



Report on an unannounced inspection of

**HMP Brixton**

by HM Chief Inspector of Prisons

4–21 June 2024



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# Introduction

Dating from the beginning of the 19th century, Brixton is one of the oldest prisons in the country and is now a category C resettlement prison serving South London and the wider region. With capacity for up to 798 prisoners, about 740 were in residence at the time of our inspection, although this figure belies the conditions behind the prison's walls: Brixton remains the most overcrowded category C prison in the country. The throughput of prisoners is considerable, with around 140 men being released each month. Compounding these issues, the jail holds a complex population with a large proportion of prisoners experiencing substance misuse and/or mental health challenges.

This is the third time we have been to Brixton since 2022, a year in which we carried out both a full inspection and an independent review of progress. At that time, we described a struggling institution where outcomes were assessed as 'poor' in two of our healthy prison tests, respect and purposeful activity, with outcomes being only a little better in safety and preparation for release. At this inspection we found that, although outcomes had improved marginally in respect, they were now worse in preparation for release meaning that an institution which purports to be a resettlement prison was now 'poor', our lowest assessment, in both the provision of education, training and employment and work to prepare men for release.

While time out of cell had increased marginally, with unemployed prisoners now accessing about 3.5 hours rising to around six hours for those in work, it was unclear exactly how many were unemployed or without activity, with estimates ranging from 17% to 25%. The paucity of regime was best evidenced by our Ofsted colleagues, who judged the provision of education, work, and skills to be 'inadequate,' their lowest assessment. Good access to the gym and creative library provision provided some mitigation.

Offender management should be at the heart of the work of a resettlement prison, but at Brixton, provision was much worse than we would expect and needed an urgent reset. There were insufficient resources and a lack of clarity about the direction of the department, evidenced by large caseloads, significant backlogs, and low levels of contact between offender managers and prisoners. Public protection responsibilities similarly lacked sufficient oversight and we identified several weaknesses. Offending behaviour work was either not being done or lacked rigour, meaning prisoners were leaving Brixton with potentially unmet need or unaddressed risk. This was particularly true of the significant cohort of Brixton prisoners convicted of a sexual offence. Some useful interventions to support resettlement were in place, notably in partnership with the third sector organisation, PACT, but again this work needed to be better organised and delivered with more energy and greater consistency.

In late 2023, the prison had hosted a 'safety summit' which had usefully sought to understand better the causes of violence in the prison. Unfortunately, the potentially useful learning from that exercise had yet to translate into a sustained strategy. We had confidence that leaders were aware of many of the risks they were managing, but it remained a concern, for example, that nearly a third of prisoners told us that they felt unsafe, and that mandatory drug testing

was indicating that about 28% of prisoners were at any point in time active drug users. While self-harm remained lower than at comparable prisons, it was higher than at the last inspection. Fundamentally, prisoners' safety and sense of well-being were being critically undermined by the poor and overcrowded environment in which they had to live, combined with the prison's failure to fulfil its core mission of offering prisoners meaningful opportunities to progress.

The governor was working hard to instil that sense of purpose and accountability in the prison, but our observations suggested that this vision was not yet owned more generally by staff. Some progress was being made. Reception arrangements were, for example, good and staff-prisoner relationships were improving, helped in part by the prioritisation of key work. However, local leaders needed to be more visible and to focus on how they could more effectively support prisoners coming towards the end of sentence. Meanwhile, as we have said before, national leaders must make better use of the prison's strengths as an inner-city establishment with many local employment opportunities. Currently, the prison is not effectively fulfilling its intended role as a resettlement prison, nor is it using the advantages of its location. The result is persistently poor outcomes for prisoners.

**Charlie Taylor**

HM Chief Inspector of Prisons

August 2024

# What needs to improve at HMP Brixton

During this inspection we identified 15 key concerns, of which five should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

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

## Priority concerns

1. **The prison was severely overcrowded, and some cells did not have space for adequate furniture.**
2. **There was not enough visible leadership from middle managers upwards, and the lack of consistent and competent management presence, support and drive had contributed to poor standards in various areas and departments.**
3. **The quality of education and training was poor and leaders did not allocate prisoners promptly to suitable activities.**
4. **The prison was not adequately fulfilling its function as a resettlement prison, nor was it providing sufficient offending behaviour interventions for prisoners who needed them.**
5. **There were significant weaknesses in the oversight of public protection: prisoners' risks were not systematically identified on arrival and before release, and public protection monitoring was not kept up to date.**

## Key concerns

6. **The level of violence remained high and the prison's approach to encouraging positive behaviour was limited and unimaginative.**
7. **A significant problem with illicit drugs was not being addressed effectively; searching and drug-testing in response to intelligence were inadequate.**
8. **Not enough was being done to prevent self-harm: there was no evidence of learning from near misses, and night staff did not routinely carry anti-ligature knives or always know who was at risk of self-harm.**
9. **Safeguarding practices were weak. Links with the local adult safeguarding board had lapsed and safeguarding training was not being completed.**

10. **The complaints and discrimination incident reporting systems were not effective. Many complaint responses were late and some responses to the sampled discrimination incident report forms (DIRF) were rude and defensive.**
11. **Many minority groups had poorly identified and unmet needs.**
12. **While time out of cell had improved, it was still insufficient and prisoners could not rely on published regime times.**
13. **Novus (the education provider) did not have suitable staff in place for all teaching and management roles.**
14. **Attendance across education, skills and work had improved but was still too low, and prisoners frequently arrived late to their allocated activities.**
15. **Release planning was not effective and handovers between prisoner offender managers (POMs) and community offender managers (COMs) were not completed consistently.**

# About HMP Brixton

## Task of the prison/establishment

HMP Brixton is a category C resettlement prison.

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

Prisoners held at the time of inspection: 740

Baseline certified normal capacity: 530

In-use certified normal capacity: 524

Operational capacity: 798

## Population of the prison

- 673 new prisoners received each year (around 56 per month).
- 49 foreign national prisoners.
- 45.4% of prisoners from black and minority ethnic backgrounds.
- 140 prisoners released into the community each month.
- 450 prisoners receiving support for substance misuse.
- 300 prisoners referred for mental health assessment each month.

## Prison status (public or private) and key providers

Public

Physical health provider: Practice Plus Group Health and Rehabilitation Services Ltd

Dental care provider: Prisoner Centred Dental Care

Mental health provider: Barnet, Haringey and Enfield NHS Trust

Substance use treatment provider: Forward Trust

Prison education framework provider: Novus

Escort contractor: Serco

## Prison group/Department

London

## Brief history

HMP Brixton opened in 1819 as the Surrey House of Correction. It subsequently became a prison for women and then a military prison. In 1898 it became an adult male local prison, serving the whole of the London area and particularly focusing on South London. In July 2012, it became a category C and D resettlement prison for the local area. Since February 2017, it has been a category C resettlement prison.

**Short description of residential units**

A wing: 220 prisoners, including 36 on the London Pathways Unit (prisoners with personality disorders who are being released in London).

B wing: 164 prisoners in first night and induction accommodation.

C-wing: 134 prisoners in Incentivised Substance Free Living (ISFL).

D wing: 46 prisoners, drug recovery and well-being wing.

G wing: 234 prisoners convicted of sexual offences.

Segregation unit: maximum of six prisoners.

**Name of governor/director and date in post**

Mia Wheeler

Date in post: March 2023

**Changes of governor/director since the last inspection**

Sonia Brooks – Governor, November 2021 until December 2022

Kathryn Lawrence – Governor, January 2023 until March 2023

**Independent Monitoring Board chair**

Mike Howes

**Date of last inspection**

14 and 21–25 March 2022

# Section 1 Summary of key findings

## Outcomes for prisoners

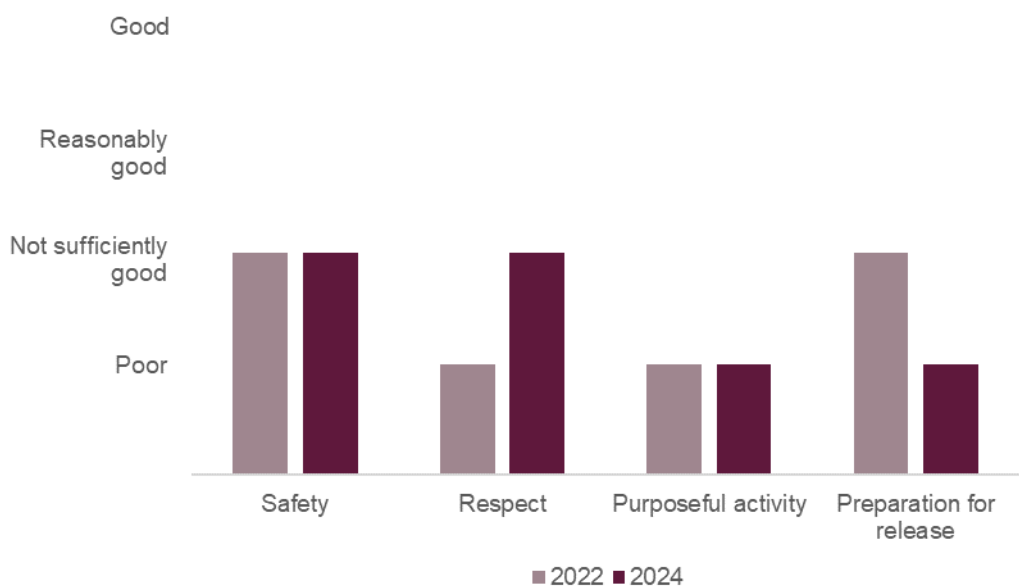
- 1.1

We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.2

At this inspection of HMP Brixton, we found that outcomes for prisoners were:
  - not sufficiently good for safety
  - not sufficiently good for respect
  - poor for purposeful activity
  - poor for preparation for release.
- 1.3

We last inspected HMP Brixton in 2022. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Brixton healthy prison outcomes 2022 and 2024



## Progress on key concerns and recommendations from the last inspection

- 1.4

At our last inspection in 2022 we made 27 recommendations, 16 of which were about areas of key concern. The prison fully accepted 23 of the recommendations and partially (or subject to resources) accepted four. It rejected none of the recommendations.
- 1.5

At this inspection we found that three of our recommendations about areas of key concern had been achieved, two had been partially achieved and 11 had not been achieved. All key concerns in relation to safety had been achieved or partially achieved, but in all other areas

most remained outstanding. For a full list of the progress against the recommendations, please see Section 7.

## Notable positive practice

1.6 We define notable positive practice as:

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

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

Examples of notable positive practice		
a)	There was impressive joint working between all teams and organisations delivering health care, which had resulted in a seamless patient-centred service.	See paragraph 4.31
b)	There was a very good proactive approach towards promoting health and well-being through a wide range of information and activities.	See paragraph 4.43
c)	The Family Links room provided a quiet space in which to support prisoners in building and maintaining family ties.	See paragraph 6.2
d)	A valued befriending service provided emotional support and information, advice and guidance to prisoners' family members and significant others.	See paragraph 6.2

## Section 2 Leadership

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

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 Prison leaders had worked hard to understand and address the long-standing problems faced by Brixton. They had gathered data reasonably well to help identify concerns, but subsequent remedial action was often inadequate. The governor was also aiming to develop a prison culture that reflected a stronger sense of purpose and accountability; our survey and discussions with staff suggested that support for the governor's vision was still variable at best.
- 2.3 There was an ongoing failure by national leaders to use the prison's considerable strengths as an inner-city establishment with many local employment opportunities. No prisoners were being released on temporary licence and many staff told us that the prison did not have enough space and infrastructure to be an effective category C resettlement jail. Leaders had also failed to provide adequate interventions for the many prisoners, particularly those convicted of sexual offences, who had unmet offending behaviour needs. It was clear to us that the prison was not effectively fulfilling its intended role, and a rethink was needed on its strategic purpose.
- 2.4 There was not enough visible leadership in the prison from middle managers upwards. In the absence of a consistent management presence and reinforcement of standards on the units, we found a range of concerns, including some appalling cell conditions. While prison leaders were hindered by the failure of national leaders to resolve the problem of severe overcrowding, they should have done more to improve the prison environment. A new and notably visible head of residence had identified many of the concerns and had a clear plan for improvements.
- 2.5 Despite giving activity some priority, prison and Novus leaders had not ensured that there were enough places or staffing resources. The prison remained unable to meet the training and education needs of most prisoners, causing much frustration to both prisoners and staff.
- 2.6 There were weaknesses in leadership across several other functions, including in the offender management unit (OMU), where staff were not sufficiently well supported by leaders and problems were not properly acknowledged and addressed. The leadership of equalities work was unfocused and ineffective. The segregation unit was under-managed, and leaders had done little to change an old-fashioned and

unimaginative approach to working with segregated prisoners. In general, leaders had not developed the approach to behaviour management beyond an outdated over-reliance on a traditional incentives scheme.

- 2.7 By contrast, focused leadership of reception and induction had already led to a number of recent improvements, which were reflected in positive feedback from prisoners. There was effective joint working between prison and Prison Advice and Care Trust (PACT) leaders, which had led to good outcomes in children and families work. Health care services were also well led, with integrated health teams providing a good service for most patients through excellent joint working.
- 2.8 The governor's prioritisation of keywork had also been reasonably successful; many prisoners spoke positively of the support they received from key workers and described significantly improved relationships with staff, which was an important basis for improving the culture of the prison.

## Section 3 Safety

**Prisoners, particularly the most vulnerable, are held safely.**

### Early days in custody

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

- 3.1 We saw reception staff making efforts to put new arrivals at ease, and in our survey 84% of prisoners said that staff treated them well compared with 72% at the last inspection. Positively, new arrivals were screened using a body scanner, and routine strip searches were no longer carried out.
- 3.2 Peer supporters greeted new arrivals in reception and were available to answer any initial queries raised and provide support. Vulnerabilities or risks were identified through a private interview with staff in reception, followed by a second private interview with an officer from the induction wing. However, the second interview was not undertaken with prisoners convicted of sexual offences who were located directly on to G wing.
- 3.3 In our survey, 65% of respondents said they had felt safe on their first night, which was worse than in similar prisons. Staff now conducted regular well-being observations of new arrivals during their first night at the prison, but again this practice did not extend to G wing. Many prisoners reported that their cell was dirty on arrival. While the first night cells we checked were clean, they were small, cramped and in poor condition, and some lacked items of furniture.



**First night cell**

- 3.4 In order to prevent debt, new arrivals were offered the opportunity to buy grocery and vape packs, and an advance was available if required (see section on encouraging positive behaviour). Prisoners also received a first night pack containing bedding and plastic tableware, which several told us they valued. Property arriving with prisoners was processed immediately and prisoners could take with them all items they were allowed to keep in their possession.
- 3.5 All new arrivals could have a shower on their first night, and they received a hot meal, but many waited several days before they could make a phone call (see 6.1).
- 3.6 The reception area was spacious but was not an especially welcoming environment. Initial holding rooms were small and both these and the main holding room, where prisoners waited to be interviewed, were bare and had no information for new arrivals.



**Initial reception holding room and main reception holding room**

- 3.7 Induction began on arrival on G wing and the following day on the main induction wing, and peer supporters played an integral part in its delivery. In our survey, 95% of prisoners said they had received an induction, and 65% said it covered what they needed to know, both of which were better than at similar prisons and had also improved since the last inspection.
- 3.8 While those on G wing were given an induction booklet, prisoners on the main induction wing did not receive any written information.

## **Promoting positive behaviour**

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

## **Encouraging positive behaviour**

- 3.9 There was little to encourage most of the population to approach their time at Brixton positively. Only 20% of those responding to our survey said that the culture of the prison encouraged them to behave well. The incentives system followed a limited, traditional model.
- 3.10 In our survey, 30% of prisoners reported that they currently felt unsafe, compared with 19% at similar prisons. The rate of assaults against staff was low, but between prisoners it was higher than at similar establishments and had risen further since the previous inspection, when it was already concerning.
- 3.11 Leaders had a reasonable understanding of the likely underlying causes of violence. Among them were frustrations arising from very cramped and overcrowded conditions, both in cells and in the communal spaces, which had very little recreational equipment. In our survey, 22% said that they had experienced theft of purchased goods

or of their property by other prisoners, which was worse than at comparable prisons.

- 3.12 As four of the five residential units were performing specific and useful functions, there were very limited options for spreading people with problematic behaviours round different units. The prevalence of gang and organised crime group members further complicated this, and several needed to be kept separate. A further driver of frustration was the inconsistency of the regime in recent times.
- 3.13 A 'safety summit' had been held in October 2023, with wide consultation among staff and prisoners about the causes of violence and how to address them. This had generated themes around the nexus of drugs, mobiles and debt. More recently, the collation and analysis of data on violence had begun to be done well. Violence reduction investigations were now carried out after all violent incidents, and the key features entered in a database from which data could be aggregated and analysed locally to trace patterns and trends. They included analysis of victims and perpetrators alike, which had the potential to highlight, for example, links between violent action and retaliation.
- 3.14 These initiatives had not yet led to effective action or change, and the 'safety strategy' document was out of date. The 'security, drugs and harm reduction' meetings had had little impact until very recently, when they had been given a sharper and more cross-disciplinary focus on specific current operational challenges.
- 3.15 The use of the challenge, support and intervention plan (CSIP) system for addressing individual prisoners' issues with violence (see Glossary) was very limited; it was administered almost entirely by members of the small safety team, and wing staff said they had difficulty making entries on the online CSIP forms. The prison officers in the safety team were, in any case, frequently cross-deployed to other duties. More positively, the weekly safety intervention meeting (SIM), which discussed a substantial number of prisoners with the most challenging behaviours and/or the greatest vulnerability, had recently become much more effective. This was because the governor was ensuring that senior managers across all relevant departments attended the meeting.
- 3.16 Apart from a new provision to give arriving prisoners a financial advance if needed (see arrival section), there was little support for prisoners who owed money through in-prison debt. One violence reduction representative helped people in the first days in Brixton, but there was no wider network of peer supporters to promote mediation and open discussion of the issues.
- 3.17 Fewer people were self-isolating than at the previous inspection. They were now promptly identified, had daily showers and time out of cell, and were given structured support, including a weekly interview with the wing manager.

## **Adjudications**

- 3.18 Progress had been made in improving the disciplinary system. Hearings were carried out in a fair, constructive and informal way, with proper checks as to whether the prisoner understood the process and was able to make informed representations in their own defence.
- 3.19 A higher proportion of charges were being found proven than at the last inspection (63% in the last 12 months), which suggested that the system was working more efficiently. At the time of the inspection, only 12 were awaiting resolution after an adjournment. Cooperation with a new on-site police liaison officer had also enabled swifter resolution of cases that had been remanded for possible police action, with just 22 such cases currently outstanding.

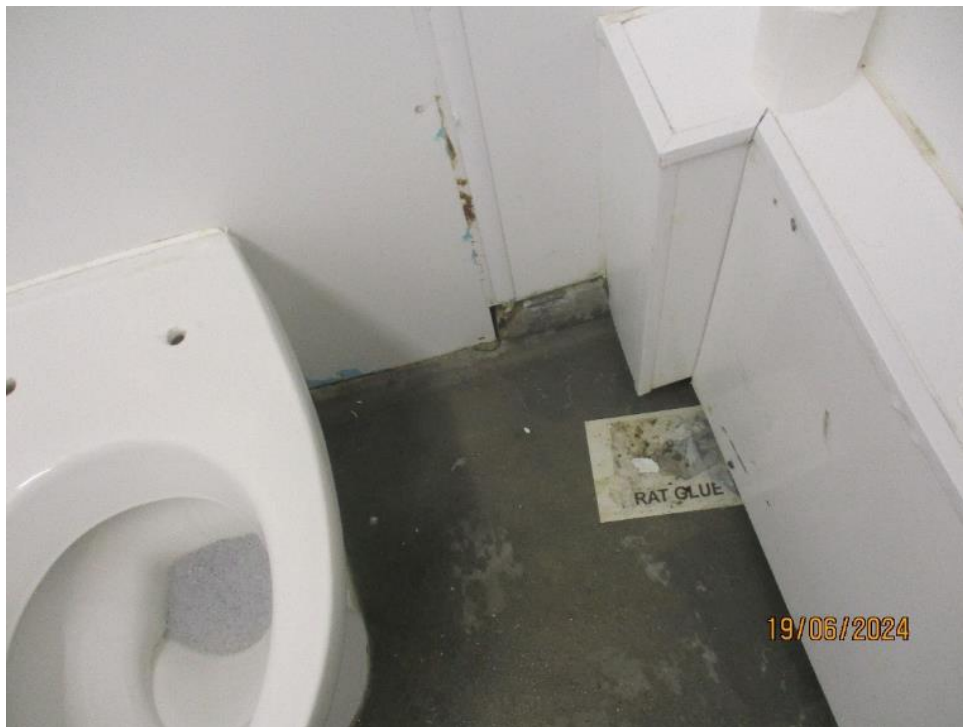
## **Use of force**

- 3.20 The amount of use of force was comparable to the last inspection and at an average level for the type of prison; the great majority was in response to a violent incident. Special (unfurnished) accommodation had been used three times in the past 12 months; PAVA had been drawn four times and used twice; and batons had not been deployed at all. Paperwork indicated that the use of special accommodation and PAVA was defensible.
- 3.21 There was good use of body-worn cameras and staff reliably turned them on in cases of rising tension or a developing incident. In our review of footage, we found that staff took a generally calm and competent approach to the use of force, with an appropriate focus on de-escalation. The records made by staff were usually detailed.
- 3.22 Action had been taken promptly after the last inspection to improve governance of the use of force. Good use had begun to be made of 'Power BI', a new IT application from His Majesty's Prison and Probation Service (HMPPS), to produce demographic analysis and comparisons in relation to the use of force. A weekly meeting, led by the deputy governor, now reviewed records and footage of all incidents involving use of force. Meanwhile, a monthly meeting, with wider representation, considered all incidents and viewed selected footage to identify and disseminate learning for the future. A pilot project was helpfully exploring better ways to de-escalate and reduce use of force in relation to prisoners with a neurodivergent condition.

## **Segregation**

- 3.23 The small care and separation unit had five cells in use at the time of the inspection, and prisoners sometimes served a punishment of cellular confinement (CC) on their residential unit. The proper safeguards were not in place for such cases: for example, during the inspection a man was shown in the segregation unit as serving a spell of CC on the wing, while the wing staff were treating him as merely being on the basic regime level.

- 3.24 The shower and some of the cells were in poor condition, with accumulated litter in some window grilles, and severe damage to cell doors. The large yard was a better feature, with some exercise equipment and attractive greenery outside its fence.



**Segregation cell with rat glue (top), defacement of cell doors (left) and graffiti (right)**

- 3.25 In our survey, few prisoners who had been segregated said they had had a daily shower (36%) or outside exercise (39%), although they were offered these during the inspection.
- 3.26 The policy and to an extent the operational atmosphere of the unit were outdated. The officers were skilled and mature in relating to prisoners, defusing tensions and resolving conflicts, but there was little effort to work proactively with prisoners. The supervising officer and the unit manager had other jobs and no office base in or near the CSU, and day-to-day supervision to drive improvement was largely lacking. The

daily records for each prisoner were generally observational and lacking in helpful description of interactions and mood.

- 3.27 There was hardly any input from, for example, education or the gym, although the mental health team made a strong contribution. Reintegration plans had been introduced, but this process had not progressed far in terms of constructive and individualised planning for a supported return to a normal location.

## Security

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

- 3.28 Physical security was well maintained, and security procedures were generally managed well, although limited cover meant that the head of security and one custodial manager carried a considerable load. The monthly cycle of analysis, reporting and planning was carried out efficiently, but there were persistent delays in processing intelligence. All security information reports were triaged within 24 hours, but over the last year there had been an average backlog of over 400 reports awaiting full processing. This was far too high, although it represented an improvement on the figure at the beginning of 2023, which had been twice as high.
- 3.29 There was a variable flow of intelligence depending on the wing, it being lower on wings C and D. Joint working with the police had improved considerably, with two police intelligence officers working closely with the prison on crime, staff corruption and counter-terrorism issues. This was helpful in view of the rising number of members of organised crime groups in the prison.
- 3.30 Substance misuse was a significant problem, especially in relation to PS (see Glossary) and cannabis. In our survey, 42% said it was easy to get illicit drugs, and random drug testing showed a positive rate of 28% over the last 12 months, over twice the target set by HMPPS. In view of this prevalence, it was surprising that there was a very low level of suspicion-based drug testing; only 21 tests had been carried out in the first five months of 2024.
- 3.31 It was reasonably well established that visits and staff were probably the main routes of ingress, and anti-corruption work was bearing some fruit. The enhanced gate security system was a valuable investment, although we did not always see a consistently thorough approach to searching on entry. The regional search team worked with prison staff in carrying out intelligence-led searching approximately weekly, with a good number of finds. However, there was relatively little intelligence-led searching by residential staff between these visits.

- 3.32 Different departments were beginning to work together more effectively in a monthly 'security drug and harm reduction' meeting. Until very recently this meeting had been dominated by departmental reports without true multidisciplinary discussion, and leaders had recognised that more focused attention was needed to reduce the ingress and use of illegal drugs. The most recent meeting had been more promising, although the resulting plan was not yet sufficiently clear in terms of definite actions, timescales and accountabilities.

## Safeguarding

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

### Suicide and self-harm prevention

- 3.33 Since the last full inspection, there had been one confirmed self-inflicted death, in May 2024, which was still subject to investigation by the Prison and Probation Ombudsman. A local investigation had already identified some initial learning points and some actions were being taken.
- 3.34 There had been 302 incidents of self-harm in the previous year, involving 103 prisoners. This was a 38% increase compared with the last inspection but was still low compared with similar prisons and was on a downward trajectory. While improved key work and staff-prisoner relationships supported prisoners' sense of well-being (see section on staff-prisoner relationships), the poor physical conditions and lack of activity and progression undermined a positive prison culture (see sections on residential units, purposeful activity and preparation for release).
- 3.35 Although prisoners had needed hospital treatment on 38 occasions in the past 12 months due to the seriousness of their self-harm, there was no evidence of local investigations to understand the circumstances of these acts. This meant potential lessons had not been identified or used to make improvements.
- 3.36 A large number of prisoners were subject to assessment, care in custody and teamwork (ACCT) case management for people at risk of suicide or self-harm. Although the ACCT documents that we reviewed suggested an improved and generally reasonable quality of care, only 41% of prisoners responding to our survey said they felt cared for when on an ACCT. Too many reviews were not multi-disciplinary and there was inconsistent case management and post-closure monitoring.
- 3.37 Some night staff lacked knowledge of the prisoners in their care who were being monitored because of a risk of self-harm. We were also concerned that some night staff were not carrying anti-ligature knives

and were unaware of fire safety procedures. Only a minority of staff across the prison were up to date in training on suicide and self-harm prevention.

- 3.38 Constant supervision was used infrequently: eight times in the previous 12 months. The constant supervision cell in the segregation unit had not been used recently, but it was available for use and in a very poor condition. There were two constant supervision cells in other parts of the prison, on G and A wings. While we were told the cell on A wing was operational, it was filthy, with detritus left behind by a prisoner who had vacated the cell six days previously.
- 3.39 Records did not always make it clear who authorised the use of constant supervision or the reason it was required. Anti-tear clothing had been used once during the previous 12 months, but records for authorisation and monitoring of this prisoner had not been kept.
- 3.40 The weekly SIM (see paragraph 3.15) had recently been revamped and was now a much more effective multi-disciplinary forum. Leaders collected some helpful data, but this had not been used to drive improvement through a local action plan. The safety strategy was out of date and, despite a safety summit being held the previous October, no action had yet been taken in response to concerns identified.
- 3.41 Prisoners had good access to the team of 18 Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), who operated a 24-hour call-out rota. Listeners told us they were well supported by the Samaritans, who met them every week. In-cell telephones also enabled prisoners to make free calls to the Samaritans.



**Filthy constant supervision cell**

### **Protection of adults at risk (see Glossary)**

- 3.42 The prison's adult safeguarding policy was out of date and continued to focus more on social care than protecting adults at risk. Prisoners who were vulnerable for medical or behavioural reasons were discussed at the SIM (see paragraph 3.40). Links with the local adult safeguarding board had lapsed, and there was no evidence that expert advice had been sought. Safeguarding training was not being completed and some staff we spoke to were not aware of how to identify or escalate concerns.

## Section 4 Respect

**Prisoners are treated with respect for their human dignity.**

### Staff-prisoner relationships

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

- 4.1 Staff-prisoner relationships had improved, and in our survey 77% of prisoners said that staff treated them with respect, compared with 58% at the last inspection. Most staff called prisoners by their preferred names but had limited understanding about more complex matters, such as why someone was vulnerable to self-harm or might require evacuation support.
- 4.2 Many staff were inexperienced: 45% of officers had less than two years' service and told us they wanted additional support from managers (see section on leadership). Although we saw more staff responding to low-level poor behaviour than at the last inspection, this remained inconsistent. We, for example, regularly saw a lack of action over blocked observation panels, inappropriate dress, offensive graffiti and vaping in prohibited areas.



**Blocked observation panel (left) and graffiti in reception waiting area**

- 4.3 The vast majority of prisoners had a key worker, and 73% said that their key worker was quite or very helpful, compared with 53% at similar prisons. This was encouraging and appeared to have contributed to the generally improved relationships between staff and prisoners. However, our review of case notes suggested that key work was still not consistent enough, nor adequately linked to sentence planning (see section on preparation for release). Leaders monitored the number of sessions, but they did not review the quality.

## Daily life

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

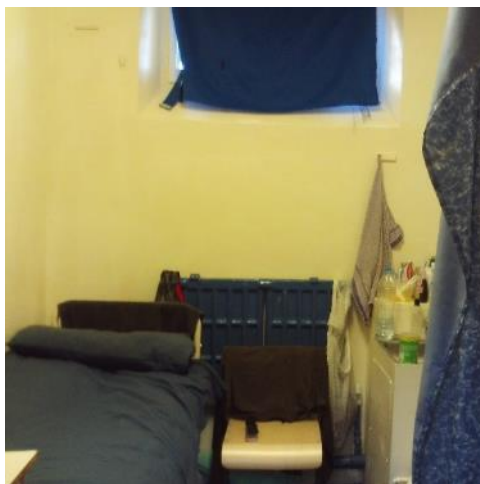
### Living conditions

- 4.4 Brixton is the most overcrowded of all category C prisons and held 66% of prisoners in shared cells that were designed for one person. Consequently, living conditions were cramped and dirty, and the severe overcrowding had a negative impact on many aspects of prisoners' daily lives.
- 4.5 Many cells as well as being dirty were designed with a toilet in the middle, making it impossible to allow enough furniture for two prisoners, with many also lacking secure storage space. Cells lacked privacy and essential items such as window curtains, which were available from the main stores, but were not being requested by staff. The useful decency checks that we saw at the independent review of progress in 2023 had ceased.



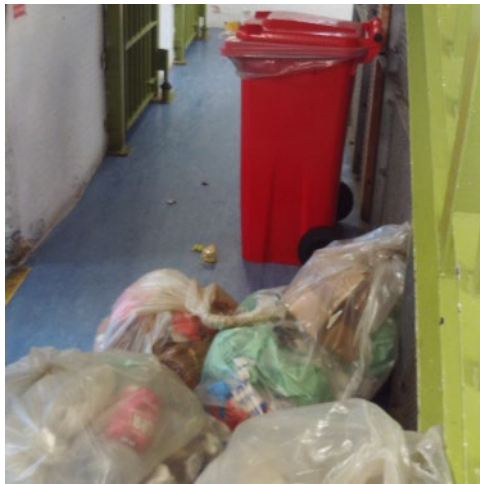
**Cramped and dirty cells**

- 4.6 Conditions on the ISFL (see Glossary) and London Pathways Unit (see paragraph 6.27) were better. On the ISFL, the landings were cleaner and toilets were in a separate area, which meant that cells were less cramped. On the London Pathways Unit, all prisoners had single cells and access to recreational equipment, and all could eat out of their cells, which contributed to a more positive communal atmosphere on the unit (see section on interventions and support).



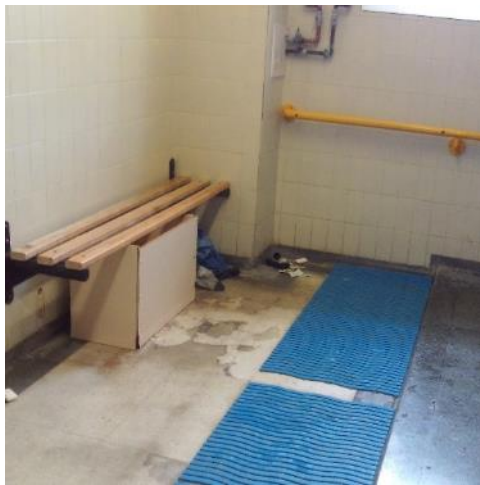
**Cell on IFSL (top), LPU cell (left) and LPU landing (right)**

- 4.7 Despite large numbers of wing cleaners, we rarely saw prisoners cleaning and many communal areas were grubby and had rubbish left unattended. Many prisoners complained of rats, and we saw evidence of rat droppings and urine on the landings. In addition, food was often left out overnight on serveries, which encouraged pests.



**Rubbish on landings (left) and dirty servery left overnight (right)**

- 4.8 Most of the showers had been refurbished and were in a decent condition, but cleanliness was once again poor, and rubbish and wet clothes were regularly left on the floor. Although G wing housed some of the most vulnerable prisoners, the showers were not fully screened and several prisoners told us they felt uncomfortable when using them. A broken shower bench was being propped up by a cupboard, something that staff said they had not seen.



**Unscreened, dirty G wing shower with broken bench**

- 4.9 In our survey, significantly fewer prisoners than at similar establishments said they could have a shower every day or obtain clean bedding. Wing and main storerooms had sufficient cleaning materials, but access to bedding was sometimes delayed because of a lack of staff in the main laundry room. Prisoners were not routinely given access to showers during fortnightly staff training lockdowns.
- 4.10 Outside areas were generally well maintained and staff had tried to soften the environment by planting flowers, shrubs and trees. The yard on A wing was a pleasant environment, with some greenery, exercise equipment and murals.



**Perimeter flowers, mural and shrubs on A wing yard**

## **Residential services**

- 4.11 In our survey, significantly more prisoners than at similar establishments said the quality of the food was very or quite good (80% vs 38%) and many of the prisoners we spoke to said food was the best thing about the prison. The kitchen manager had worked hard to make sure prisoners were regularly consulted through comment books, a monthly servery representative meeting and a prisoner survey every six months. The food included more fresh fruit and vegetables than we normally see, and special diets were well catered for.
- 4.12 A good range of items, including some fresh food, was also available from the prison shop, and prisoners valued their access to some cooking facilities, including microwaves, air fryers and hotplates. However, very few prisoners had access to dine out facilities and instead had to take food to their small cells to eat.



**Self-catering rooms**

- 4.13 There were ongoing delays in receiving catalogue orders, caused by a backlog in the finance department; we also saw items in the office that had been waiting for a week to be taken to reception for processing.

#### **Prisoner consultation, applications and redress**

- 4.14 All wings had Prisoner Information Desk (PID) peer workers, who supported prisoners with making applications and were also a good source of information for them. The paper-based application process had improved since the last inspection, although the PID workers' role varied from wing to wing and there was no job description or training.
- 4.15 PID workers stamped and recorded every application before it went to the relevant department and again when an application was returned. This data was collated daily by managers and any outstanding apps were highlighted on the daily operational report to help improve oversight and timeliness. However, there were persistent delays in receiving responses from the finance department and the OMU, which was a source of frustration for many prisoners.
- 4.16 Consultation and communication with prisoners were not good enough. Wing representatives, usually the PID worker, attended the prisoner council meeting. However, discussions usually focused on daily living concerns, such as broken appliances, which would have been more suited to a wing forum. There was little attention to more fundamental issues that could have made a longer-term difference to prisoners' experiences, and it was disappointing that senior leaders did not attend these meetings regularly. Minutes were not freely available and there was no clear method of communication across the prison; most prisoners we asked did not know what was discussed.
- 4.17 Prisoners lacked confidence in the complaints process. Complaint forms were not always available on the wings and, despite being discussed at the monthly managers meeting, responses were often late. In the previous 12 months, only 58% of forms were responded to on time and some were not responded to at all. For example, a

prisoner from G wing complained in January 2024 about the regime and was still waiting for a substantive response over six months later.

- 4.18 Responses, when they eventually arrived, were polite and mostly addressed the issues raised, but prisoners were rarely spoken to as part of the process. Responses failed to say whether a complaint was upheld or not and the prison did not hold data on upheld rates, which undermined leaders' ability to analyse trends and address recurring issues. The prison had introduced a quality assurance process, but it did not always pick up on key issues.
- 4.19 In our survey, only 40% of prisoners said they could communicate with their solicitor or legal representative easily. Prisoners had good access to legal visits, both in person and by video link, but many reported long delays in getting their legal representatives' phone numbers added to their PIN phone (see paragraph 6.1). Although prisoners could access legal textbooks in the library, the computers had been broken for over a year, which made it difficult for them to type legal letters (see paragraph 5.9).

## **Fair treatment and inclusion**

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

- 4.20 While prisoners had a number of concerns about Brixton, few of them felt that these resulted from race discrimination. At the time of the inspection, approximately half the population was from a minority ethnic background and the prison had an ethnically diverse staff group at all levels, which may have contributed to this general sense of being treated fairly. Improved key working also supported better communication between staff and prisoners, but there was much to do before the prison could be said to have achieved a positive and inclusive culture.
- 4.21 There was insufficient staff capacity and leadership in the equalities team, and no priority was given to equalities work. Consequently, the approach to ensuring fair treatment and inclusion was not robust, and there were some poor outcomes for minority groups. For example, prisoners with mobility problems could not move around the prison easily, and while wing staff usually knew those in need of evacuation support, many could not locate evacuation plans detailing their specific needs. There were a few prisoner buddies who could support prisoners with disabilities, but they were not systematically allocated to those with significant needs, adequately trained or supervised (see paragraph 4.54).

- 4.22 Similarly, there was little provision for foreign nationals, who accounted for 7% of the population, and no focus on the 22% of prisoners in our survey who said they were care experienced. These prisoners were more than four times more likely to report being physically restrained than others (39% vs 9%) and nearly four times more likely to have been in segregation (36% vs 10%), and 40% said they had felt suicidal on arrival compared with 11% of others. Despite such disparities, there was no specific work undertaken with this group.
- 4.23 There had been some good analysis of data to identify disproportionate outcomes by ethnicity, resulting in some investigations. However, there was no evidence of subsequent remedial action. Consultation with minorities was also weak, and only two protected characteristic forums had taken place in the first five months of the year.
- 4.24 Twenty-one DIRFs had been submitted from January to June 2024 and two had been upheld. Prisoners told us they did not trust the system and some of the investigations we saw contained rude and defensive comments. Some case managers had not been trained in investigating DIRFs and while there was some quality assurance by the governor, it was not clear if the required further investigations were taking place.
- 4.25 A more positive area was the efforts made to acknowledge various cultural dates in the calendar. International Women's Day and LGBTQ+ History Month were celebrated. For Black History Month, prisoners, their family members and staff were invited to events where they could enjoy music and food and raise funds for a local charity.

### **Faith and religion**

- 4.26 Faith provision had improved since our last inspection. In our survey, 89% of prisoners reported being able to attend religious services if they wanted to, compared with 68% at the last inspection. The large chapel could be adapted for worship by different religious groups and was used for other events, although it lacked step-free access and had no hearing loop. An inclusive approach was taken to services, where prisoners convicted of sexual offences mixed with the general population.



**Chapel stairs**

- 4.27 Participation in the wider life of the prison by chaplains was not yet strong enough; for example, they did not consistently attend ACCT reviews (see paragraph 3.36) or SIMs (see paragraph 3.15). However, good community connections were being developed. The managing chaplain was aware of the abundance of opportunities in the local London area and was building partnerships to support resettlement outcomes for prisoners. There was good pastoral support and chaplains attended family visits if requested.

## **Health, well-being and social care**

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

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

## **Strategy, clinical governance and partnerships**

- 4.29 NHS England commissioned Practice Plus Group Health and Rehabilitation Services Limited (PPG) to provide health care services and Prisoner Centred Dental Care (PCDC) to deliver dental provision at HMP Brixton. PPG subcontracted mental health services to Barnet,

Enfield and Haringey Mental Health NHS Trust (BEH) and substance misuse psychosocial services to The Forward Trust.

- 4.30 Commissioners held quarterly assurance meetings and regular visits to monitor the contract. Strategic and local governance structures were established to monitor the quality of the service and drive improvements, including an effective local delivery board and the pan-London Prison Health Partnership Board meetings.
- 4.31 The health care service was well led, with strong clinical leads and excellent joint working. The integrated models of care meant that all providers worked together with a focus on the early days in custody, planned and unscheduled care and release planning. Services were delivered by a skilled and conscientious workforce.
- 4.32 Frontline staff told us they were well supported and felt the culture was open and enabled them to speak up about any concerns. Staffing levels had improved. There were some vacancies, but these were covered by regular bank and agency staff. There was regular managerial and clinical supervision, and training sessions were booked for some mandatory training to be brought up to date.
- 4.33 Access at the service was better than at the last inspection. Non-attendance rates had improved but they were still too high for some clinics, including for the GP. This was under review, and we were told that sometimes attendance at afternoon clinics was affected by late arrivals caused by delays in unlocking prisoners.
- 4.34 An active approach to getting patients' feedback to improve services continued to flourish through a range of activities, including regular patient forums. Services were also enhanced by a responsive approach to audits.
- 4.35 Robust processes were now in place to manage complaints about health care. Sampled responses were timely, polite, and addressed the concerns raised and informed patients how to escalate their complaint if they were unhappy with the outcome.
- 4.36 The head of health care had identified that there was an under-reporting of clinical incidents, but this was improving following reminders to staff of the importance of completing them. The reporting and investigation of serious incidents were thorough. Internal clinical reviews of any deaths in custody had been completed promptly and lessons learned were shared with staff.
- 4.37 Patient records were generally detailed and described the care and treatment offered, although we saw a small number of cases where interventions had not been thoroughly recorded.
- 4.38 Staff used the task function on SystmOne to send messages to colleagues relating to patient care. While most tasks were actioned and closed, we saw a small number that had not been dealt with. Assurances were given that this would be resolved.

- 4.39 The treatment rooms on the wings had been refurbished and were of a good standard. However, some rooms in the health care department were showing signs of wear and tear and the waiting area was grubby. A new cleaning contract to NHS standards was being sourced for the health department.
- 4.40 Emergency equipment, including automated external defibrillators, was strategically located, regularly checked, and accessible to prison staff. However, not all prison officers we spoke with knew where the defibrillators were kept, which was concerning.

### **Promoting health and well-being**

- 4.41 There was no prison-led health promotion strategy, but there were good links with the gym, which provided specific health sessions, and the catering team, who supplied special diets for health conditions.
- 4.42 A wealth of health information, including a detailed monthly newsletter, was displayed around the prison, and PPG followed national health promotion campaigns. The enthusiastic patient engagement lead (PEL) coordinated an impressive range of health promotion activities, including monthly workshops on relevant health promotion topics, which were well received. The PEL was supporting 10 mental health/health care representatives across the wings to engage with their peers about health issues. Certitude, a registered charity, provided peer mentor and support training, and coaching and mentoring opportunities, as well as help on release to prisoners with learning disabilities, autism and mental health needs.
- 4.43 The proactive approach taken by the public health nurse to increase the uptake of a wide range of vaccinations, including for MMR, had been successful. National preventative screening programmes, sexual health and blood-borne virus (BBV) screenings were encouraged, with good uptake. There were good links with the Hepatitis C Trust and specialist services. Patients were referred to local sexual health services, and an HIV specialist visited the prison when needed. Condoms and lubricants were available. Vaping cessation support was offered by the pharmacy team.
- 4.44 Telephone interpretation services were available for health consultations, and health information had been translated in some cases.

### **Primary care and inpatient services**

- 4.45 The service was not a 24-hour provision, and the primary care team operated a seven-day service from 7.30am to 6pm. The unscheduled care team, comprising a paramedic, a triage nurse and a mental health nurse, was available from 7.30am to 8.30pm every day to respond to any urgent need, which was positive.
- 4.46 Subject to staff availability, GP clinics were available Monday to Friday, with Thursday being for substance misuse patients. The waiting time

for a routine appointment was good, at around seven days, with slots reserved for urgent need.

- 4.47 The primary care team was skilled and highly motivated, with a range of services available to meet patients' needs, such as long-term conditions clinics and vaccinations. Some services were provided on the wings, which helped improve patients' access. Health care applications were paper-based and reviewed by the unscheduled care team before being passed to the appropriate person to book appointments.
- 4.48 All new arrivals were seen in reception for an initial health screen and offered BBV testing. Impressively, each new arrival was discussed at a multi-disciplinary 'early days in custody' meeting the following day, which ensured that their holistic needs were captured, and appropriate referrals made. Prompt secondary health screenings were carried out and prisoners were given a comprehensive health care information folder at the prison induction fair.
- 4.49 The planned care clinical lead retained oversight of patients with long-term conditions such as diabetes, while a replacement nurse was being recruited. Patients received annual reviews and any additional health checks, such as foot and eye checks, were carried out. A small number of patients received regular wound dressing changes; however, the documentation did not always fully reflect the care and treatment required. Action was taken during the inspection to improve this.
- 4.50 There was a weekly multi-professional complex case meeting where more complex patients' care needs were discussed, with good attendance from across the health care team. This was another example of the excellent joint working adopted throughout the service.
- 4.51 The health administration team had effective oversight of external hospital appointments. The prison allocated four officer escorts per day, and these were rarely cancelled. There were extended waits for some hospital appointments, and these were regularly chased for an update. A range of allied health professionals visited the prison, including a physiotherapist, optician and podiatrist, with reasonable waiting times.
- 4.52 Patients were offered a pre-release appointment to discuss their ongoing health needs, and care was transferred to community providers if necessary. The early release scheme had placed additional pressure on the health release and transfer teams, with some patients being released with only 24 to 48 hours' notice. Nonetheless, the team worked hard to see everybody and arranged any take-home medication. Some patients were offered support for up to 12 weeks after release, to assist their transition back to the community and help them with attending appointments. While this was restricted to telephone support at the time of the inspection, plans were in place for this to be in person soon.

## **Social care**

- 4.53 A memorandum of understanding between the prison and Lambeth Council describing the pathway to access social care was in place, with PPG practitioners providing any personal care that might be identified. Historically, most referrals for a social care assessment emerged during planning for release. Need in these circumstances was well-screened by health care and this generally led to good ongoing community support. One prisoner had recently arrived with a live care plan and was the only prisoner in receipt of a personal care package at the time of the inspection. The handover of care in this case had not been sufficiently robust and the prison had struggled to put arrangements in place to fully meet his needs, but this was being actively addressed by the health care team and on-site occupational therapist.
- 4.54 We found that front-line staff were not well versed in how social care systems worked, and there was very little information on or promotion of this topic at wing level. In addition, some prisoners with lower-level needs were supported by fellow prisoners who had received limited training or inadequate supervision, which carried significant risk (see key concern in fair treatment).

## **Mental health**

- 4.55 BEH delivered a comprehensive range of interventions and support for patients with mild to moderate and more complex mental health needs through a stepped model of care.
- 4.56 The skill mix of the team was impressive and comprised skilled clinical psychologists, a trainee, assistant psychologists, counsellors and experienced mental health nurses. The team also made good use of their speech and language therapists, an occupational therapist, increased psychiatric provision and effective administrative support. They offered a range of interventions, including trauma-informed and compassion-focused therapy, cognitive behavioural therapy and workshops for coping with stress and anxiety. The waiting times varied but were mostly reasonable. While waiting for therapy, welfare checks were carried out and workshops were available. There was a neurodiversity pathway, including assessment and diagnostic services, and the team worked effectively with the prison lead.
- 4.57 The day after arrival, all prisoners were reviewed by a health-wide multidisciplinary team, including representatives from the mental health and therapies team. This review was comprehensive, and appropriate referrals were made to the team to complete an assessment. Most routine assessments were now completed within five to six days, although there had been a backlog. Assessments, new referrals and ongoing care were discussed at regular mental health and therapies multidisciplinary team meetings held two to three times a week. The teams' collective caseload was approximately 125.

- 4.58 The unscheduled care team included a mental health nurse, and any prisoner with an urgent need was seen promptly. This team was available between 7.30am and 8.30pm every day, including at weekends. Attendance at ACCT reviews was prioritised, and these were attended by a mental health professional.
- 4.59 The mental health nurses case-managed patients with more severe and enduring mental health needs and invited community mental health teams (CMHTs) to review meetings, although with little uptake. There had been more success in encouraging family involvement. The nurses helped patients to plan for release or transfer, and liaised effectively with CMHTs, as well as with other prisons, to promote continuity of care.
- 4.60 The increase in psychiatrist provision meant that reviews were prompt, including for medication. Physical health checks were completed for patients on antipsychotic or mood-stabilising medication. They used a zoning system, where the degree of risk posed to self and others was considered, to make sure that each patient received the correct level of support.
- 4.61 Five patients had been transferred to hospital under the Mental Health Act since April 2023. All but one had exceeded the recommended timeframe of 28 days, with an average transfer time of 44 days.
- 4.62 The team had delivered a few sessions to officers using a mental health awareness training package and were keen to deliver more. They attended all new staff and prisoner inductions to promote the service and how to refer into it.

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

- 4.63 The prison drug strategy governor was a regular presence on the specialist recovery wing and ISFL unit, and there was evidence of close partnership working with the substance misuse team.
- 4.64 Identification and assessment of prisoners with addiction problems had been enhanced through a new early days in custody model; this resulted in prisoners receiving timely support and effective joint reviews of treatment by well-coordinated health teams.
- 4.65 The PPG clinical treatment team was dependent on agency and bank staff, but these practitioners were long-standing and competent. Fifty-seven patients were receiving opiate substitution treatment (OST) and we saw a flexible, individualised approach to treatment needs. Access to prescribers was more robust than at our last inspection and a visiting adult addiction specialist provided specialist support and supervision for prisoners with very complex needs. Additionally, the team could now maintain treatment for prisoners arriving at the prison on Buvidal (a long-standing opiate substitution treatment).

- 4.66 The Forward Trust provided psychosocial support to 354 prisoners at the time of the inspection, or just under half the population. Staffing turnover was significant and resulted in large caseloads for all practitioners, although most needs were being met. Support included harm minimisation, in-cell workbooks, one-to-one interventions and a family worker. Trained peer mentors were available on all wings and Alcoholics Anonymous and Narcotics Anonymous provided regular input. The most concentrated support was delivered on D wing, which continued to offer intensive group work for around 46 residents. The ISFL unit on C wing was still developing but was beginning to make a useful contribution to motivating prisoners. Prisoners' feedback was not systematically collated but most prisoners we spoke to were genuinely appreciative of the support being offered.
- 4.67 A reintegration coordinator organised outreach support, and many prisoners were able to access ongoing community support and specialist accommodation. Naloxone training and supply was considered for all prisoners and targeted support was provided as necessary.

### **Medicines optimisation and pharmacy services**

- 4.68 Overall, PPG delivered pharmacy services in a safe and effective manner. There were two regular pharmacists, who provided good leadership and covered for each other when needed.
- 4.69 Medicines were dispensed in the on-site pharmacy and were stored securely in the pharmacy and treatment rooms. Temperature-sensitive medicines were kept in suitable fridges, and the temperatures were checked and recorded daily. The out-of-hours medicines cabinet was managed by the pharmacy team. It was well stocked, and the stock control sheets were being used properly.
- 4.70 Prescriptions were clinically checked by a pharmacist before being printed. The pharmacists were available for patients who requested a medication review, and they ran minor ailment clinics.
- 4.71 There were regular meetings for safer prescribing and a multi-professional complex case clinic, which the pharmacy team was fully involved in. Pharmacy staff underwent a comprehensive induction programme and had team meetings to discuss any medicine-related incidents reported on Datix, the electronic clinical incident system.
- 4.72 The nurse in reception completed a medication in-possession risk assessment with every new arrival, and these were recorded on SystmOne. Medicine reconciliation was completed within designated timescales and in-possession risk assessments were updated when required. Around 70% of patients who were prescribed medicines received them in-possession. Not-in-possession medicines were supplied as named patient medicines, with appropriate labelling and a dispensing audit trail. However, the out-of-hours medicines were not labelled before being supplied. The pharmacist gave assurances during the inspection that this would be rectified.

- 4.73 A formulary (a list of medications used to inform prescribing) was being used most of the time and was monitored effectively. Appointments were booked for patients if they needed a review with the prescriber.
- 4.74 Medicines administration was led by pharmacy technicians twice a day, with night-time medicines given in-possession. The pharmacy technician checked ID cards before each administration. Due to staffing pressures, controlled drugs were administered by two staff members separate to routine administration times. Officer supervision of medication queues continued to be inconsistent, with some good and poor practices observed, or absent. This compromised patient confidentiality and increased the opportunity for diversion and needed to be addressed.
- 4.75 There was in-cell lockable storage, but many lockers were broken. Frequent in-cell spot checks for compliance with medicines were undertaken.
- 4.76 Use of medicines and missed doses were recorded on SystmOne and these were followed up. A range of homely remedies were available; the reasons for supplying these was recorded and monitored, with regular requests highlighted to the pharmacist. There was appropriate provision of medicines for patients being transferred or released.

#### **Dental services and oral health**

- 4.77 PCDC provided six dental sessions a week and offered a full range of NHS treatments. The dental team managed patient applications for appointments and waiting times were reasonable, at around four to five weeks. Urgent need was prioritised, and medicines were prescribed where required.
- 4.78 There had been investment in upgrading equipment, such as a new dental chair and x-ray. Further work was scheduled to replace the cabinets and flooring, with a planned closure shortly after the inspection. Plans were in place to mitigate the closure by adding extra clinics before and after, as well as maintaining an on-site presence to make sure acute need was identified and responded to.
- 4.79 The dental suite was clean, with equipment servicing carried out regularly, and there were strong governance systems. Staff felt well supported and received training relevant to their role.

## Section 5 Purposeful activity

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

### Time out of cell

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

- 5.1 While time out of cell had improved since the last inspection, it was still insufficient for a category C resettlement prison. Not all prisoners were able to spend one full hour in the open air each day and some prisoners on a basic regime were only out of their cells for 45 minutes a day for fresh air and showers.
- 5.2 Time out of cell for unemployed prisoners had increased to about three and a half hours, and during our roll checks we found that 15% of prisoners were locked up during the working day. However, some wings had very little recreational equipment to occupy them.



**Broken pool table on A wing**

- 5.3 The number of unemployed prisoners was unclear; we were given figures ranging from 17% to 25% during the inspection. Fully employed prisoners were out of their cells for at least six hours a day and some spent over 10 hours out on certain days during the week (if they

worked in the Clink restaurant, for instance). However, the regime was often curtailed and only 36% of our survey respondents said times were usually kept to, which caused considerable frustration.

- 5.4 In our survey, prisoners were positive about access to the gym, with 25% saying they could attend the gym or play sports more than five days in a normal week. Two gym representatives on each wing helped to coordinate and drive attendance to a busy timetable of activities.



### Gym

- 5.5 Gym staff were well trained and resourceful, and offered a wide variety of sessions to cater to the diverse prisoner population. This included remedial sessions for older prisoners, who could reach the gym via a lift; however, it was concerning that there was no defibrillator. We saw the well-established gym team taking advantage of the sunshine to offer outdoor volleyball and basketball, as well as weights, on the yard.
- 5.6 The gym team ran valued accredited courses in mental health first aid, first aid at work, manual handling and health and safety, as well as supporting resettlement through good connections with community employers, which had benefited a number of prisoners.
- 5.7 The small, well-stocked library had capacity for 30 people and prisoners could take out 10 books (including foreign-language options) and one DVD at a time. Satellite libraries on the wings were restocked monthly and staff were proud that Brixton had won the Gold Award from Reading Ahead (a campaign run by the Reading Agency charity) for the fifth time. A variety of reading aids was provided, including an 'Eye Pal Solo' machine that reads printed text aloud, dyslexia sheets, magnifiers and reading pens.



**Library**

- 5.8 Library sessions were available to all prisoners at least once a week and were well attended, with 615 prisoners accessing these in May. The library was open for anyone to drop in during free-flow periods to collect or return books and DVDs.
- 5.9 The library had hard copies of required legal texts, but prisoners did not have IT access (see legal rights section). For over a year, funds had not been found to replace computers that were too old to use. This meant prisoners were no longer able to practice their driving theory or work towards their CSCS card qualification, both of which were valued routes to employment on release.

## **Education, skills and work activities**



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

Ofsted inspects the provision of education, skills and work in custodial establishments using the same inspection framework and methodology it applies to further education and skills provision in the wider community. This covers four areas: quality of education, behaviour and attitudes, personal development and leadership and management. The findings are presented in

the order of the learner journey in the establishment. Together with the areas of concern, provided in the summary section of this report, this constitutes Ofsted's assessment of what the establishment does well and what it needs to do better.

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

Overall effectiveness: Inadequate

Quality of education: Inadequate

Behaviour and attitudes: Requires improvement

Personal development: Inadequate

Leadership and management: Inadequate

- 5.11 Prison leaders and managers had made limited progress towards improving their education, skills and work provision since the previous inspection. While they had some understanding of the key weaknesses in their provision, too often they lacked the experience and accurate information to rectify these weaknesses in a timely manner. Most of the action plans were either very new or not fully implemented. Consequently, prison leaders had not fully resolved any of the recommendations from the previous inspection.

- 5.12 There were insufficient full-time education, skills and work activity spaces for the prison population. For example, there were not enough activity spaces for prisoners that needed to study English or mathematics. In addition, too many work and education sessions did not take place, due to staff shortages and absences. Consequently, the proportion of unemployed and under-occupied prisoners was too high.

- 5.13 Prison leaders and managers used information on local and regional labour needs to offer accredited courses in some high demand sectors, such as construction and hospitality. The curriculum included some useful vocational and work options, such as rail track, health and safety in construction, and horticulture up to level 2. However, too many lessons and workshops, such as mathematics, textiles and waste management, were either not running or running at reduced capacity.

- 5.14 The overall curriculum offer was limited and restricted to a small number of subjects and levels. The construction offer was limited to a few trades and mostly at a basic level. There was no provision for the small number of foreign nationals to study English for speakers of other languages (ESOL), or business provision for prisoners who wanted to be self-employed on release. Prison leaders and managers did not ensure all groups of prisoners had fair and reasonable access to the entire curriculum. For example, vulnerable prisoners (VPs) could not access most of the curriculum, including any of the construction courses. Prisoners in the main population did not have access to vocational courses in horticulture, fashion and textiles.

- 5.15 Too many prisoners did not receive appropriate and timely information, advice and guidance when they arrived at the prison. During induction, staff did not provide prisoners with clear information about their education, skills and work options. As a result, most prisoners did not know how different education, skills and work activities linked to their personal goals. Most prisoners did not have a clear plan for their development throughout their time in the prison.
- 5.16 The prison allocation process was ineffective. Prison leaders and managers did not focus sufficiently on allocating prisoners to education, skills and work activities promptly. They did not always consider prisoners' sentence plans or make sure that prisoners were allocated to activities which met their employment and education needs. Too many prisoners were allocated to wing-based jobs which did not keep them fully occupied during work hours.
- 5.17 The local pay policy suitably incentivised attendance to education. For example, those in education received the same pay as those in most work roles. Prisoners in education also received the same benefits, such as additional time in the gym and the community hub. Overall attendance had improved from the previous year but was not high enough and was still too low in education. Leaders had already recognised the need to improve attendance in education activities. They had suitable action plans to tackle this and were in the process of implementing them in full. Despite their best efforts, leaders had not yet been able to improve significantly the timeliness of movement to activities, which meant that many prisoners did not arrive in time to their activities.
- 5.18 The quality of education and training offered by the Prison Education Framework (PEF) provider, Novus, was not good enough. It was particularly poor in English and mathematics, where teachers did not routinely mark prisoners' work accurately or correct their mistakes. Too often, staff did not use the outcomes of initial or formative assessments to plan teaching and work. In most subjects, curriculums were sequenced appropriately. For example, in construction courses, prisoners started by gaining an understanding of safe working practices and workplace health and safety, including the correct use of PPE, before developing hand tool skills and then moving to power tools. However, in English, teachers did not plan the curriculum to ensure that more advanced skills built on more basic ones. Feedback to prisoners was not consistently developmental or detailed enough. Although in the large majority of cases, prisoners passed their accredited qualifications at the end of their courses, some prisoners did not improve their work or develop accurate knowledge and understanding of their subjects.
- 5.19 Teachers and tutors were suitably qualified and occupationally competent. Most used effective teaching techniques, such as explanations and demonstrations. However, teachers did not always use technology consistently well to support learning. Some teachers did not have sufficient skills to use technology effectively. Consequently, in those cases prisoners did not have a good enough learning experience.

- 5.20 Leaders had been slow in introducing an appropriate reading strategy and, as a result, they had not had sufficient impact on the reading skills of the great majority of prisoners. The strategy was under-developed and lacked a detailed implementation plan and clearly defined targets. Too few prisoners had received targeted support for improving their reading skills. Prison leaders had suitable arrangements in place with the Shannon Trust to support early readers, but only a small minority of prisoners had received regular help. Staff did not encourage prisoners to read during their breaks to develop their reading skills. In addition, most staff were not suitably trained in the use of phonics to support reading.
- 5.21 Across education, skills and work, prisoners with a learning difficulty and/or disability (LDD) did not receive suitable additional support specific to their identified needs. Staff completed appropriate assessments for prisoners with LDD. However, they did not review support plans frequently. Teachers and tutors were not always informed of prisoners' LDD needs and related support plans. In too many cases, they did not use the specific support strategies that would help prisoners during lessons and work activities. Consequently, prisoners with LDD progressed less well than those without LDD.
- 5.22 Leaders had not ensured all prisoners had regular access to the Virtual Campus (VC). Only a few prisoners on Open University and distance learning courses had access to the VC. Most prisoners, including those who were preparing for release, did not have sufficient access to VC to support their search for employment.
- 5.23 In most subjects, prisoners produced work that was of the expected standard. In the radio, hospitality, horticulture and construction workshops, prisoners worked to high-quality industry standards. For example, in the Clink restaurant, prisoners prepared and served a wide range of gourmet dishes to internal and external customers, and consistently met the quality standards required by the external partner. In creative writing, prisoners wrote vivid texts which contained stimulating ideas and word pictures. However, the standards of work produced in English and mathematics were not good enough and lacked accuracy.
- 5.24 In too many work areas, staff did not plan meaningful activities to maintain prisoners' productivity. For the most part, wing work lacked challenge, and workers, such as wing cleaners, did not have enough to do. In most cases, job roles were not clear or structured. Workers, including those who helped other prisoners with information or support, received little or no training for their roles. The few new skills that some prisoners learned, for example on how to use their initiative, were not recognised or recorded.
- 5.25 Prisoners felt safe in learning, at work and around the prison. They developed positive relationships with prison staff, their teachers and tutors. Prisoners behaved well in education and on the wings. In most cases, staff managed their classrooms and workshops effectively. For example, in the Clink restaurant, dry lining, and painting and

decorating, staff set clear expectations of standards of behaviours and work. As a result, the learning and work environment was calm, orderly and respectful.

- 5.26 In most cases, prisoners demonstrated professional behaviours essential for success in life and work. In the workshops and work areas, such as construction and kitchen, prisoners supported their peers well, assisted with inductions, and worked effectively as a team to complete tasks. They took good care of the tools and equipment they used and demonstrated sound awareness of and real concern for the financial cost and environmental impact of wasting materials.
- 5.27 Most of the small group of prisoners who attended their education and training activities regularly had positive attitudes towards their learning and work. In the large majority of areas, they showed high levels of self-motivation and took pride in their work. However, some of the prisoners on wing work, such as wing cleaners, lacked focus and motivation.
- 5.28 Across education, skills and work, staff did not promote positive values. Prisoners were not encouraged to recognise and explore such values and their importance through discussion. As a result, too many prisoners did not have a broad enough understanding of these values. Prisoners did not know how they linked to their lives either in or outside prison.
- 5.29 Prisoners did not have access to a wide range of enrichment activities to develop their talents and interests beyond education, skills and work activities. Leaders offered a limited number of additional activities including chess, fitness and personal training courses, and football. Not enough prisoners took part in these activities. In addition, these opportunities were not equitable between VPs and the main population.
- 5.30 Staff did not provide timely or helpful careers information, advice and guidance to prisoners. Too few prisoners received suitable support that helped them in their job search and application activities, including a focus on disclosure aligned to potential career paths. Too many prisoners due for release did not know how to access support and information to prepare them for life outside prison. Too few prisoners gained employment on release.
- 5.31 Prison leaders and managers had identified suitable opportunities for prisoners to undertake external work opportunities while still in custody via release on temporary licence (RoTL). They had plans to develop RoTL opportunities and had started to engage with employers in the construction and hospitality sector. However, no prisoners had benefited from these opportunities.

## Section 6 Preparation for release

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

### **Children and families and contact with the outside world**

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

- 6.1 All prisoners had in-cell phones, which was an improvement from the last inspection and valued by prisoners. Many reported delays in having numbers added to their pins, and managers were trying to find a lasting resolution to this recurring problem.
- 6.2 The PACT provided a good service for families. They put anxious visitors at their ease by facilitating separate visits in a dedicated Family Links room with soft furnishings, toys and books. 'Bonding through play' sessions could also be supervised in that quiet and private space. Additionally, PACT offered a befriending service to partner volunteers with prisoners' families for a supportive weekly phone call. Over the past year, 45 prisoners' family members had used this service.



**Family links room**

- 6.3 As well as engaging prisoners on the wings with workbooks on positive relationships, PACT worked hard to make sure visits were available to everyone. It had recently established a volunteer befriending scheme for prisoners who did not receive visits.
- 6.4 Arrangements for visits were effective. Staff exercised appropriate flexibility to extend visits if they started late for any reason. There was also very good uptake of video visits, mainly by vulnerable prisoners (500 a month). The visits hall was a reasonable space, although the tea bar was basic and sold only unhealthy snacks. Arrangements were being made for the Clink to provide hot and healthy food in response to feedback about this from visiting families.



**Visits hall**

- 6.5 PACT ran eight well-managed and popular family days for 120 prisoners a year with children under the age of 18. These included a cooked lunch provided by the kitchen, a photographer to capture family portraits, and various activities, such as face-painting.
- 6.6 The prison had recently begun a partnership with the Children's Book Project, whereby a prisoner could choose a book for their child, write an accompanying letter, and have them posted out. With a copy of the same book for himself, he was then able to read along together with his child on a visit or over the phone.

## Reducing reoffending

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

- 6.7 Staff in the OMU worked hard to support prisoners but were hindered by a shortage of probation POMs and case administrators. They reported feeling overwhelmed by the constant pressure to tackle ongoing backlogs, including in recategorisation decisions. Many reported low morale and that they were not sufficiently supported by OMU managers.
- 6.8 Caseloads for probation POMs were between 60 and 70, but these were expected to fall with the imminent arrival of two new colleagues. Prison POMs were in a similar position to the last inspection, holding between 50 and 60 cases. Two case management support (CMS) staff were seconded supervising officers and held caseloads but had limited

or no training. High-risk prisoners were being managed by POMs; we were told they could seek support within the team, but there was no formal co-working system in place.

- 6.9 Prisoners had insufficient contact with POMs and were very frustrated at the lack of support and communication from staff at what was meant to be a resettlement prison. We found numerous examples to support prisoners' reported experiences: one prisoner waited five months to see his POM after transferring to Brixton, and another over 10 months. There was minimal or no recorded contact in many cases, including for two prisoners who were seen only twice each over periods of 15 months and 20 months respectively.
- 6.10 The OMU consistently had the highest number of outstanding applications (see paragraph 4.15). Wing surgeries had started earlier in the year with the introduction of the new CMS staff, but they were only happening once a month per wing and had no impact on reducing complaints.
- 6.11 It was positive to see that the prisoners we reviewed all had an allocated key worker, but sessions usually did not discuss sentence progression (see paragraph 4.3). For the small number of prisoners on the London Pathways Unit, key work was of a significantly better quality and more focused on progression. In these cases, session objectives were clear and communication with POMs was generally good.
- 6.12 Leaders had put support in place to reduce the ongoing backlog of OASys assessments, but the number of prisoners without an initial assessment or timely review remained high. This was partly because so many prisoners continued to arrive at Brixton without an assessment. In our case sample, most assessments completed by the COM were analytical and informed the risk management and sentence plans. In contrast, too many COM and prison POM assessments did not adequately identify risk and had only generic objectives.
- 6.13 There was a very large backlog of over 100 recategorisation decisions. The reviews that we looked at generally showed that decisions were based on the available evidence. However, staffing pressures in the security department meant that the information they held was not always factored into the outcome, reducing the robustness of decisions. There was no evidence of prisoner contributions and most of the prisoners we spoke to said they received a slip under their door advising of the recategorisation refusal, without further information or help in relation to possible next steps. Prisoners who had received their category D status were usually moved swiftly to an open prison.
- 6.14 Home detention curfew (HDC) in the prison was being managed well. In the previous 12 months, 187 prisoners had been released, which was a high proportion (72%) of those who were eligible. Where there were delays in HDC assessments, they were mainly from the community and beyond the control of the prison.

- 6.15 There was a recent reducing reoffending needs analysis, but it did not inform a strategy for the prison or lead to an overarching action plan. Reducing reoffending meetings did not always happen as planned or have an appropriate range of data from partners.

## Public protection

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

- 6.16 Oversight of public protection was poor. Prisoners were not routinely screened for risks on arrival, and the information held centrally by the OMU on individuals was out of date. No one in the prison had access to the ViSOR system to share information on risk, including the police liaison officers.
- 6.17 The interdepartmental risk management team meeting met monthly and had good attendance from a range of prison departments. During the inspection, we observed high-risk prisoners being discussed in depth before release, but minutes of previous meetings did not provide reassurance that this was routine. Actions were identified but not always followed up to make sure release planning was effective.
- 6.18 In the month before the inspection, 31 prisoners had been released without a multi-agency public protection arrangement (MAPPA) level being confirmed. We found other examples of this not happening within the six-month pre-release window and it was not always evidenced that attempts had been made to acquire the MAPPA level from the COM.
- 6.19 The written reports for MAPPA that we reviewed were of good quality. They provided analysis throughout, giving valuable insight into problematic behaviours and risk issues. However, in one case we reviewed, we had concerns about the accuracy of the information recorded, which suggested there had been more POM contacts than appear to have happened. This was raised with managers during the inspection.
- 6.20 At the time of our inspection, five prisoners were subject to public protection monitoring arrangements. Despite these small numbers, there were delays of over a month in listening to some calls, and four of the reviews were overdue. An HMPPS security audit had recently highlighted 11 child contact reviews that were out of date, which staff in the OMU were prioritising during the inspection.

## Interventions and support

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

- 6.21 Despite Brixton being a resettlement prison, not everyone was due for release, and many had unmet treatment needs. There remained no accredited offending behaviour programmes and this affected progression and work to reduce risk, especially for people convicted of sexual offences. Despite efforts to negotiate transfer of prisoners to other prisons that offered suitable programmes, no prisoners had yet been transferred for that purpose.
- 6.22 The Chaplaincy-run Sycamore Tree victim awareness course was the only non-accredited programme being delivered. The Choices and Changes programme for younger prisoners had not been delivered by the OMU for several months and we were told that this was because of a lack of resources.
- 6.23 A large number of external agencies offered good support to prisoners, mainly around mentoring and through-the-gate work. No one in the prison had oversight of this work, and leaders were unable to provide information on scope and effectiveness. Data were not always submitted to the reducing reoffending meeting for review.
- 6.24 There were ongoing discussions about offering RoTL at Brixton. Prisoners had been given information on its introduction earlier in the year, giving them some hope for progression. However, it had not been implemented and the criteria were still being reviewed (see paragraph 5.31).
- 6.25 Staff from the Department for Work and Pensions offered support to all prisoners before release, and some through-the-gate services offered help to those on their caseload. A new confidential debt advice service was launched earlier in the year using an electronic tablet in visits, but the uptake was low. There had been a short gap in support with ID and banking, but this had recently been resolved.
- 6.26 A few weeks before the inspection, the employment hub had closed (see returning to the community section), and agencies were instead seeing prisoners separately on the wings. We were told that the hub was due to reopen imminently, and prisoners would be identified for attendance through a new release planning meeting. The employment advisory board had been disbanded for several months following the departure of its chair, and there was no date for its return. Some attention had recently been given to collecting information about prisoners' employment outcomes on release, but there were still significant gaps in this data.

## Specialist units

Expected outcomes: Personality disorder units and therapeutic communities provide a safe, respectful and purposeful environment which allows prisoners to confront their offending behaviour.

### Offender personality disorder units, including psychologically informed planned environments

- 6.27 The London Pathways Unit continued to offer good support to a small number of prisoners with complex personality difficulties, through a psychologically informed approach. Prisoners who took part in the programme told us that they appreciated the support they received in the unit. However, nine of the 32 individuals on the unit were so called 'lodgers', that is prisoners who did not meet the usual criteria for being placed on the unit. This negatively affected the London Pathways Unit's therapeutic atmosphere. We were told that almost half of the prisoners who had left the unit in the previous 12 months were deselected because of concerns about illicit substances in the prison.

## Returning to the community

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

- 6.28 On average, 95 prisoners were released each month. Of these, 75% were released to the immediate area, but there was still a quarter of prisoners who were not within proximity of their home. The number of releases had increased since the introduction of the End of Custody Supervised Licence scheme, which at the time of our inspection was being managed well.
- 6.29 A new multi-agency release meeting had just started between staff, but the employment hub was yet to reopen (see paragraph 6.26).
- 6.30 Since the last inspection, the prison had benefited from having a strategic housing lead, with more oversight of accommodation data. In the last 12 months, an average of 85% of prison releases had accommodation to go to on their first night, but there were still gaps in the data, mainly because community offender managers (COMs) had not recorded outcomes. The majority of prisoners were released to approved premises or went to live with friends and family. The St Mungo's charity continued to be the main provider for securing housing before release. A new 'rent and ready' course was due to start imminently, to support prisoners to maintain their property on release.
- 6.31 PACT staff managed the 'departure lounge' outside the prison. The area was welcoming and comfortable, and staff were able to signpost prisoners to support services. A phone was available, and prisoners

could charge their personal mobile phones. There was a good stock of clothing available in reception for those who required it.

- 6.32 During the inspection, we saw an example of a poorly organised release of a vulnerable prisoner. He was not aware of his licence conditions or accommodation status until discharge, and no reason was given for his late release time in the middle of the day. Although an address had been found, no contact had been made by his POM or COM to discuss any aspects of his release. In our case sample, we noted other handovers between the POM and COM that took place late or not at all.

## Section 7 **Progress on concerns from the last inspection**

### Concerns raised at the last inspection

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

#### Safety

**Prisoners, particularly the most vulnerable, are held safely.**

At the last inspection, in 2022, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

#### Key recommendations

Leaders should make sure that prisoners are safe and treated with respect during their reception, first night and induction.

**Achieved**

There should be appropriate routine scrutiny of use of force incidents, with effective management oversight.

**Achieved**

Prisoners at risk of self-harm should have an effective plan that directs their care.

**Partially achieved**

#### Recommendations

The incentives scheme should encourage positive behaviour and challenge poor behaviour.

**Not achieved**

There should be appropriate safeguards in place to protect the well-being of prisoners held in segregation.

**Partially achieved**

Prisoners on constant supervision should be fully engaged and supported by staff, to help them get through their period of crisis.

**Partially achieved**

Leaders should update the prison safeguarding policy and make sure that all staff know how to make a referral.

**Partially achieved**

## Respect

### Prisoners are treated with respect for their human dignity.

At the last inspection, in 2022, we found that outcomes for prisoners were poor against this healthy prison test.

#### Key recommendations

Staff should model prosocial behaviour, set appropriate boundaries and ensure that good behaviour is rewarded.

**Not achieved**

Prisoners should not be held in overcrowded conditions.

**Not achieved**

Prisoners should live in decent conditions, with access to everyday basics.

**Not achieved**

Prisoners should receive a timely response to applications and complaints that fully addresses the issue raised.

**Not achieved**

Prisoners should have timely access to health interventions, assisted by adequate officer support, clear communication and a functional health care appointment system.

**Achieved**

#### Recommendations

Disproportionate outcomes for protected characteristic groups should always be monitored, reviewed and acted on when it is found.

**Not achieved**

Prisoners in protected characteristic groups should be supported and consulted with, to make sure that they are not disadvantaged.

**Not achieved**

Compliance with mandatory training within the mental health team should be increased to acceptable levels.

**Achieved**

All complainants should receive a timely response that addresses their concerns and demonstrates an understanding of the issues raised. It should also include details of what they should do if they are dissatisfied with the reply.

**Achieved**

Referral data should be captured accurately, including the correct referral date. The service should make sure that patients are seen within agreed timescales.

**Achieved**

Prescriptions should be safely and consistently transferred to the pharmacy, so that prisoners receive the correct medication, in a timely manner, and that the appropriate printer is used, to ensure privacy for sensitive information.

**Achieved**

## **Purposeful activity**

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

At the last inspection, in 2022, we found that outcomes for prisoners were poor against this healthy prison test.

### **Key recommendations**

Leaders should take rapid action to make sure that a large proportion of prisoners have access to, and can punctually attend, education, skills and work activities.

**Not achieved**

Leaders should make more effective use of data to scrutinise the curriculum that they offer, and to make alterations to it accordingly.

**Not achieved**

Leaders should make sure that the prison's staff work productively to meet individual prisoners' resettlement needs, and that careers advice and guidance is effective.

**Not achieved**

Leaders should make sure that the quality of English and mathematics provision improves, so that prisoners develop their knowledge more rapidly and achieve qualifications in these subjects.

**Not achieved**

## **Rehabilitation and release planning**

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

At the last inspection, in 2022, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

### **Key recommendations**

Prisoners should receive the support they need from prison offender managers to be able to make progress while at the establishment.

**Not achieved**

Concerted action should be taken to make sure that all prisoners who need one have a complete and up-to-date offender assessment system (OASys) document.

**Not achieved**

MAPPA levels should be confirmed and recorded in good time for release.

**Not achieved**

Prisoners should have accommodation and education, training or employment on release.

**Partially achieved**

### **Recommendations**

Progressive transfers should be facilitated promptly when prisoners are recategorised to category D.

**Achieved**

## Appendix I About our inspections and reports

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

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

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

### **Safety**

Prisoners, particularly the most vulnerable, are held safely.

### **Respect**

Prisoners are treated with respect for their human dignity.

### **Purposeful activity**

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

### **Preparation for release**

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

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

### **Outcomes for prisoners are good.**

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

### **Outcomes for prisoners are reasonably good.**

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

concerns. Procedures to safeguard outcomes are in place.

**Outcomes for prisoners are not sufficiently good.**

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

**Outcomes for prisoners are poor.**

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

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

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

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

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

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

## **This report**

This report outlines the priority and key concerns from the inspection and our judgements against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations*. *Criteria for assessing the treatment of and conditions for men in prisons* (Version 6, 2023) (available on our website at [Expectations – HM Inspectorate](#))

[of Prisons \(justiceinspectorates.gov.uk\)](https://justiceinspectorates.gov.uk)). Section 7 lists the recommendations from the previous inspection and our assessment of whether they have been achieved.

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

## **Inspection team**

This inspection was carried out by:

Martin Lomas	Deputy Chief inspector
Hindpal Singh Bhui	Team leader
Martin Kettle	Inspector
Fiona Shearlaw	Inspector
Alice Oddy	Inspector
Alice Dawney	Inspector
Chelsey Pattison	Inspector
Dionne Walker	Inspector
Alex Scragg	Researcher
Emma King	Researcher
Tareek Deacon	Researcher
Sophie Riley	Researcher
Maureen Jamieson	Lead health and social care inspector
Steve Eley	Health and social care inspector
Jennifer Oliphant	Pharmacist
Mathew Teadstone	Care Quality Commission inspector
Saher Nijabat	Ofsted inspector
Allan Shaw	Ofsted inspector
David Barber	Ofsted inspector
Natalie Kerner	Ofsted inspector

## Appendix II Glossary

We try to make our reports as clear as possible, and this short glossary should help to explain some of the specialist terms you may find.

### **Care Quality Commission (CQC)**

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

### **Certified normal accommodation (CNA) and operational capacity**

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

### **Challenge, support and intervention plan (CSIP)**

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

### **Family days**

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

### **Incentivised substance free living (ISFL)**

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

### **Key worker scheme**

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

### **Leader**

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

## **MAPPA**

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

## **Offender management in custody (OMiC)**

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

## **Protected characteristics**

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

## **Protection of adults at risk**

Safeguarding duties apply to an adult who:

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

## **Secure video calls**

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

## **Social care package**

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

## **Special purpose licence ROTL**

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

## **Time out of cell**

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

## **Appendix III Further resources**

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

### **Prison population profile**

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

### **Prisoner survey methodology and results**

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

### **Prison staff survey**

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

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