Report on an unannounced inspection of

HMP Garth

by HM Chief Inspector of Prisons

29 July – 8 August 2024

Contents

Introduction

This Lancashire category B training prison held 816 prisoners mostly serving long or indeterminate sentences. This was a disappointing inspection, with the prison having become noticeably less safe than at our last visit and some of the wings now feeling chaotic.

The ingress of drugs continued to be a major challenge with 63% of prisoners saying they were easy to acquire. Men were using the elements from their kettles to burn holes in their inadequately protected Perspex windows, allowing drones to drop off contraband. The rate of assaults had increased by around 45% since our last inspection, with much of this likely to be driven by the illicit economy and subsequent debt. Although the prison was working well with local agencies to address the supply, only the replacement of the windows would reduce this substantially.

Very high levels of sickness among officers were affecting the prison's ability to operate effectively in many areas. Cross-deployment from the security team meant that searches were often cancelled, and the governor had recently implemented a part-time regime. Morale among staff members was poor and the many inexperienced officers had not had sufficient training or support in the role. Bids to the centre to bring in the Standards Coaching team to improve capability had been refused.

Officers often congregated in offices and inspectors were disappointed by how few custodial managers or other middle managers they saw out on the wings. Staff were unable or unwilling to challenge frequent unruly behaviour and rule breaking by prisoners. Officers felt unsupported by a behaviour management system that had largely broken down. There were few incentives for doing the right thing and delays or cancellations of adjudications were so common that prisoners got away with very serious behaviour without any consequences. In addition, the prison's systems for logging violence and self-harm were inadequate, with many incidents going unreported.

At our last inspection in 2022, we reported on a prison in need of considerable refurbishment. Disappointingly, funds had not been provided and things had continued to deteriorate with leaking roofs, peeling floors, and parts of the older wings in an advanced state of dilapidation. Many cells did not have furniture, and new arrivals told inspectors they were being made to pay for chairs or storage units by other prisoners – another sign of the lack of supervision on the wings.

While the decision by the governor to restrict the regime was understandable – at least in the short term – to reduce levels of violence, it meant that the prison was far from fulfilling its role as a training prison. Too many prisoners were locked behind their cell doors for hours. Even those who were employed had only been offered part-time work.

There was poor attendance at medical appointments and at education, which was designated by Ofsted as inadequate, although it was positive that the prison incentivised prisoners to acquire their functional skills qualification. There

were not enough activity spaces for the population; despite this, inspectors often saw workshops with many empty spaces.

The governor had been without a substantive deputy for some and although he had a good understanding of the many challenges the prison faced, without better support from the regional team and the prison service Garth will continue to be a jail of real concern. Staff attendance and capability will need to improve significantly and without substantial investment from the prison service, drugs will continue to flow into this troubled jail.

Charlie Taylor
HM Chief Inspector of Prisons
August 2024

What needs to improve at HMP Garth

During this inspection we identified 14 key concerns, of which eight 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. **Very high levels of staff unable to be deployed because of sickness, temporary promotion or training was the key weakness at Garth.**

2. **The availability and use of illicit drugs were widespread.** A third of all random drug test results were positive and, in our survey, far more prisoners than in similar prisons said it was easy to get hold of illegal drugs.

3. **Behaviour management systems were ineffective.** Prisoners were not incentivised to behave and there were limited consequences for those who chose not to. Staff regularly failed to challenge low-level poor behaviour.

4. **Support for the most vulnerable prisoners was poor.** Those who chose to self-isolate or to be constantly supervised because of self-harm concerns experienced a maximum of around 75 minutes outside their cell each day and little to occupy their time. Oversight of these vulnerable groups was not strong enough.

5. **There had not been sufficient investment in the fabric of the prison and standards of cleanliness and hygiene had not been maintained.**

6. **Non-attendance rates for health appointments remained extremely high and work to resolve this was far too slow.** Patients were frustrated at not being taken to their appointments.

7. **Leaders had not given education, skills and work activities a high enough strategic priority in the prison.** They had not developed a high-quality and ambitious curriculum. Leaders did not include training on the risks relating to radicalisation and extremism. They did not provide enough spaces in education, vocational training and work.

8. **Leaders did not have an effective oversight of the quality of the education, skills and work provision.** They had not rectified the vast majority of the weaknesses identified at the previous inspection.

Key concerns

9. **Not enough was done to support new arrivals.** Initial interviews lacked attention to risks and vulnerability, first night cells were in poor condition and prisoners spent too long locked in their cells.

10. **Inadequate supervision of medicines queues by officers increased the risk of bullying and diversion among prisoners and heightened the risk of medication errors being made**.

11. **Prisoners spent too long locked in their cells with nothing to do.**

12. **Prisoners did not receive effective information, advice and guidance to make informed decisions about which education, skills and work activities to apply for and to support them on release.**

13. **Leaders did not ensure that prisoners were allocated accurately to education, skills and work activities and to the most appropriate activity for their needs and interests.** Attendance at and punctuality to activities were poor.

14. **Many prisoners had insufficient contact with their prison offender manager (POM).** This was a source of frustration which left them feeling unsupported as they tried to progress through their sentences. The sporadic nature of POM contact was exacerbated by the lack of regular key work sessions to support offender management**.**

About HMP Garth

Task of the prison/establishment
Category B adult male prison

Certified normal accommodation and operational capacity (see Glossary) as reported by the prison during the inspection
Prisoners held at the time of inspection: 816
Baseline certified normal capacity: 810
In-use certified normal capacity: 810
Operational capacity: 845

Population of the prison
- 96% were assessed as high or very high risk of harm
- 86% of prisoners were serving 10 or more years, of whom 38% had indeterminate sentences
- 19% were category C prisoners
- One prisoner was category D
- 30% of the population were of black or minority ethnic heritage
- 36% identified as having a physical or mental disability
- 233 prisoners receiving support from the psychosocial team. Average of 27 referrals a month to the service.
- An average of 21 prisoners referred for mental health assessment each month from January 2024.

Prison status (public or private) and key providers
Public

Physical health provider: Greater Manchester Mental Health NHS Foundation Trust (GMMH)
Mental health provider: GMMH
Substance misuse treatment provider: GMMH (clinical), Delphi Medical (psychosocial)
Dental health provider: SMART Dental Care
Prison education framework provider: Milton Keynes College
Escort contractor: GeoAmey

Prison group/Department
Long-term high security estate

Prison Group Director
Gavin O'Malley

Brief history
HMP Garth opened in 1988. It is a category B male establishment, part of the long-term and high-security estate directorate, holding a complex population, predominantly convicted adults serving more than four years and those serving indeterminate sentences. In addition to the mainstream residential accommodation, the prison has several specialist units: Beacon Unit, offering the offender personality disorder pathway service; Building Hope Unit, a

psychologically informed therapeutic environment; a drug recovery unit; and a residential support unit.

Short description of residential units
There are seven residential units A to G and a segregation unit.

- A wing - main population with area for kitchen workers
- B wing - three landings, housing a Building Hope unit, Beacon (offender personality disorder unit) and induction units
- C wing – main population
- D wing - three landings, one of which is a discrete unit for drug recovery
- E wing - residential support unit for vulnerable prisoners
- F & G wings - prisoners convicted of sexual offences

Name of governor and date in post
Andy Lund, August 2022 –

Independent Monitoring Board chair
Frank Holden

Date of last inspection
November 2022

Section 1 Summary of key findings

Outcomes for prisoners

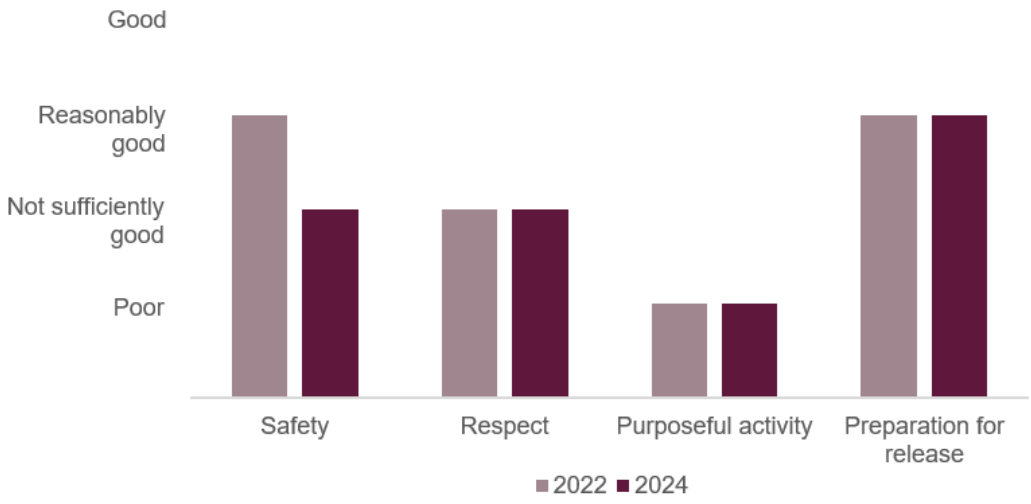
1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

1.2 At this inspection of HMP Garth, we found that outcomes for prisoners were:

- not sufficiently good for safety
- not sufficiently good for respect
- poor for purposeful activity
- reasonably good for preparation for release.

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

Figure 1: HMP Garth healthy prison outcomes 2022 and 2024



Progress on priority and key concerns from the last inspection

1.4 At our last inspection in 2022, we raised 15 concerns, five of which were priority concerns.

1.5 At this inspection we found that three of our concerns had been addressed and 12 had not been addressed. None of the priority concerns identified or any of the concerns in the area of purposeful activity which received our lowest judgement in 2022 had been addressed. For a full list of progress against the concerns, 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 three 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)	A comprehensive programme was being delivered by a community agency to train prisoners to become social care support workers.	See paragraph 4.60
b)	The Alzheimer's Society was providing practical and emotional support to patients with dementia and delivering bespoke training and awareness sessions to health and prison staff.	See paragraph 4.68
c)	Suitably cleared prisoners could record monthly video messages for their families and friends which was a creative way of maintaining regular contact.	See paragraph 6.1

Section 2 Leadership

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

2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.

2.2 The governor had been in post since the previous inspection. While he was visible and had a good understanding of the substantial challenges at Garth, there was not sufficient operational control, particularly in the key area of safety, and the prison was performing less well than at our previous inspection.

2.3 There had not been a substantive deputy governor for some time and other managers were not effective or visible in their roles. It was notable that some practices, including the daily routine in the segregation unit and the serving of all three meals at the same time, differed from senior leaders' expectations.

2.4 The prison started to decline after the withdrawal of overtime payments by leaders in HMPPS earlier in 2024. This decision was taken when Garth became fully staffed. However, very high levels of sickness and poor staff retention prevented leaders from delivering services consistently, including access to education and work. In this context it was concerning that short-term absences were not challenged effectively by middle managers. This had been identified by the long-term and high security estate, but it was not clear what support had been given.

2.5 As at other prisons, a key frustration for local leaders was their lack of involvement in the recruitment of prison officers. A considerable minority of new staff arrived at Garth ill equipped for the role.

2.6 We were concerned to find very poor oversight of residential units. Frontline staff were often not visible, they did not challenge poor behaviour effectively and did not respond appropriately to the legitimate requests of prisoners. Prisoners and staff spoke negatively of the setting of standards and both groups had little confidence that things would improve.

2.7 Some key systems were not functioning well, in particular the incident reporting system was not being updated correctly by custodial managers. This meant that incidents of all kinds, including violence, self-harm and concerted ill-discipline, were not accurately recorded.

2.8 Leaders in HMPPS had not provided the capital funding required to address failing ventilation, broken flooring and insecure windows that

allowed drugs to be trafficked into the prison. While some actions had been taken to address the illicit economy, these had not been effective in reducing the widespread availability of drugs.

2.9 Leaders had responded to increasing levels of violence and shortages of deployable staff by implementing a restricted daily routine at the time of the inspection. This had the potential to improve consistency but only with more support and challenge provided to frontline staff on residential units.

2.10 Frontline staff, many of whom were new in post, reported low morale and, in our staff survey, 81% of prison officers said that they met their manager to discuss how they were getting on once a year or less.

2.11 We were particularly concerned that leaders at Garth and in the long-term estate were unable to articulate convincing plans for improvement.

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 There had been 324 new arrivals at Garth during the previous 12 months, an average of 27 a month, which was marginally more than at the previous inspection.

3.2 Reception staff were polite and friendly, but the area was run down. Holding rooms were bare, with no posters or photographs of available activities to motivate and engage prisoners at the earliest opportunity. One of the two holding rooms did not have a toilet; the toilet in the other room was filthy and not sufficiently private.

Reception holding room with damaged chairs

3.3 All new arrivals were routinely strip-searched and body scanned with no evidence of an individual risk assessment. This included prisoners who had transferred from other establishments, where they had already been subjected to this procedure on departure. In our survey, only a minority of prisoners said that they had been offered a shower and a phone call on their first night in the prison, and we did not see staff routinely offering this to prisoners.

3.4 A first night officer interviewed all new arrivals in private, but not enough attention was given to risks and vulnerability. In one interview that we witnessed, a new arrival referred to feeling suicidal, but this was not explored further. This same prisoner was locked in his cell

once initial assessments had been completed and did not leave the cell until the following afternoon. When we checked the next day, he had not received a phone call or had his approved contacts added to his phone.

3.5 There were considerable delays in property searches because the dedicated search team was cross-deployed to cover staff shortfalls elsewhere. In one case a prisoner had still not received his property five weeks after arrival.

3.6 New prisoners were located in the induction unit on B wing. These cells were in a poor condition and not all prisoners were given basic items. Only 27% of respondents in our survey said their cell was clean compared with 43% in similar prisons. We found cells that were dirty with excessively stained toilets and the previous occupant's belongings still in the cell. It was not uncommon for furniture to be missing and several new arrivals told us they had to buy their furniture from other prisoners on the wing. The regime in the first night centre was poor and most prisoners received only about one hour a day out of their cells. All new arrivals were checked four times during their first night.

First night cells

3.7 In our survey, 66% of prisoners said they had received an induction against the comparator of 83%. An induction programme had been drawn up involving key departments, but the programme and a risk interview on the second day were often not completed.

3.8 Although new arrivals were offered packs containing vapes and basic groceries, many experienced delays in receiving their first prison shop order and could not buy further items for more than a week, or sometimes up to two weeks. This caused frustration and increased the risk of prisoners getting into debt.

3.9 Despite a policy of peer support being offered by an induction orderly within 24 hours of arrival, we saw no evidence of this routinely taking place. There was no other peer support during prisoners' early days, such as Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners).

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

3.10 In our survey, only 7% of prisoners said that the culture of the prison motivated them to behave well. We found a haphazard approach to behaviour management which was fundamentally undermined by inconsistency, a lack of challenge and very limited incentives.

3.11 In this environment, it was unsurprising that the rate of assaults had increased by around 45% since the last inspection, even though some incidents were not reported. In spite of this, the rate remained low compared to other category B training prisons.

3.12 Staff and prisoners told us that the availability of drugs and a lack of consistency in the daily routine were the key causes of violence. Leaders were aware of the problems and implemented a new, more limited daily routine during the inspection to try to improve consistency.

3.13 Incidents were not recorded correctly. The management information system indicated that there had been 196 assaults in the last 12 months, but a further 55 incidents had been noted in other sources, such as wing observation books, that had not been recorded on this system. Leaders were therefore not using the correct data to monitor violence, which undermined the already limited analysis.

3.14 Investigations into violent incidents and challenge, support and intervention plans (CSIPs, see Glossary), which were used to manage prisoners demonstrating violence or in need of additional support, were poor.

3.15 Serious breaches of prison rules, including criminal offences such as violence or possession of drugs, were not dealt with effectively and the adjudication system was in disarray (see paragraph 3.20). There were very few consequences for prisoners who chose not to behave which was a critical weakness in a prison battling a substantial drug problem and the associated debt and violence. Staff told us they lacked faith in behaviour management systems and throughout the inspection we observed staff not challenging lower-level poor behaviour, such as prisoners vaping or being inappropriately dressed (see paragraph 4.3).

Many prisoners told us of bullying and antisocial behaviour such as loud music which was either unnoticed or unchallenged by staff.

3.16 One prisoner said when asked what needed to change at the prison: 'Prison staff to be consistent in implementing prison rules, reward good behaviour, be more strict with regard to dealing with antisocial behaviour'. We found many examples of this inconsistency, for example one prisoner who had assaulted another prisoner had no incentives removed while another was demoted two incentive levels for covering his observation panel.

3.17 The residential support unit (RSU) and building hope unit (BHU) were intended to provide targeted support for prisoners who were vulnerable because they were in debt or were re-entering mainstream conditions. These units were not operating as well as at the last inspection because of the curtailed daily routine and limited psychological input occasioned by a shortage of staff.

3.18 Despite the presence of a large segregation unit, two specialist units the RSU and BHU, as well as two further units for prisoners vulnerable due to their offences, the number of prisoners self-isolating was high. At the time of our inspection, 17 prisoners were self-isolating, of whom seven had been self-isolating for more than seven months with no resolution. Many feared for their safety because of drug debts. Isolating prisoners received very little time out of cell and most did not have daily access to a shower or fresh air.

3.19 There was no up-to-date safety strategy or action plan and records of meetings were poor, indicating limited oversight.

Adjudications

3.20 The adjudication system was in disarray. In the last 12 months, there had been 2,274 charges, most commonly for violence, illegitimate items and damage to prison property. There were long delays to many hearings caused by a shortage of staff to allow the hearing to take place, getting the prisoner to the hearing or not having the evidence available.

3.21 Just under half the adjudications that were heard had been proven and just under a third had been dismissed or not proceeded with, including for some serious charges such as violence. There was a backlog of more than 500 adjudications, including over 100 that had been referred to the police. The lack of consequences for serious charges weakened the impact of adjudications as a deterrent to poor behaviour.

Outstanding adjudication paperwork

3.22 A quarterly adjudication standards meeting took place which identified some of the issues that we had found, such as the high number of outstanding charges and poor use of the independent adjudicator (an external judge who could give added days to a prisoner's time in custody). However, these issues were not addressed at the meetings

Use of force

3.23 The use of force had doubled since the last inspection, with 249 incidents in the last 12 months, but the rate of incidents was lower than in similar prisons. There was infrequent use of high-level interventions, batons and PAVA incapacitant spray, which had been used on one and five occasions respectively in the last year.

3.24 The use of body-worn camera footage had improved substantially. At the last inspection, we found that only a quarter of incidents had been recorded but this had increased to 70% of incidents in the last three months. Prison Service policy required footage to be retained for six years, but footage from only the last three months was available, which restricted what could be reviewed.

3.25 Scrutiny of force was limited: only a small amount of footage was reviewed at each monthly meeting and records were poor. Leaders informed us that more footage had been viewed, but records indicated that only four incidents had been reviewed in the previous six months.

3.26 Force was justified and mostly proportionate in the incidents that we reviewed, but we did see some examples of excessive force. Leaders were aware of one case and had started an investigation. In too many incidents, staff had directed inappropriate language towards prisoners.

3.27 There was a backlog in use of force reports, with 67 reports that had not been completed dating back over three months. Debriefs of prisoners after an incident were not taking place. The co-ordinator was being redeployed to address shortages of staff and was unable to keep on top of these tasks.

3.28 We were told that unfurnished cells had been used on five occasions in the last 12 months with an average duration of six and a half hours. Leaders had misplaced the records of these incidents and we were unable to assess if they were justified.

Segregation

3.29 The number of prisoners segregated had decreased, with 225 in the last year, but the average duration had increased by 14 weeks, with two prisoners spending more than six months segregated. The unit was often full and many prisoners were segregated on residential units.

3.30 The unit was managed in conjunction with the psychology team. This was particularly valuable for prisoners with extended lengths of stay. Most prisoners held in segregation had a detailed one-page plan that looked at behaviour, risks, goals and routes out of segregation, and some prisoners benefited from one-to-one work and regular reflective practice with staff.

3.31 Practices such as not routinely strip-searching prisoners on arrival, allowing prisoners to collect their meals from the servery following a risk assessment, and access to laptops for most prisoners all helped to create a calmer environment for a busy segregation unit. Staff knew their prisoners well and prisoners we spoke to were largely positive about their treatment.

3.32 The living conditions in segregation were reasonably good. There was a large stock of books, a dedicated room for one-to-one interventions and meetings and a small fitness suite.

Segregation cell (left) and segregation unit library

3.33 The daily routine was inadequate. Prisoners could not have showers every day and on three days a week they had to choose between a shower or exercise. On rare occasions, prisoners received no regime at all because of staff shortages. Some prisoners on the unit were receiving access to outreach education, which was positive.

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.

3.34 The availability of drugs, alcohol and phones posed a considerable security challenge. In our survey, 63% of prisoners said that drugs were easy to get compared with 44% at the previous inspection and 41% at similar prisons. The smell of drugs was evident throughout the inspection and the impact could be seen in the increasing levels of violence, the full segregation unit and the large number of prisoners who wanted protection from their peers because they were in debt. Routine drug testing in the last year showed that a third of prisoners were misusing substances.

3.35 Leaders were aware of the main ingress route for drugs, which was drones. One prisoner said: ‘This is now an airport!’, referring to the number of drones coming into the prison. Leaders had taken a number of steps to reduce the supply of drugs into the prison, such as removing paper, increasing patrols of the perimeter, delivering drone awareness training and searching prisoners at unpredictable times, but these were not enough to address the substantial challenge that leaders faced. Prisoners were continually burning holes in the prison windows at a faster rate than they could be repaired. On the first day of inspection, 13 cells had windows with holes, five still occupied by prisoners.

Broken windows

3.36 Security procedures on residential units were weak, which hampered efforts to reduce the ingress of drugs. We observed poor searching of prisoners leaving the wing, poor control of equipment prisoners were using to collect drugs, such as mops and brooms, as well as daily checks of prisoner's cells which did not make sure that the temporary fix on windows was still in place.

Broken equipment in the cleaning cupboard

3.37 There was a good flow of intelligence, with 10,665 reports submitted in the last 12 months. The information was disseminated effectively, but some actions were not put in place. Just under a third of targeted searching had not been completed so far in 2024 and only 21 suspicion drug tests had taken place because the search team was cross-deployed.

3.38 Most security arrangements were proportionate given the risks posed by the population, but the routine strip-searching of prisoners being released was unnecessary.

3.39 The monitoring of prisoners convicted or linked to terrorism or extremism was good. Good discussions took place at regular, well-attended meetings and actions were generated. There were similarly good arrangements for monitoring and challenging staff corruption.

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

3.40 There had been three self-inflicted deaths since the last inspection, two of which highlighted poor adherence to HMPPS policy, where officers had not conducted the required prisoner welfare checks. Leaders had taken the necessary disciplinary action.

3.41 The rate of self-harm had increased to 790 incidents per 1,000 prisoners, compared with 727 at the last inspection. During the previous 12 months, there had been 648 incidents of self-harm of which around 90 had been classified as serious. In common with the figures for violence (see paragraph 3.13), a considerable number of self-harm incidents were not recorded on the incident reporting system.

3.42 The self-harm incidents classed as serious were investigated, but the investigations took the form of a synopsis of events rather than an exercise to aid learning to reduce the potential for prisoners to cause serious harm to themselves.

3.43 The safer custody team was small and vacancies and cross-deployment led to limited oversight, support and guidance to improve prisoners' day-to-day experience and improve safety. Data were not collated and analysed to provide leaders with valuable information on trends and the causes of self-harm. Meetings to consider the safety of prisoners were not focused or purposeful.

3.44 The assessment, care in custody and teamwork (ACCT) case management process for prisoners at risk of suicide or self-harm required improvement. Around 450 ACCTs had been opened in the last 12 months, but the care received was insufficient. Assessments were not thorough and care plans were very limited and not regularly updated. There was no quality assurance in place.

3.45 Constant supervision had been used 73 times in the previous 12 months. Most prisoners only received about 45 minutes out of their cell and had very little else to occupy their time, which was not conducive to supporting those in crisis. Leaders did not keep records of the number of times anti-tear ligature clothing was issued.

3.46 The limited time out of cell did not afford easy access to Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) and they were not available at key moments such as prisoners' arrival at Garth (see paragraph 3.9). Listeners did not feel that staff supported them and we were given

examples of prisoners in crisis requesting a Listener, but none had been provided.

Protection of adults at risk (see Glossary)

3.47 Adult safeguarding arrangements were not well embedded. There was no up-to-date safeguarding strategy. Staff were unaware of safeguarding protocols and had not had specific training to improve their understanding of how to identify vulnerable prisoners.

3.48 There were no links with the local safeguarding adults boards and no evidence that expert advice had been sought when offering training, writing policies or providing general advice on how to manage prisoners with complex needs.

3.49 There were, however, structures to discuss at-risk prisoners' cases internally, such as the safety intervention and complex case meetings. A neurodiversity lead provided good guidance to staff on working with prisoners displaying neurodiverse needs such as autism (see paragraph 4.31).

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 In our survey, 63% of respondents said that staff treated them with respect. The interactions by wing staff with prisoners that we observed were polite and it was positive that preferred names were used. Several prisoners told inspectors about individual staff members who helped them when they had said they would. However, several factors affected the opportunities to develop these relationships.

4.2 Staff, including supervising officers, were frequently cross-deployed, limiting the opportunities to get to know the prisoners. This was exacerbated by the restricted daily routine, when for extended periods there was no contact between staff and prisoners to help them sort out day-to-day requests (see paragraph 5.1).

4.3 There was a lack of visible leadership on the wings and we saw many examples of staff failing to challenge low-level rule breaking, such as prisoners swearing, walking round landings and corridors with no tops on, and vaping (see paragraph 3.15). On some occasions no staff were present at all as they were all in the office.

4.4 Staff and prisoner relationships on the wing should be complemented by key workers (staff who provide regular one-to-one support to a caseload of five or six prisoners). However, the key work scheme (see Glossary) at Garth was not effective. Records showed that more than 500 prisoners had not had a session in the previous month, 150 of whom had had no session in the previous three months. Key work sessions that did take place were not focused on those with greater need, for example individuals who were self-isolating or on the basic level of the incentives scheme or those in crisis.

4.5 The notes from sessions that we examined indicated that key workers seldom provided practical support and some requests raised by prisoners were repeatedly listed in sessions over several months. In our survey, 43% of respondents compared with 56% at similar prisons said that their key worker was helpful. Key workers did not set short-term goals to help prisoners improve their behaviour and we did not see any evidence of links between key work and sentence planning (see paragraph 6.14).

4.6 Some use was made of peer mentors so that prisoners were able to support each other, and we saw some examples of mentors being used positively, such as social care 'buddies' (see paragraphs 4.30 and 4.60) and education mentors (see paragraph 5.25). Each wing also had a nominated prisoner information desk (PID) worker who represented the wing at the prison council consultation meeting (see paragraph 4.20). However, the restricted daily routine meant that some mentors had less time out of cell to support their peers. Staff contact with and supervision of peer workers was not sufficient to make sure that they were being used effectively.

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

4.7 Efforts had been made to improve living conditions since the previous inspection. The flooring on some of the wings had been repaired in patches and two officers had started to refurbish the showers. Funding had been secured to repair the leaking roof on the secure corridors joining the wings to other areas of the prison.

Secure corridor damage

4.8 However, the accommodation on the older wings (A to D) remained poor overall. Most showers lacked privacy screening and those that had not been updated were stained and smelly, with visible water damage on the ceilings and an infestation of small flies. Prisoners told us that there was a shortage of cleaning material, such as long-handled scrubbing brushes for the showers, although we found that these items were held in the prison stores.

Showers on C1 landing (left), and A wing

4.9 The limited time out of cell affected the number of cleaners allowed out when wings were on lock-down and we saw communal areas that were left dirty and bags of rubbish left on the wings from lunchtime until the following morning.

4.10 Cells were small and many had broken windows, no curtains and damaged or missing furniture, although there were no accurate data on the number of cells that were not properly equipped. Prisoners told us and staff confirmed that they had been placed into cells without furniture on several occasions and had had to purchase items from their peers.

Self-isolator cell on D wing (Left) and cell on F wing

4.11 Ventilation was poor in many cells and they were uncomfortably hot. This was one of the main sources of complaint to inspectors, yet works department records showed that only 32 ventilation panels needed to be replaced. Conditions on the newer units (E to G) were slightly better.

4.12 Most prisoners were not held in overcrowded conditions, which was positive. However, for the 88 prisoners living together in a cell designed for one the cells were cramped and several did not have privacy screening around the toilet.

4.13 Many prisoners were frustrated by unacceptably long delays to retrieve their property that had been sent to the prison from previous establishments. All property other than that carried by the prisoner into reception was held at the gate to be checked by the dedicated search team. We found that many items had been at the gate for longer than a month.

4.14 The prison did not routinely monitor the response times to emergency cell call bells. In our survey, only 11% of prisoners said their cell call bell was normally answered within five minutes compared with 28% at similar prisons. We saw several call bells that were not answered for more than five minutes, including when the wing was on lock-down.

Residential services

4.15 Prisoners were consulted regularly about food. The catering manager sent out a six-monthly food survey and catering was regularly discussed at the prison council. However, there was no evidence of significant changes that had been made as a result. In our survey, only 34% of respondents said the food was good.

4.16 Meal service on the wings was poor. Servery workers did not wear the necessary protective clothing and prison records showed that safety checks such as food temperature were often not completed. Some prisoners said they did not have enough stock of cleaning materials and we saw prisoners on one wing using torn up T-shirts to clean the servery during meal service. Some serveries were not cleaned properly after lunch and waste food was left on the floor overnight.

4.17 The lunchtime service still started too early at about 11.30am. Prisoners were served a hot meal at lunch, a cold evening meal and a small breakfast pack for the following morning. Prisoners had to store their cold evening meal in poorly ventilated hot cells, which was unhygienic. At the weekend the meal service was split with half the prisoners being served at 11am and the remainder at 2pm. A lack of portion control meant that there was sometimes not enough food left for those at the back of the queue.

4.18 Most wings now had self-cook facilities, which was positive. On some units, there was a good range of facilities which also allowed for communal cooking. On other wings the facilities were much more limited and often not properly cleaned.

4.19 One of the workshops fulfilled the prison shop orders for several establishments, including Garth, and any mistakes could be remedied quickly. There had been few complaints about the shop.

Prisoner consultation, applications and redress

4.20 Prisoners were consulted regularly. A fortnightly prison council meeting was attended by prisoner wing representatives and managers, including the governor. The prison video facility recorded the meeting and shared it via the digital hub so that prisoners who did not attend could watch on their in-cell laptops. Many of the issues raised concerned living conditions, such as poor ventilation, leaking roofs and faulty wing washing machines which leaders had not addressed after many months.

4.21 Prisoners had useful in-cell laptops that displayed notices from managers and information on a range of topics and services at the prison. Prisoners could use the laptops for greater control of aspects of their lives, such as checking their spending money, staying in touch with their family using the email a prisoner scheme, and contacting their legal advisers by email.

4.22 The laptops could also be used to message prison staff and departments to apply for services. Prison data showed that almost all such applications were responded to within seven days. However, some of the responses we saw did not deal with the issue properly, for example directing the prisoner to contact another department or stating that the message had been received and the recipient would respond later. In our survey, only 49% of those who had made an application said they were dealt with fairly. This compounded the frustration prisoners felt about staff and key workers not helping them with simple requests (see paragraph 4.2) and resulted in some prisoners turning to the complaints process.

4.23 The rate of complaints had been decreasing over the previous year, although it was still slightly above the average for similar prisons. Complaints were generally responded to promptly and responses were regularly reviewed by managers. However, in our survey only 27% of respondents who had made a complaint said that they were dealt with fairly. Most of the responses we reviewed did not acknowledge when prisoners had received an unsatisfactory service, many were not helpful and some legitimate complaints were dismissed. For example, a prisoner who complained that, despite repeatedly asking wing staff, he had been waiting for curtains for nine months was told '…this is not for the complaints process but rather can be resolved from wing level. Please speak with the detailed cleaning officer in order for them to supply a curtain from stores.'.

4.24 Some data about complaints were considered by managers at a monthly performance meeting, but there was no evidence of action to address the issues that were the subject of regular complaints, such as delays in accessing property (see paragraph 4.13).

Fair treatment and inclusion

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

4.25 Fair treatment and inclusion had a low profile in the establishment: there was no up-to-date strategy and no delivery plan to guide this area and measure progress. One equality officer dedicated to this area was frequently deployed to other parts of the prison to cover shortfalls in staff, leaving little oversight. Despite these shortcomings, in our survey prisoners from minority groups responded similarly to other prisoners.

4.26 A strategic equality action plan meeting was held every two months, but this was not purposeful or effective. There was little analysis of data to identify potential discrimination or to understand the experiences of minority groups. The minutes for the last two meetings (over a four-month period), including the data provided, were almost identical.

4.27 Complaints about discrimination (discrimination incident report forms DIRFs), were not investigated adequately. Around 40 DIRFs had been submitted in the last 12 months, only three of which were upheld. Many of the sample we reviewed were responded to late and investigations were not thorough. For example, potential witnesses were not interviewed and CCTV, where available, was not referred to. The quality assurance system was not effective.

4.28 Since the last inspection, some effort had been made to understand prisoners' experiences and needs by introducing forums for minority groups, but these were poorly attended by staff – usually with just the equality officer present – and there was little evidence of improvements made to address the issues raised. This was further undermined by poor support for prisoners with some protected characteristics (see Glossary).

4.29 Prison records suggested approximately 296 prisoners had a registered disability and, as at the last inspection, appropriate care to ensure fair and equal treatment was not provided. Prisoners we spoke to voiced frustrations at their treatment. For example, it was common practice to lift prisoners physically in wheelchairs to transfer them to upper floors, where they could not make their way to and from their cell independently. Staff were not always aware of prisoners requiring physical assistance in an emergency evacuation and we were not confident that the right level of support would be offered in an emergency.

4.30 Recoop (a charity that supports older prisoners in the criminal justice system) delivered a five-day training programme for buddy support workers to offer social care to older prisoners. This had been piloted on Echo wing and plans to cascade across the site would be a welcome initiative to support an ageing population.

4.31 Awareness and understanding of ways to support prisoners with neurodiverse needs were improving. A neurodiversity support manager (NSM) had been appointed in August 2023 to deliver staff training and direct support to this group. Prison records suggested a third of the population identified as neurodiverse and the NSM had produced one-page plans with the involvement of the prisoner, for staff to refer to in their dealings with this cohort. Direct support was given to prisoners who were at a disadvantage because their behaviour was not understood, for example losing their job, to help resolve these issues and promote fair treatment.

4.32 Foreign national prisoners comprised approximately seven per cent of the population and were not given adequate support. There was very limited use of telephone interpretation and translated material to help those who did not speak English to participate fully in prison life. No prisoners were being held under immigration powers alone at the time of the inspection and Home Office immigration surgeries were held three times a year.

4.33 Prison records indicated that 22 prisoners had disclosed that they identified as gay, bisexual or other sexual orientation. This equated to two per cent of the prison population, which was less than the seven per cent in our survey sample, suggesting under-reporting to the prison. Gay or bisexual prisoners we spoke to said they felt safe and well supported by the equality officer and a range of celebratory events were held during the month of Pride with involvement from community agencies.

4.34 Six transgender prisoners described feeling well supported by the equality officer. Multidisciplinary case reviews had not been held for this group and compacts dealing with matters such as searching had been agreed. For example, a transgender prisoner who had been sexually assaulted in the showers at a different prison did not feel comfortable showering with other prisoners, but an agreement had not been drawn up to allow showering alone and, as a result, the prisoner had not showered for many days. This small group reported difficulties in purchasing items such as female clothes and make-up to allow themselves to live comfortably in their chosen identity.

Faith and religion

4.35 The chaplaincy was stretched, primarily because of vacancies. There was under-representation of Rastafarian, Jewish, Muslim, Buddhist and Catholic priests, because of recruitment difficulties which affected the number of services that could be offered. Weekly communal worship for prisoners from the most widely represented faith groups such as Church of England Christians, Catholics and Muslims continued to be

offered, but more bespoke services such as religious studies classes had been halted. Separate services for prisoners convicted of a sexual offence were always provided, encouraging equal and fair access.

4.36 The chaplaincy was well integrated into the prison, forging strong relationships with both staff and prisoners. A member of the team had held numerous services for weddings and funerals for prisoners and staff and provided good support when needed. However, there were examples of poor supervision on the wings which led to utensils for halal food being used incorrectly (see paragraph 4.16). This required better understanding and oversight.

4.37 The official Prison Visitor volunteers, who visited those who rarely if ever received visits from family and friends, were not used for such prisoners, which was a missed opportunity. A chaplaincy volunteer was available to meet prisoners on request.

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.

4.38 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

4.39 Greater Manchester Mental Health NHS Foundation Trust (GMMH) remained the lead provider of health and social care, with Delphi Medical subcontracted to deliver psychosocial substance misuse services. The contract was up for re-tender in March 2025. SMART Dental was commissioned separately to deliver dental services.

4.40 Health care services continued to be affected by extremely high non-attendance rates for appointments across all services despite this being a priority concern at our last inspection. A detailed analysis conducted in December 2023 showed that the main reason for non-attendance was staff not bringing patients to their appointments. This was particularly bad for prisoners on F and G wings. Actions arising from this analysis were implemented far too slowly and we were told that low numbers of prison staff were causing the delays. We spoke to many prisoners who were frustrated at not being escorted to health care and missing appointments.

4.41 Overall, clinical governance and oversight of the service had improved. Services were well led and delivered by a skilled and conscientious workforce, often in the face of multiple competing demands such as emergency response and medicines administration.

4.42 Leaders participated in a good range of clinical governance meetings, both locally and regionally, which focused on patient safety and service improvement. Clinical incidents were reviewed promptly and lessons learned were effectively disseminated among staff. The head of health care reviewed death in custody action plans regularly and we saw effective use of clinical audit to make sure that actions were maintained. The management of health care complaints had considerably improved.

4.43 Partnership working was reasonable. The local delivery board met regularly and leaders participated in the North-west prisons partnership board. Despite this, the high non-attendance rates persisted. Leaders had good relationships with NHS England commissioners who conducted quarterly quality visits. The health and social care needs assessment had been carried out in 2023.

4.44 Mandatory training compliance was good and GMMH were supporting clinicians to upskill. Clinical and management supervision arrangements were embedded and most staff we spoke to felt supported. Annual appraisals were carried out and safeguarding arrangements were robust. Leaders and staff we spoke to understood their safeguarding responsibilities.

4.45 Patient engagement had been improved and regular meetings took place with prisoner health care representatives from the wings. There were limited opportunities for prisoners to adopt peer support roles.

4.46 Health staff used SystmOne, the electronic clinical record, and notes that we reviewed were clear, concise and free of medical jargon. Staff we spoke to understood their responsibilities for the governance of information.

4.47 Clinical rooms were clean and now met infection prevention standards. The waiting room in health care was stark and covered in graffiti. Patients were unable to use toilet facilities while waiting, which was poor.

4.48 Emergency medical equipment contained the necessary kit and was checked regularly.

Promoting health and well-being

4.49 There was no joint health promotion strategy with the prison. The post of health promotion nurse was vacant, although the long-term conditions team had picked up some of this work and targeted information was provided in line with the NHS health promotion calendar. Information on residential units and in different languages was too limited.

4.50 There were effective systems to prevent and manage communicable diseases. All prisoners were screened for blood-borne viruses on admission to the prison. Prisoners could access NHS health checks, screening and immunisation programmes.

4.51 There were no health peer workers, which was a gap.

4.52 Prisoners had timely access to sexual health services. Posters in the health care centre advertised the availability of condoms on request.

Primary care and inpatient services

4.53 An initial health screen was completed on arrival by a nurse to ensure continuity of care and to identify health needs. Appropriate onward referrals were made and unmet need was addressed promptly. Secondary reception screens were not always completed within expected timescales, but work was in progress to address this and there had been recent improvements.

4.54 Patient applications were received from prisoners through their in-cell laptops and were reviewed by a clinician. Patients were placed on the appropriate waiting list and, despite high did-not-attend rates, waiting times for most primary care services were reasonable. Daily nursing clinics were available to respond to urgent concerns, although the protracted administration of medicines and restricted prison routine meant that the team were extremely stretched.

4.55 A dedicated long-term conditions team carried out annual reviews and care plans for their patients. Records indicated regular contact and a good standard of care. The team worked from quality and outcomes framework (QOF) registers but waiting lists had also been introduced to monitor recalls. Data cleansing was required to make sure that waiting lists were an accurate reflection of recall dates and outstanding reviews.

4.56 There was a good range of primary care and allied health professional clinics with reasonable waiting times. The management of secondary care appointments had improved and there was good joint working with the local hospitals to manage patient waiting times. The prison facilitated three escorts a day and a clinician triaged patients if there were cancellations or more than the planned number requiring an escort. Telemedicine appointments were being used when appropriate.

4.57 Patients with complex needs were subject to enhanced multidisciplinary oversight arrangements. An external review had taken place of patients on pain management medication and an advanced care practitioner was running regular clinics to review patients' prescribed pain medication.

4.58 A nurse saw all transfers and releases from the prison. Patients were supported to register with a GP if needed and an appropriate supply of prescribed medication was issued.

Social care

4.59 A memorandum of understanding between the prison and Lancashire County Council (LCC) facilitated strong partnership working in providing social care, which was delivered by GMMH. Joint oversight and management of the care process were effective.

4.60 Appropriate referrals to LCC for social care assessment had increased since the introduction of Recoop trained peer buddies (see paragraph 4.6). There had been 30 referrals in the three months since April 2024 compared to 30 in the previous year. Applicants were assessed by an occupational therapist and social worker with independent advocacy if required. GMMH started social support promptly, if necessary from reception.

4.61 One patient was in receipt of a social care package (see Glossary) at the time of the inspection. Most patients received adjustments to the environment, aids to daily living or continuation of peer buddy support. The LCC occupational therapist arranged the supply of suitable equipment from community sources. LCC was currently liaising with another local authority to ensure continuity of social support when a patient was released.

Mental health

4.62 The GMMH integrated mental health and substance misuse team delivered a reasonably comprehensive range of interventions and support for patients with mild to moderate and more complex mental health needs through a stepped model of care. This now included valuable group work. Patients continued to have access to 'We are survivors', a charity delivering support for male victims of sexual abuse which was commissioned by NHS England.

4.63 In our survey, only 16% of prisoners said it was easy to see a mental health worker compared with 32% in similar prisons.

4.64 There were longstanding recruitment and retention challenges and the mental health team consisted mostly of regular bank and agency staff. The team were required to facilitate medicines administration twice a day, which took several hours. This was ineffectual use of valuable mental health support time.

4.65 Despite the pressures on the team, urgent and non-urgent referrals were seen within expected timeframes and waiting times were reasonable. At the time of the inspection, the team were supporting 65 patients, including 30 under the care programme approach.

4.66 Patients had prompt access to a psychiatrist and all members of the team spoke positively about the weekly referral meeting at which patients were discussed and the most appropriate pathway identified. Patients with severe and enduring mental health problems had access to annual physical health checks in line with expected practice.

4.67 The team attended all initial ACCT reviews and maintained a good presence in the segregation unit where prison and psychology staff spoke positively about the support offered.

4.68 A neurodiversity pathway included assessment and diagnostic services and the team worked effectively with the prison lead. The learning disability nurse post had very recently become vacant. Patients with

suspected cognitive issues were referred to the local memory clinic for assessment. It was notable that the team had engaged with the local Alzheimer's Society and as a result, several patients with dementia could access one-to-one support in the prison. The Society had also delivered a bespoke training and awareness session to health and prison staff.

4.69 The team were engaged with the quality network at the Royal College of Psychiatry which had undertaken a peer review. Their report was expected imminently and would be used for service improvement.

4.70 Acutely unwell patients continued to wait far too long for transfer to hospital. During the previous six months, six patients had been transferred which had taken between 60 and 270 days because no beds were available. A further four were waiting at the time of the inspection. This remained completely unacceptable.

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

4.71 Access to services was good. Prisoners with addiction issues were identified at reception and, following safety checks, continued their existing treatments. The Delphi team saw all new arrivals and introduced them to available services. On the wings prisoners could self-refer to Delphi: the service received around 35 referrals a month and 250 patients were in contact with the team at the time of the inspection.

4.72 Delphi recovery practitioners were appropriately trained and supervised and were available on weekdays, with 40 patients each. The team was well led and Delphi contributed effectively to prison safety forums such as ACCT reviews and safer custody meetings. A recovery practitioner was designated to respond to emergencies each day, such as prisoners being 'under the influence', which were frequent. Delphi offered a wide range of evidence-based individual and group therapies on the wings and separately on the drug recovery unit (DRU). Contemporary harm minimisation advice was published in workbooks and monthly newsletters.

4.73 The start times of therapy groups in the DRU on D1 landing were being affected by delays in administering morning medications. Patients we spoke to said they valued the recovery approach but complained about a lack of continuity of officers. Many officers were allocated for a day, which prevented the development of trusting relationships. Too many officers had neither been selected nor received additional training, as they had in 2022. Some patients had been successful at recovering from substance misuse and transferred to D3 landing independent substance-free living (ISFL) unit.

4.74 Delphi and GMMH staff jointly conducted five-day and 13-week reviews of therapy to make sure that care was coordinated. GMMH clinicians safely maintained 81 patients in opiate substitute therapy (OST). Treatment options had broadened with orodispersible (rapidly dissolves

in the mouth) buprenorphine wafers and long-acting injections now available. However, officers did not adequately supervise the dissolving of the wafers and clinicians were reluctant to prescribe them in case patients were intimidated by other prisoners to share them (see paragraph 4.79).

4.75 The clinical management team had increased since 2022 with the addition of regular prescribers. However, there were not enough to cover the week which meant that long-acting buprenorphine injections could not be safely initiated, which was disappointing. Patients arriving at the prison who were already on this medicine could remain on it. Governance had improved with a sessional GP developing evidence-based local protocols for treatment.

4.76 Valued recovery peer mentors supervised by Delphi worked on the wings and in the DRU, signposting and co-facilitating groups with recovery practitioners. Disappointingly, mutual aid was still only available in the evening when prisoners were locked up. Delphi continued to try to find solutions to this.

4.77 Delphi carefully coordinated the preparation of clients before release with the offender management unit and Reconnect workers who liaised with support agencies and gave harm minimisation guidance. GMMH ensured continuity of OST with community prescribers, trained patients in the use of naloxone (to counter opiate overdose) and administered supplies as necessary.

Medicines optimisation and pharmacy services

4.78 Medicines were dispensed by the health care provider's off-site pharmacy which delivered its services safely and effectively. There was an adequate provision of emergency stock and over-labelled medicines, both of which were routinely audited. Checks of the medicine administration rooms were not carried out regularly and a number of loose tablet foils and discontinued treatments were present. Combined with poor storage in some of the rooms, there was a risk that medicines would become damaged.

4.79 Administration of not-in-possession medicines took place twice a day, led by pharmacy technicians and nurses. Medicine hatches were located on the wings but did not provide sufficient confidential space. The supervision of medicine queues by officers was extremely poor and we observed chaotic and uncontrolled queues which resulted in medicines staff closing the hatches. This was unsafe. ID cards were checked and systems to follow up patients who did not attend to collect their medicines were adequate. Patients who were being transferred or released were provided with a minimum of seven days' supply to ensure continuity of medicine.

4.80 Prescribing and administration were completed on SystmOne. In-possession risk assessments and medicine reconciliation were completed within designated timescales. The risk assessments were routinely updated by members of the health care team. Sixty-two per

cent of the population received their medicines in possession, most of whom were given a 28-day supply. However, cell checks by pharmacy technicians to monitor adherence were not regular enough.

4.81 A well-defined homely remedy policy enabled a wider range of medicines to be supplied by the health care team. Several patient group directions (written instructions to supply or administer medicines to patients) were available for urgent treatment and routine vaccinations.

4.82 The absence of a pharmacist had prevented medication reviews from taking place consistently for some time. Work was under way to outsource structured medication reviews to an external company for patients taking certain controlled drugs. The regional pharmacist was reviewing trends in tradeable medicines to look for patterns and identify future improvement projects.

4.83 The pharmacy team was well integrated with the rest of the health care department. There were staff gatherings each day to discuss prisoners' care using a multidisciplinary approach. Incidents were recorded and investigated appropriately. The pharmacy team held local medicines management meetings, but the frequency of these meetings was inconsistent because of staff absences. Records of the meetings and action points had not been completed for some time and it was not clear how productive these meetings had been in improving local strategy and clinical governance.

Dental services and oral health

4.84 SMART Dental delivered a good range of community equivalent dental treatments, including oral health advice and education.

4.85 A dental nurse, dentist and dental therapist delivered four clinics a week and additional sessions were facilitated if required. The dental team managed patient applications and waiting lists to make sure that patients were prioritised appropriately. Urgent appointments could be facilitated on the same day if required and, if the team were not on site, patients could receive pain medication and antibiotics from the primary care team. After some reluctance from out-of-hours GPs to prescribe pain killers for dental pain, work was in progress to develop an out-of-hours policy for patients to receive the appropriate treatment from the NHS commissioned on-call service.

4.86 Prisoners convicted of sexual offences often waited longer to see a dentist because they were not brought to their appointments. This arose from a combination of staff shortfalls and the need to avoid this group coming into contact with prisoners from the other wings.

4.87 The dental clinic was spacious and well equipped, with a clear decontamination flow. Equipment was serviced and maintained appropriately. There were good governance arrangements and patients gave positive feedback about the services they used.

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 During the previous six months, there had regularly been too few staff to support the daily regime, which had led to the last-minute cancellation of activities and wings being locked up.

5.2 Prisoners told us that the lack of certainty over unlock times was a source of frustration and, in our survey, far fewer respondents than at similar prisons said that lock-up times were adhered to (23% v 53%). In addition, 43% compared with 23% in similar prisons said they usually spent less than two hours out of cell each weekday. Many prisoners told us that the extended periods locked in hot cells with nothing to do had caused tension on the wings. Data showed that, in the previous six months, rates of violence and self-harm had increased.

5.3 A revised core day was introduced during the week of the inspection to deliver a consistent routine. This consisted of four two-hour sessions, Monday to Thursday, alternating between morning and afternoon, which meant that most prisoners could only attend work or education part time. This was far too limited for a training prison with a long-term population. A small number of prisoners in essential work, such as the prison shop, kitchens and waste management, were unlocked for the whole of the core day, but if the wing was locked up when they returned, they were not allowed the opportunity to have a shower.

5.4 In our roll checks, we found 54% of prisoners locked up during the core day and only 21% engaged in purposeful activity off the wings. Many activity spaces were unused, with some workshops designated solely for prisoners on the vulnerable prisoner units empty while those wings were locked up.

5.5 Prisoners spent lengthy periods locked up, for example those attending activity on a Monday morning were locked up at noon until the following morning. The regime at the weekend was even more impoverished.

5.6 The prison library was a bright and calm environment with a reasonable stock of books, CDs and DVDs, although there were few items in languages other than English. Access to the facility was limited to the 100 prisoners in education classes and then for only 15 minutes a week. In our survey, only 24% of prisoners said they were able to visit

the library once a week or more compared with 41% at similar prisons. However, prisoners could order from a range of stock listed on their in-cell laptops and these were delivered by the library peer workers.

Library

5.7 A member of staff was employed to co-ordinate the work of the Shannon Trust peer mentors to support prisoners with literacy, but the restricted regime made it difficult for mentors to gain access to those they were intended to help.

5.8 The prison had two well-equipped gymnasiums and a fully staffed team of PE instructors. A revised timetable offered reasonable access to the facilities and data collected by gym staff suggested that about 42% of the population had used the facilities in the previous month.

Prisoners using the new gym

5.9 During the previous six months, PE staff had delivered level 2 first aid courses to 24 prisoners, and a local football team, AFC Fylde, had delivered a level 2 sports leaders course to 20 prisoners.

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:	Inadequate
Personal development:	Inadequate
Leadership and management:	Inadequate

5.11 At the time of the inspection, all prisoners were sentenced. Almost two-thirds of prisoners had sentences of 10 years or more. Around half of these were serving life sentences. Prison leaders had very recently introduced a new daily restricted routine to increase stability in the prison due to significant staffing shortages and to reduce violence.

5.12 Leaders did not have high enough expectations of what prisoners could achieve. They did not plan clear opportunities for prisoners to access rich and varied curriculums to meet their interests and needs. Too many activities, particularly in prison work, were mundane. Leaders did not support prisoners to develop new knowledge or skills or to help them with their rehabilitation. There were very few options for prisoners who had already achieved higher-level qualifications to develop themselves further.

5.13 Prison leaders did not have an effective oversight of the quality of the education, skills and work provision. For example, leaders were unable to provide accurate attendance lists for education, skills and work activities during the inspection.

5.14 The new education, skills and work management team had tried to broaden the curriculum and improve the quality of activities. However, the impact of their actions was not yet evident and too many weaknesses from the previous inspection remained.

5.15 Prisoners did not receive effective impartial careers information, advice and guidance when they arrived at the prison or during their stay. Information about the education, skills and work activities available to them often lacked sufficient detail to allow them to make appropriate choices to meet their needs and interests. Prisoners who were not allocated to their first choice of activity were not informed of the reason. Discussions about prisoners' learning and training plans were tokenistic. Leaders had plans to introduce a suitable curriculum and to establish a resettlement board for those who were close to release. However, at the time of the inspection, these prisoners did not receive sufficient information to prepare them for life back in society or to help them to consider their next steps into education, training or employment. The use of the virtual campus was limited to the very few prisoners who were eligible to study distance-learning courses.

5.16 Leaders provided mostly part-time activity places in education, skills and work for the large majority of the prison population. The number of places available in education and vocational training was, however, too low. Only approximately a quarter of the prison population could access

education and then only on a part-time basis. The restricted routine impacted negatively on most prisoners' ability to attend education, skills and work activities, and on time. In a few instances, prisoners' level of risk to others did not match the activities to which they were allocated, such as waste management. A few workshops were often left unoccupied due to the restrictions, which was a waste of resource.

5.17 The pay policy was fair and equitable across education, skills and work activities. The requirement for prisoners to have achieved qualifications in English and mathematics up to level 1 prior to being allocated to prison work had significantly increased the numbers of prisoners achieving these qualifications.

5.18 Most prisoners completed activities to assess what they already knew and could do on arrival at the prison. This included initial screening to identify any special educational needs and/or disabilities and reading skills. Education tutors identified a range of effective support strategies for those prisoners with learning difficulties, such as dyslexia, and learning disabilities. These helped them to make at least the same progress as their peers. However, prisoners in vocational training did not always receive the support that they needed to make the progress expected of them.

5.19 Milton Keynes College provided mostly effective and relevant education courses. These covered core subjects such as English, mathematics and digital skills as well as business studies, creative writing and art. The vocational curriculum offer was narrow and included industrial cleaning and catering. The highest level of qualification available was at level 3 in business studies. Most tutors in education and vocational training taught their courses in a sensible order. Tutors in education used a range of strategies to help prisoners to learn, such as group discussions, peer assessment and sample examination papers. These enabled tutors to identify gaps in learning and to adjust their learning plans to help prisoners who were struggling. Achievement rates, particularly on functional skills English and mathematics courses, were high.

5.20 Most tutors in education provided effective feedback to prisoners that helped them to develop their knowledge and skills further. However, in vocational training and prison work, tutors and instructors provided very little feedback on prisoners' written work or the tasks that they carried out. This meant that prisoners did not know specifically what they needed to do to develop their knowledge and skills further.

5.21 Leaders did not support prisoners in prison workshops to identify and record the skills that they gained. There were no qualifications available to prisoners in prison workshops. Instructors did not prepare a few prisoners effectively for work environments. For example, in woodwork, prisoners did not wear safety shoes or eye and ear protection when using machinery, such as chop saws and routers. Staff did not ensure that prisoners employed on the residential units were effective in carrying out their duties.

Woodwork workshop

5.22 Most tutors and instructors in education, skills and work were well qualified and experienced to teach and train prisoners. Most tutors in education routinely updated their subject knowledge by attending training in the subjects that they taught. They received frequent training on topics, such as effective questioning and assessment strategies, to improve their teaching practices. However, instructors did not receive sufficient training to help them to understand how to support prisoners who had additional needs or to improve their training practices.

5.23 Tutors in education provided effective English and mathematics training to prisoners in segregation or special support units. Tutors' teaching strategies helped these prisoners to retain information in their long-term memories, despite the challenging environments in which they learned. Prisoners could accurately recall previous learning about correct spellings, apostrophes, mean, median and mode and apply them to learning activities. However, prisoners who attended education lessons felt disadvantaged by the impact of the restricted routine. They were worried that they might forget previously learned theory because they were attending fewer lessons and that this could affect their examination success.

5.24 Prisoners in prison workshops often started with an already well-established understanding of the industry in which they worked. For example, in woodwork, instructors did not take into consideration the skills that prisoners who had previous experience of working on construction sites had already developed. They did not plan training to enhance these skills further.

5.25 Staff did not routinely promote reading within the prison. Reading initiatives, such as book reviews and informal book clubs for a few

prisoners, were ineffective in helping prisoners to improve their reading skills. However, the majority of prisoners in education and the segregation unit read for pleasure. Instructors in prison workshops did not encourage prisoners to read or include reading as part of workshop activities. Books on the reading trollies in prison workshops did not relate to prisoners' interests and were not utilised. There was a reluctance from staff to support prisoners to access the reading trollies on the residential units because of staff shortages. Leaders had recently appointed a Shannon Trust literacy development lead and this had started to improve non-readers' motivation to learn to read. Shannon Trust mentors received high-quality training, including in phonics, and were supporting a few prisoners to develop confidence and fluency in reading.

5.26 Too many prisoners lacked motivation or became demotivated to participate in education, skills and work activities during their stay at the prison. Prisoners were turned away from sessions frequently because they were not on the attendance list, or their sessions had been cancelled. The majority of prisoners applied to participate in education, skills and work activities so that they could be out of their cells rather than to develop new knowledge, skills and behaviours.

5.27 The majority of those prisoners who could attend activities behaved appropriately. In education, most prisoners demonstrated positive attitudes to their learning. However, in too many instances across education, skills and work activities, there were low levels of disruption, inappropriate language and vaping that went unchallenged. In prison workshops, prisoners often made drinks in work time and took breaks when they chose to. This did not demonstrate the skills that they would need for future employment.

5.28 Prisoners felt safe in their various education, skills and work activities. They knew who to report any concerns to. In prison workshops, prisoners felt safer than they had previously because of the restricted routine and the reduced numbers of prisoners in each workshop. However, prisoners were unable to explain how they would keep themselves safe from the risks of radicalisation and extremism.

5.29 Leaders had not developed a suitable personal development curriculum to broaden prisoners' wider knowledge and skills. While there were activities, such as the Koestler awards, creative writing, the 'strong man' competition and the duathlon, not enough prisoners were aware of them or participated in them.

5.30 Prisoners had links to a range of topics on their in-cell laptops to support their health and well-being. However, most prisoners stated that they did not access these links and were not given sufficient guidance on how to keep themselves mentally and physically healthy.

5.31 The majority of prisoners in education completed a range of 'hot topics' that linked to current affairs. These included 'stop the boats' and 'cash in decline'. In most sessions, prisoners listened respectfully to each other's point of view and did not interrupt. In horticulture, prisoners

welcomed the opportunity to undertake tasks where they could see the results of their work, such as growing fruit and vegetables that were subsequently used in the kitchens. They appreciated the opportunity to design gardens and hanging baskets and to win prizes in cross-prison competitions.

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 Family support services were provided by the prison's family development worker and Partners of Prisoners (POPs, an independent charity which supports individuals and families affected by a relative's involvement in the criminal justice system). They continued to develop good services to support prisoners' links with their family and friends. POPs staff ran quarterly family forums to seek visitors' views on how services could be improved. Innovations since the last inspection included prisoners who had been appropriately cleared recording a monthly video message for a family member. Twenty-four prisoners had used this initiative so far in 2024 and 29 birthday messages had been recorded, with another seven waiting to be recorded. Storybook Dads (an initiative for prisoners to be recorded reading a story for their children) continued to be offered.

6.2 The visitors' centre managed by POPs was welcoming with a children's play area, toilets, a small prayer room and space for private conversations with POPs staff. It was disappointing that there was still a leak in the visitors' toilets.

Visitors centre

6.3 Prisoners still had good access to social visits which took place five days a week. Some sessions were allocated to prisoners convicted of sexual offences, as were a proportion of the monthly family days. Work was in progress to arrange a family day for neurodivergent prisoners and their visitors.

6.4 The visits room was reasonable. A local artist was due to paint murals on the walls that could serve as backdrops for family photos that could now be taken for prisoners during their social visits or family days.

6.5 The visits tea bar served some hot food, cold snacks and hot and cold drinks and visitors could buy goodie bags for prisoners to take back to their cells. Leaders knew the play area for children (staffed by POPs) needed updating and had secured an offer of toys and games from a community group.

Visits room

6.6 Prisoners told us that visits did not start on time because of staff problems and this was also raised by POPs staff.

6.7 Little use was made of secure video calls (see Glossary) which was surprising given the distance that some prisoners were from home.

6.8 Social events for prisoners who did not receive visits had recently been introduced and 35 prisoners were engaging with the New Bridge pen pal scheme (a charitable organisation that matches people in prisons with trained volunteers).

6.9 Prisoners had phones and secure laptops in their cells that allowed communication with approved family and friends. All incoming post was photocopied before being given to prisoners in case it was being used to convey drugs into the prison. The distribution of post was sometimes delayed because of a shortage of staff.

Reducing reoffending

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

6.10 Most prisoners had lengthy sentences of 10 years or more and 38% were serving indeterminate sentences. More than a fifth had been convicted of sexual offences.

6.11 The reducing reoffending strategy was out of date but a needs analysis had been completed at the end of 2023. Leaders had identified

changes in the population and had plans to address gaps in provision. In particular, resettlement support for the increasing number of prisoners who were released was improving. A meeting took place every two months to oversee reducing reoffending work but there was scope for actions to be progressed more promptly.

6.12 Gaps in staffing in the offender management unit (OMU) highlighted at the 2022 inspection had started to improve with the arrival of a second senior probation officer (joint head of OMU delivery) at the start of 2024, followed by new probation and prison staff to fill prison offender manager (POM) posts. POMs had previously had high caseloads of more than 90 cases each with an emphasis on tasks such as parole and categorisation. Cross-deployment of the three operational POMs to generic prisoner officer work placed a continuing constraint on the team.

6.13 It was creditable that the team had made sure that nearly all prisoners had an offender assessment system (OASys) report and sentence plan completed in line with HMPPS timelines. Most of the 15 assessments that we reviewed in detail were of good to very good quality. In three cases, sentence plans were not fully aligned with the risk management plan and focused only on adherence to the prison regime with no consideration of interventions. Other assessments were comprehensive, provided historical context and demonstrated thorough analysis. Neurodivergence was explained well, contributions from other professionals were included and creative approaches to working with individuals led to tailored sentence plans with risk management at the core of the assessments.

6.14 Prisoners' involvement in the development of their sentence plans was mixed. Most of those we interviewed said they were not involved in an OASys interview and were unaware of their sentence plan. Prisoners serving longer sentences felt there was a lack of sentence sequencing. Despite acknowledging that they were unlikely to complete a programme until they were in the parole window or closer to release, they wanted guidance on alternative progression routes and ways of demonstrating risk reduction. This was particularly frustrating as the regime did not allow them to show progression through consistent full-time engagement with work or education. However, we also found records indicating full involvement and participation in the OASys interview and sentence planning, which highlighted the considerable differences in prisoners' experiences during the planning of their sentences.

6.15 Records showed variations in the frequency of prisoners' contact with the OMU and many prisoners we interviewed said they had had only one or no contact over a period of 12 to 36 months. Regime restrictions, staff shortages and a lack of secure interview rooms on the wings affected the POMs' ability to see prisoners. Contact often occurred solely to address a required process which left some prisoners feeling unsupported and frustrated. In contrast, we also reviewed cases that exemplified best practice, characterised by excellent levels of contact and effective one-to-one work addressing

offending behaviour. These cases involved prisoners with complex needs, who were often difficult to engage.

6.16 Key work did not support offender management (see paragraph 4.4). OMU managers were aware of the gaps in key work delivery and outlined their plans to upskill key workers and improve joint working.

6.17 Re-categorisation reviews that we examined were well considered, with clear reasoning and defensible decisions. Timeliness had improved. Prisoner involvement was variable. There was evidence of some prisoners making valuable contributions to their reviews and POMs recording discussions before and after the review, but many prisoners reported feeling excluded from the process and their engagement was not evident in case records.

6.18 The number of category C prisoners waiting to transfer (155) was similar to the 2022 inspection. Around 25 were on transfer holds to complete intervention work at Garth, but others had lengthy waits for their progressive move while HMPPS managed population pressures. Some had refused transfers if it meant they would be further from home. Prisoners shared their frustration that this progression route was often obstructed. Few prisoners had been assessed as suitable for open conditions and leaders had reviewed their processes to make sure this option was fully considered when appropriate.

6.19 More than a third of prisoners (38%) were serving indeterminate sentences and there were no additional services or support for them. Planning to introduce forums for these prisoners was in the early stages. Support for prisoners with indeterminate sentences for public protection (IPPs) to help them progress was more developed, with joint reviews of their progress involving OMU managers and the lead psychologist for IPPs.

6.20 Very few prisoners were eligible for home detention curfew and two had received this in the previous 12 months. Leaders and staff in the OMU were aware that more prisoners might qualify following changes in the eligibility criteria. Work was being prioritised to identify and plan safe releases for suitable prisoners under the new SDS40 arrangements (a scheme which allows some prisoners on fixed-term sentences to be released after serving 40% of their sentence).

Public protection

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

6.21 Most prisoners were assessed as either high or very high risk of harm to others and were subject to multi-agency public protection arrangements (MAPPA, see Glossary). New arrivals were screened for public protection issues so that the need for child contact restrictions, communications monitoring and blocking contact with victims was acted on promptly. Nine prisoners were subject to telephone monitoring

at the start of the inspection and the need to continue monitoring was reviewed regularly. Staffing constraints meant that some calls were not listened to for two to three weeks which needed remedying. Post and emails were checked for contact restrictions.

6.22 The monthly risk management meeting was reasonably well attended and provided suitable oversight of the risk planning arrangements for prisoners due for release, starting eight months before release. In some cases, community offender managers (COMs) attended these meetings. POMs and their managers took part in MAPPA meetings with community partners and provided good written information: all but one of the MAPPA contributions written by POMs that we examined were examples of best practice. MAPPA management levels were confirmed for release but not all were updated on prisoners' electronic notes for the benefit of other staff working with the prisoner.

6.23 With the exception of a small minority of cases, the risk management plans that we reviewed were of good quality. They addressed criminogenic factors and neurodivergence was incorporated to provide insight into the prisoners' presentation and ways to work with them. Most plans appropriately concentrated on management in custody, particularly for those with considerable time left to serve, while others considered monitoring, restrictions and management in the community.

6.24 Risk management plans completed by COMs for recall cases primarily focused on re-release, with little attention given to release at the sentence licence expiry date at which point prisoners would not have any community probation supervision. Prisoners affected in this way said they would appreciate the option of accessing services, especially as they had never been released without probation support.

Interventions and support

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

6.25 A range of accredited programmes was available for which prisoners were identified using an in-depth analysis tool. This comprehensive database was continually updated and enabled staff to plan for, and sequence, interventions.

6.26 Allocation to programmes was based on national guidelines with priority given to those with indeterminate sentences who were over tariff and prisoners who were approaching release or parole hearings. Given the length of sentences of prisoners at Garth, many had long waits before starting an intervention. There was some flexibility to complete an intervention earlier if there were not enough prisoners in the priority groups who wanted to participate.

6.27 Group and one-to-one delivery were used for the seven accredited interventions. These included an intervention for prisoners with learning disabilities or challenges and an intervention for prisoners convicted of

sexual offences. Identity Matters, which supported gang desistance, continued to be delivered alongside programmes to address violence and extremist views and support the development of cognitive skills to manage risk factors.

6.28 The forensic psychology team undertook bespoke one-to-one work with prisoners, although vacancies in the team prevented them from being as embedded as previously on some of the specialist residential units (see paragraph 3.17). The detailed one-page plans prepared by psychologists for segregated prisoners (see paragraph 3.30) had recently been introduced for other priority groups, including IPPs and young adult prisoners.

6.29 Non-accredited programmes included a validated intervention, 'Motivation and Engagement', which encouraged participants to engage in rehabilitative treatment and activities and in-cell workbooks. The intervention addressed topics such as victim awareness and was overseen by POMs. The chaplaincy had resumed delivery of the Sycamore Tree (a community volunteer-led victim awareness programme), with 21 prisoners completing the course since the start of 2024 and another 13 nearing the end of their course.

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.

Therapeutic communities

6.30 The Beacon Unit therapeutic community (TC) was provided by Mersey Care NHS Trust in partnership with the prison and was jointly commissioned as part of the national offender personality disorder (OPD) strategy. The OPD pathway was followed closely, using enabling environments and psychological principles.

6.31 Well-led expert clinicians and psychotherapists from an extensive range of disciplines and dedicated prison officers enabled TC residents to develop pro-social thinking and coping strategies designed to reduce the likelihood of conflict and re-offending. Clinicians had regular clinical supervision and access to professional supervision as required. Officers were supervised by psychotherapy staff in formal meetings and in valued peer review meetings.

6.32 Some officers still had to be deployed to the TC who had not been selected or trained, which concerned the residents. Steps had been taken to minimise the numbers.

6.33 There was no waiting list for the unit and a recruitment drive was in progress. Only 31 of the 48 places were filled by TC residents, with 14 by non-residents which was a potentially destabilising factor. Mitigations had been put in place to retain some graduates from the

programme and to accept non-residents who might apply to become TC residents in the future. This was a pragmatic approach to a considerable challenge.

6.34 Leaders made sure that regime issues affecting the general prison did not affect access to TC therapies. TC meetings to support and challenge residents in therapy and crisis and to manage day-to-day concerns were central to the programme. Each spur had regular TC group meetings and other ad hoc meetings as required, and access to creative therapy groups was shared by all residents. Some residents could illustrate the powerful effect of creative therapies in helping them to change.

6.35 Residents leaving the TC programme were supported during the transition and the TC team also assisted the receiving services. A dedicated outreach team to give more support to prisoners on the wings was ready to launch as soon as prison staffing permitted. Residents de-selected from the programme could apply to re-enter in the future, which created opportunities for future growth.

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.

6.36 The prison was not resourced as a resettlement prison but there had been 91 releases into the community in the previous 12 months. This was more than twice as many as in the year before the previous inspection. Most were released outside the local area.

6.37 Seventy-nine of the 91 prisoners released had gone to approved premises. COMs started the necessary referrals well in advance but often had to make repeat requests because spaces were limited which made it challenging to secure the preferred placement. Two of the releases had not had any identified accommodation to go to. Both had been released on their sentence expiry date with no community supervision. Prisoners who were approaching the end of their sentence with no licence period expressed anxiety to us about their release.

6.38 With no formal resettlement services, release planning relied on joint working between POMs and COMs. In most cases, initial release planning discussions took place, with the prisoner present, and the handover from POM to COM was timely. Subsequent liaison between POM and COM was variable; there were some cases of release planning where POMs took considerable steps to support release planning but others where they did not respond to requests from COMs.

6.39 Leaders had recognised the increasing need for pre-release resettlement support and had taken steps to address this. A probation service officer had been appointed as the prison's pre-release officer

and, after training and shadowing at a nearby resettlement prison, had started to carry out resettlement interviews with prisoners 12 weeks before their release. A pre-release board was to be held for the first time at the end of August 2024.

6.40 Links with HMP Preston had provided prisoners with support from St Giles Trust workers (a social enterprise delivering Finance, Benefit and Debt Commissioned Rehabilitative Services (CRS), aiming to lift people out of poverty) and a work coach from DWP had been allocated to Garth to deliver employment and benefits support.

6.41 The neurodiversity support manager had helped the OMU to produce prisoners' licence conditions in a format that met individual prisoners' needs. Release day arrangements were adequate but searching was disproportionate (see paragraph 3.38).

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 concerns raised, 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 reasonably good against this healthy prison test.

Key concerns

Not enough was done to ensure prisoner safety following their arrival at the prison. Private risk interviews were too often superficial, lacked sufficient attention to risks and vulnerabilities, and were not followed up systematically on the following day.
Not addressed

The use of body-worn video cameras during incidents involving force was too low. Important evidence showing the justification for force and attempts at de-escalation was not, therefore, routinely recorded.
Addressed

Drugs were too easily available. The mandatory drug testing rate was high, and searching procedures were insufficient.
Not addressed

Respect

Prisoners are treated with respect for their human dignity.

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

Priority concerns

Many aspects of the built environment were in very poor condition. Lots of cells had insufficient furniture and some flooring was in decay, while most shower rooms were in a poor state and lacked privacy.
Not addressed

The rate of non-attendance at health appointments was far too high. This impaired the efficient use of health resources, including clinicians' time.
Not addressed

Key concerns

Too many staff were passive or distant in their interactions with prisoners. The lack of time out of cell and an effective key worker scheme had a detrimental effect on staff-prisoner relationships, while staff did not always challenge low-level poor behaviour.
Not addressed

The application and complaint systems were not working well, with too many prisoners receiving answers late or not at all. When they did receive an answer, it often did not adequately address the issue raised.
Not addressed

Too little was being done to understand and meet the needs of prisoners from protected characteristic groups across the prison. There was no needs analysis or strategic direction, which were necessary to support the promotion of equality. Consultation was infrequent and the analysis of data was too limited.
Not addressed

Poor infection prevention standards in clinical areas could expose patients to harm.
Addressed

Governance of medicines management was not sufficiently robust due to the shortage of pharmacy staff.
Addressed

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.

Priority concerns

Prisoners did not receive adequate time out of cell. The regime did not give them enough access to purposeful activity, especially through unemployment, the cohorting arrangements, and staff shortage.
Not addressed

There were too few education spaces, and not enough of the available spaces in education, skills, and work were allocated. Attendance in education, skills and work activities was poor.
Not addressed

Leaders did not provide a high-quality curriculum to meet the needs of the population, including support for those with additional learning needs. There was no effective quality assurance of education, skills and work.
Not addressed

Key concern

Leaders did not make sure that all prisoners received information, advice and guidance towards finding appropriate education, training or employment on release.
Not addressed

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 reasonably against this healthy prison test.

Key concern

Many prisoners felt stuck at Garth and could not progress in their sentence. Some routine reviews of security category were late and many who had been recategorised were not moved to a prison offering the right opportunities for them.
Not addressed

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 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)). Section 7 lists the concerns raised at the previous inspection and our assessment of whether they have been addressed.

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

Inspection team

This inspection was carried out by:

Charlie Taylor	Chief inspector
Angus Jones	Team leader
Angela Johnson	Inspector
David Owens	Inspector
Nadia Syed	Inspector
Dionne Walker	Inspector
Donna Ward	Inspector
Joanna Luck	Inspector (shadowing)
Tareek Deacon	Researcher
Alicia Grassom	Researcher
Emma King	Researcher
Sam Rasor	Researcher
Shaun Thomson	Lead health and social care inspector
Paul Tarbuck	Health and social care inspector
Craig Whitelock	General Pharmaceutical Council inspector
Dayni Johnson	Care Quality Commission inspector
Si Hussain	Care Quality Commission inspector
Suzanne Wainwright	Lead Ofsted inspector
Kim Bleasdale	Ofsted inspector
Andy Holland	Ofsted inspector
Alison Humphreys	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.

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

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

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

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

Protection of adults at risk
Safeguarding duties apply to an adult who:

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

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

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

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.

Any enquiries regarding this publication should be sent to us at the address below or: hmiprisons.enquiries@hmiprisons.gsi.gov.uk

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