	76%	82%
9.7	Do you typically go to the gym twice a week or more?	33%	34%
9.8	Do you typically go to the library once a week or more?	54%	49%
For those who use the library:			
9.9	Does the library have a wide enough range of materials to meet your needs?	76%	51%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	73%	71%
For those who have made an application:			
10.2	Are applications usually dealt with fairly?	53%	44%
	Are applications usually dealt with within 7 days?	48%	37%
10.3	Is it easy for you to make a complaint?	76%	62%
For those who have made a complaint:			
10.4	Are complaints usually dealt with fairly?	43%	23%
	Are complaints usually dealt with within 7 days?	48%	23%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	21%	36%

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Number of completed questionnaires returned

Vulnerable Prisoner Unit (HB7)	Rest of the establishment
37	140

For those who need it, is it easy to:			
10.6	Communicate with your solicitor or legal representative?	64%	46%
	Attend legal visits?	81%	66%
	Get bail information?	26%	27%
For those who have had legal letters:			
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	60%	70%
HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	24%	15%
	- Nurse?	49%	42%
	- Dentist?	16%	5%
	- Mental health workers?	14%	22%
11.2	Do you think the quality of the health service is very / quite good from:		
	- Doctor?	43%	23%
	- Nurse?	69%	39%
	- Dentist?	30%	23%
	- Mental health workers?	30%	32%
11.3	Do you have any mental health problems?	65%	63%
For those who have mental health problems:			
11.4	Have you been helped with your mental health problems in this prison?	50%	35%
11.5	Do you think the overall quality of the health services here is very / quite good?	43%	24%
OTHER SUPPORT NEEDS			
12.1	Do you consider yourself to have a disability?	43%	50%
For those who have a disability:			
12.2	Are you getting the support you need?	19%	17%
12.3	Have you been on an ACCT in this prison?	24%	15%
For those who have been on an ACCT:			
12.4	Did you feel cared for by staff?	50%	40%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	95%	35%
ALCOHOL AND DRUGS			
13.1	Did you have an alcohol problem when you came into this prison?	22%	26%
For those who had / have an alcohol problem:			
13.2	Have you been helped with your alcohol problem in this prison?	75%	55%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	14%	58%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	3%	19%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	5%	24%
For those who had / have a drug problem:			
13.6	Have you been helped with your drug problem in this prison?	67%	61%
13.7	Is it very / quite easy to get illicit drugs in this prison?	44%	39%
13.8	Is it very / quite easy to get alcohol in this prison?	51%	45%

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Number of completed questionnaires returned

Vulnerable Prisoner Unit (HB7)	Rest of the establishment
37	140

SAFETY			
14.1	Have you ever felt unsafe here?	43%	43%
14.2	Do you feel unsafe now?	22%	21%
14.3	Have you experienced any of the following from other prisoners here:		
	- Verbal abuse?	61%	30%
	- Threats or intimidation?	50%	24%
	- Physical assault?	14%	18%
	- Sexual assault?	0%	4%
	- Theft of canteen or property?	19%	19%
	- Other bullying / victimisation?	25%	13%
	- Not experienced any of these from prisoners here	31%	62%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	57%	23%
14.5	Have you experienced any of the following from staff here:		
	- Verbal abuse?	26%	35%
	- Threats or intimidation?	17%	22%
	- Physical assault?	3%	10%
	- Sexual assault?	0%	3%
	- Theft of canteen or property?	3%	8%
	- Other bullying / victimisation?	17%	17%
	- Not experienced any of these from staff here	63%	60%
14.6	If you were being bullied / victimised by staff here, would you report it?	69%	42%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	54%	36%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	60%	42%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	5%	10%
	<i>For those who have been restrained in the last 6 months:</i>		
15.4	Did anyone come and talk to you about it afterwards?	50%	15%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	5%	17%
	<i>For those who have spent one or more nights in the segregation unit in the last 6 months:</i>		
15.6	Were you treated well by segregation staff?	0%	18%
	Could you shower every day?	0%	41%
	Could you go outside for exercise every day?	0%	46%
	Could you use the phone every day (if you had credit)?	0%	14%

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EDUCATION, SKILLS AND WORK			
16.1	In this prison, is it easy to get into the following activities:		
	- Education?	60%	40%
	- Vocational or skills training?	34%	21%
	- Prison job?	56%	27%
	- Voluntary work outside of the prison?	3%	3%
	- Paid work outside of the prison?	3%	2%
16.2	In this prison, have you done the following activities:		
	- Education?	49%	70%
	- Vocational or skills training?	36%	62%
	- Prison job?	83%	78%
	- Voluntary work outside of the prison?	13%	36%
	- Paid work outside of the prison?	13%	34%
For those who have done the following activities, do you think they will help you on release:			
	- Education?	47%	51%
	- Vocational or skills training?	25%	44%
	- Prison job?	48%	39%
	- Voluntary work outside of the prison?	50%	40%
	- Paid work outside of the prison?	50%	51%
16.3	Do staff encourage you to attend education, training or work?	71%	55%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	61%	49%
For those who have a custody plan:			
17.2	Do you understand what you need to do to achieve your objectives or targets?	59%	84%
17.3	Are staff helping you to achieve your objectives or targets?	46%	55%
17.4	In this prison, have you done:		
	- Offending behaviour programmes?	29%	43%
	- Other programmes?	33%	42%
	- One to one work?	30%	46%
	- Been on a specialist unit?	20%	23%
	- ROTL - day or overnight release?	10%	11%
For those who have done the following, did they help you to achieve your objectives or targets:			
	- Offending behaviour programmes?	67%	68%
	- Other programmes?	57%	70%
	- One to one work?	67%	81%
	- Being on a specialist unit?	0%	58%
	- ROTL - day or overnight release?	0%	50%

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PREPARATION FOR RELEASE			
18.1	Do you expect to be released in the next 3 months?	17%	31%
For those who expect to be released in the next 3 months:			
18.2	Is this prison very / quite near to your home area or intended release address?	60%	44%
18.3	Is anybody helping you to prepare for your release?	50%	67%
18.4	Do you need help to sort out the following for when you are released:		
	- Finding accommodation?	50%	67%
	- Getting employment?	50%	63%
	- Setting up education or training?	17%	51%
	- Arranging benefits?	83%	87%
	- Sorting out finances?	83%	81%
	- Support for drug or alcohol problems?	33%	69%
	- Health / mental Health support?	67%	72%
	- Social care support?	50%	51%
	- Getting back in touch with family or friends?	67%	58%
18.4	Are you getting help to sort out the following for when you are released, if you need it:		
	- Finding accommodation?	0%	35%
	- Getting employment?	33%	17%
	- Setting up education or training?	0%	26%
	- Arranging benefits?	40%	36%
	- Sorting out finances?	40%	27%
	- Support for drug or alcohol problems?	0%	58%
	- Health / mental Health support?	50%	27%
	- Social care support?	33%	16%
	- Getting back in touch with family or friends?	50%	36%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	68%	50%