



Report on an unannounced inspection of

HMP The Verne

by HM Chief Inspector of Prisons

8–18 July 2024



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Introduction

Although HMP The Verne was a generally safe and respectful jail holding 604 prisoners convicted of sexual offences (PCoSOs) at the time of our inspection, this report also reveals some worrying weaknesses in addressing the offending behaviour of many prisoners. With no offending behaviour programmes on offer (although we have been subsequently told these will now be funded) and a seriously understaffed and stretched offender management unit, it was possible for high-risk prisoners to spend years at the jail without any challenge or support towards changing their thinking or dangerous behaviour.

It was concerning that despite having a relatively settled staff team, only 2% had completed the HM Prison and Probation Service online training for working with PCoSOs in the past year. Officers also told inspectors that they did not want to know what offences individuals had committed because they felt it might prejudice their response. As a result, they were not aware what offence-mirroring behaviour might have been manifested by prisoners and they were unable to contribute more sophisticated analysis to prisoner offender managers before parole hearings.

We were also disappointed to find that key work, which had been good at our last inspection, was now poor, particularly given the nature of offences committed by men in the jail.

As a category C training prison, the focus of The Verne should be providing prisoners with the skills and insight to avoid reoffending and settle successfully on release. Prisoners were unlocked for eight hours a day and they were locked on their spurs rather than in their cells at night. The level of access to some purposeful activity was, however, poor with not enough available for many of the men. A shortage of tutors and teachers meant that many had only part-time access to education and the curriculum was not suitable for the needs of the population. As a result, many prisoners were underemployed and, with a more limited range of enrichment programmes than at our last visit, many complained of being bored. The definition of full-time work used by the prison was not one that would be recognised by anyone who worked outside the jail.

With many elderly and unwell prisoners, the number of bed watches and visits to services in the community often led to the curtailment of the regime and the cancellation of evening activity. Routine access to GP services was often reduced because of the number of acute cases. Assaults on staff committed by prisoners suffering from dementia were sent to adjudication, which was unnecessary.

The impressive Dorset unit provided good-quality social and medical care for often very unwell men with long-term conditions and mobility issues. There were also plans for a palliative care suite where families can be with prisoners who are dying.

Although levels of violence remained low at The Verne, it had risen in recent months, as had self-harm. The prison had not conducted analysis on why this might be, and no strategic action had been taken.

The announcement during our inspection that funding had been found to run offending behaviour programmes at the prison should be a spur to leaders to reinvigorate it, train staff, recruit enough POMs and do much more to address prisoners' offending behaviour. The fact that this money has taken so long to materialise from the prison service, while funding was provided for a substance-free living unit, despite few prisoners having drug problems, was a questionable use of resources. A new regime that has been negotiated over 18 months with staff associations should mean that there are fewer curtailments resulting from staffing medical appointments. More will also need to be done by the education provider to make sure there are suitable courses and work for prisoners.

The experienced governor and his deputy have the opportunity to develop The Verne into a flourishing and successful institution that fulfils its important role as a training prison aimed at reducing the risk of the population, but there is much work to be done.

Charlie Taylor

HM Chief Inspector of Prisons

August 2024

What needs to improve at HMP The Verne

During this inspection, we identified 13 key concerns, of which six should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

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

Priority concerns

1. **The prison was not fulfilling its key purpose as a training prison for prisoners convicted of sexual offences.** Offending behaviour programmes were not being delivered, and the treatment needs for many had not been addressed.
2. **Many prisoners were frustrated by the lack of contact with a prison offender manager and opportunities to progress in their sentence.** Far too little structured offending behaviour work took place to challenge and address prisoners' attitudes, thinking and behaviour robustly. Some had been released without the specific interventions they needed to demonstrate a reduction in their risk.
3. **Scrutiny and oversight of important areas, including use of force, segregation and constant supervision, were weak.** Data were not being used sufficiently well to inform action and there was not enough focus on driving continuous improvement.
4. **Not enough key work was taking place.** Most prisoners went for several weeks or months without meeting their key worker.
5. **The lack of a comprehensive health needs assessment and poor clinical quality oversight meetings meant that significant actions required to improve the delivery of health care had not been identified.** The outpatient unit remained unsafe and officer escorts for external hospital appointments were still under-resourced.
6. **The curriculum did not meet the needs of many prisoners. Too many prisoners allocated to activities were underemployed, and too few in the workshops had the opportunity to achieve meaningful qualifications.**

Key concerns

7. **The use of segregation to care for prisoners at acute risk of self-harm and mentally unwell was inappropriate.** Segregation was also used for reasons we would not usually expect.

8. **Health record keeping lacked effective oversight, particularly within the substance misuse service.** Care plans were missing and contact entries were too brief. The primary care service had an over-reliance on recording actions on the patient's task list instead of the core record, creating a disjointed record of care received.
9. **Too many discrimination incident reporting forms (DIRFs) were not being fully investigated.** The prison was inappropriately diverting DIRFs to the complaints process.
10. **The prison's daily routine was frequently disrupted.** As a result of staffing shortfalls, prisoners were often left locked on their residential units, and association, secure social video calls and library sessions were cancelled at short notice.
11. **Many prisoners waited too long to start the education or training course of their choice.**
12. **Too many prisoners with additional support needs did not get the support they needed in education, training and work.**
13. **Prisoners did not benefit from meaningful engagement with employers while in custody, in preparation for a job on release.**

About HMP The Verne

Task of the prison/establishment

HMP The Verne is a male category C training prison for prisoners convicted of sexual offences.

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

Prisoners held at the time of inspection: 604

Baseline certified normal capacity: 570

Operational capacity: 608

Population of the prison

- 263 new prisoners were received each year (around 21 per month).
- 14% of prisoners were from ethnic minority backgrounds.
- An average of eight prisoners were released into the community each month.
- Eight prisoners were receiving opiate substitution therapy.
- More than half of the population were aged over 50.
- 201 prisoners were over 60, of whom 88 were over 70.
- 6% of prisoners were foreign nationals.
- 18% of prisoners were serving sentences of 20 years or more, 30 of them serving IPP sentences.
- 16 prisoners were accessing 24-hour social care.

Prison status (public or private) and key providers

Public

Physical health provider: Oxleas NHS Foundation Trust

Mental health provider: Oxleas NHS Foundation Trust

Substance misuse treatment provider: Change Grow Live

Dental health provider: Time for Teeth

Prison education framework provider: Weston College

Escort contractor: Serco

Prison group/Department

Avon, South Dorset and Wiltshire Prisons Group

Prison Group Director

Paul Woods

Brief history

The citadel, on which HMP The Verne is situated, was designed by Captain William Crossman R.E. and built by convicts from the nearby Portland Prison, between 1860 and 1872. The Verne was mainly used as an infantry training centre and housed the Royal Engineers until 1948.

On 1 February 1949, The Verne was handed over to the Prison Commission. Since then, the interior of the citadel has been substantially rebuilt by prison

labour and was developed to become a medium-security training prison for 580 men.

In September 2013, the Justice Secretary announced that HMP The Verne would change function to become an immigration removal centre. It served in this capacity for four years, until it was announced in October 2017 that it would return to the public sector prison estate.

The Verne reopened in July 2018 as a category C training prison for prisoners convicted of sexual offences. The capacity was increased to 604 in December 2021 following the installation of 24 rapid deployment cells and, in autumn 2022, an additional four spaces were added as part of the national overcrowding initiative.

Short description of residential units

Abbotsbury: general population (capacity: 84)

Arne: general population (capacity: 80)

Bincombe: general population (capacity: 84)

Blandford: general population (capacity: 88)

Chesil: Induction Unit and general population (capacity: 80)

Corfe: general population (capacity: 88)

Dorset: for those with mobility issues or social care needs. Includes dedicated social care unit with 16 spaces (capacity: 80)

Evershot: modular pod accommodation for incentivised substance-free living unit (capacity: 24)

Segregation unit: eight cells, including two constant supervision cells.

Name of governor and date in post

David Bourne, July 2016

Changes of governor since the last inspection

N/A

Independent Monitoring Board chair

Michael Ellis

Date of last inspection

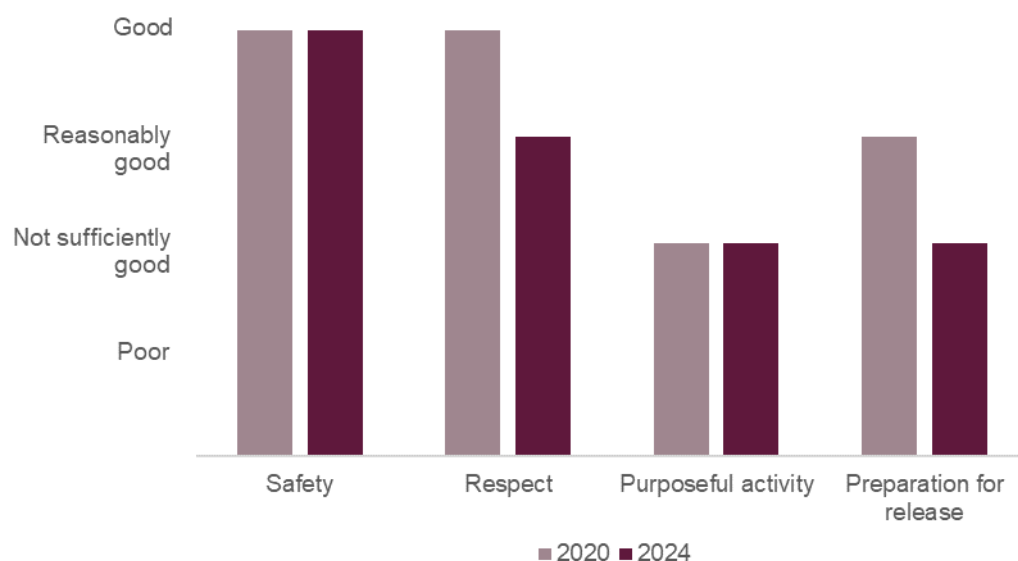
10–21 February 2020

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 The Verne, we found that outcomes for prisoners were:
- good for safety
 - reasonably good for respect
 - not sufficiently good for purposeful activity
 - not sufficiently good for preparation for release.
- 1.3 We last inspected HMP The Verne in 2020. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP The Verne healthy prison outcomes 2020 and 2024



Progress on priority and key concerns from the last inspection

- 1.4 At our last inspection, in 2020, we made 18 recommendations, 10 of which were about areas of key concern. The prison fully accepted 17 of the recommendations and partially (or subject to resources) accepted one. It rejected none of the recommendations.
- 1.5 At this inspection, we found that one of our recommendations about areas of key concern had been achieved, five had been partially achieved and four had not been achieved. One of the

recommendations made in the area of respect had been partially achieved and two had not been achieved. All three of our concerns in purposeful activity had been partially achieved. Two of our four key recommendations in the area of preparation for release had not been achieved. For a full list of the progress against the recommendations, please see Section 7.

Notable positive practice

1.6 We define notable positive practice as:

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

1.7 Inspectors found 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 tailored approach to monitoring new arrivals for up to five nights, based on individual risk, had been introduced.	See paragraph 3.5
b)	Produce grown in the prison allotments was used to supplement the lunch menu with salad items over the summer months.	See paragraph 4.16
c)	The commissioning of social care included 24-hour support in a dedicated unit for those requiring it.	See paragraph 4.70

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 While leaders operated a safe and respectful semi-open community, the prison was not fulfilling its core function as a trainer for prisoners convicted of sexual offences (PCoSOs).
- 2.3 Despite repeated requests by local leaders, offending behaviour programmes were not being delivered by HM Prison and Probation Service at the time of the inspection and the treatment needs for many prisoners were not being addressed.
- 2.4 Strong leadership of the offender management unit had resulted in innovative ways to mitigate longstanding probation officer shortfalls. However, these efforts did not replace the need for a full on-site team to meet the needs of the prison's high-risk and complex population.
- 2.5 Leaders had worked creatively to fund provision and support locally for the increasing number of prisoners they were releasing into the community.
- 2.6 However, leaders had been less successful in maintaining and driving progress in other important areas. For example, delivery of key work (see Glossary) had declined since the last inspection.
- 2.7 While the prison's self-assessment was honest, set relevant priorities and was well informed by data, we found that some functional leaders were not using data sufficiently well to inform action and drive improvements. Scrutiny and oversight of important areas of accountability, including use of force, segregation and constant supervision, were weak. There was also insufficient focus on continuous improvement at all levels of management.
- 2.8 While leaders told us that there were sufficient education, skills and work places, the education provider (Weston College) had not filled staffing vacancies, which had had an impact on the delivery of the curriculum. Too many prisoners were underemployed and, overall, Ofsted graded provision as 'requires improvement'.
- 2.9 Partnership working with the social care provider to support the older population was excellent, with 24-hour care available in a dedicated unit. However, leaders had no credible plans for a safe and fit-for-

purpose medical centre that met the needs of the ageing population, or adequate resource to facilitate external hospital appointments.

- 2.10 The governor communicated well with staff through regular briefings and, along with the deputy governor, was both visible on the wings and approachable. New staff told us that they felt supported and retention was very good. The prison had now recruited its full quota of officers, although 27% had been in post for less than a year, and 37% for under two years. Some supervision by the psychology service was planned to support staff working in the social care and segregation units.
- 2.11 Leaders had not done enough to train staff to understand and meet the specific needs of the population. When the prison had switched in 2018 from operating as an immigration removal centre to hold PCoSOs, staff had received some training in working with these prisoners, and the prison had been a pilot site for the e-learning package 'Working with People Convicted of Sexual Offences'. However, only 57% of staff and partners had completed this e-learning, and only 2% had done this training in the past year. Leaders had also not learned from the good practice in similar prisons, in equipping staff to help prisoners to address their attitudes, thinking and behaviour.
- 2.12 Reports from regional leaders did not include enough challenge for the prison in achieving its purpose, or signpost to learn from good practice elsewhere.

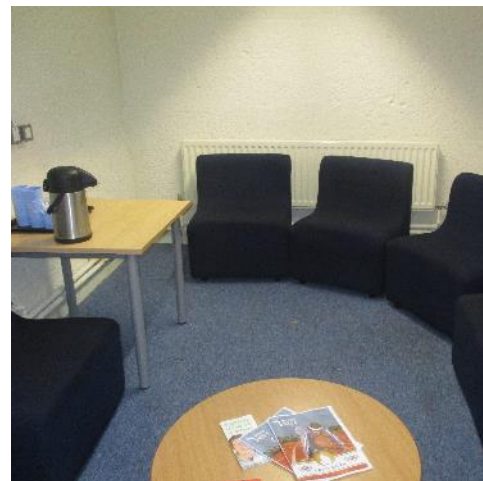
Section 3 Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

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

- 3.1 The prison received an average of five new arrivals a week and there was good support for most prisoners in their early days. The reception area was welcoming and prisoners could make themselves a hot drink on arrival. Searching arrangements were not intelligence led and all prisoners usually went through the body scanner and were strip-searched.



Reception holding rooms

- 3.2 Leaders struggled with processing late arrivals, which they explained had become more frequent. Those who arrived during the day saw a member of the health care team and received a thorough initial safety interview from an induction officer which explored any potential vulnerabilities. However, those coming in the evening did not always have these checks on their first night – particularly the health screening (see paragraph 4.59).
- 3.3 Prisoners were met by peer support workers in reception, who explained about life at the prison. They were then taken to the induction wing and shown to their clean, well-prepared cells. They received a meal and could take a shower when they wanted to.



Induction wing (top) and first night cells

- 3.4 The shop provision for new arrivals was limited and prisoners told us that the amount they could spend on PIN credit during their early days was limited.
- 3.5 In our survey, 92% of respondents said that they had felt safe on their first night at the prison, which was better than at similar prisons. Prisoners received additional checks during their first few nights, based on the individual risk they presented, and these were gradually reduced each night for up to five nights.
- 3.6 On their second day, induction orderlies took new arrivals on a tour, to show them the opportunities available at the prison. In our survey, 80% of respondents said that their induction covered what they needed to know, which was better than elsewhere. Prisoners took responsibility for their schedule and had an 'induction passport' which they were required to complete by meeting various teams and departments

across the prison. On completion, they received extra pay, which was a good incentive.

- 3.7 However, there was a lack of supervision of the peer support workers and oversight by staff of the induction process.

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

- 3.8 The environment was safe and supportive, with a low level of violent incidents. Over the previous 12 months there had been 43 recorded assaults, 28 of which were prisoner-on-prisoner. Five incidents had been reported as serious, which was lower than at comparator prisons.
- 3.9 The challenge, support, and intervention plan (CSIP; see Glossary) process was managed through the weekly safety intervention meeting (SIM) and referrals were made for all incidents of violence, and vulnerable or complex behaviour. There had been 216 CSIP referrals in the last 12 months and 35 plans opened, but the reports of investigations that we saw often lacked enquiry and an understanding of specific issues. Targets were also too generic, which limited their effectiveness. The safety team had recently developed a guide to help drive up standards, but quality assurance remained weak, with no formal system to support and encourage improvement.
- 3.10 Behavioural monitoring was used for lower-level support; this was a local system that involved recording prisoners' daily conversations with staff in the electronic case notes and a weekly meeting with a wing manager. A total of 100 prisoners had been placed on behavioural monitoring in the previous 12 months. Some prisoners that we spoke to who had been on this monitoring said that the support had been helpful.
- 3.11 Good relationships with staff encouraged prisoners to behave well (see section on staff–prisoner relationships), but there were limited incentives to encourage positive behaviour. Around 530 prisoners (87%) were on the enhanced level of the incentives scheme, but this offered little reward. In our survey, 44% of respondents said that the culture in the prison encouraged good behaviour, but only 19% said that there were opportunities or rewards to motivate them. A modular unit (Evershot; see also paragraph 4.8) for enhanced prisoners, which had in-cell showers and better cooking facilities, was a good incentive, but this was only available to a small number of prisoners.

Adjudications

- 3.12 There had been 427 adjudications in the last 12 months, which was higher than in the same period at the time of the last inspection. The main charges were mostly for unauthorised items.
- 3.13 The number of outstanding adjudications was low, but the records of hearings that we viewed were of mixed quality. The deputy governor conducted monthly assurance checks and highlighted concerns via the adjudication standardisation meetings, but feedback to adjudicators was not individualised and there was little evidence of improvements made as a result.
- 3.14 About 30% of charges over the past year had been dismissed or not proceeded with for administrative reasons, including over half of the mandatory drug testing positive results, which had been dismissed because of clerical error. This meant that prisoners' poor behaviour was left unchallenged. Around a third of those not proceeded with had been opened knowing that the prisoner had been diagnosed with dementia and lacked capacity, which was inappropriate.
- 3.15 The adjudication standardisation meeting took place quarterly, with good attendance and a reasonable range of data presented. However, these data had not prompted further enquiry – for example, relating to the large number of adjudications that had not been proceeded with.

Use of force

- 3.16 Use of force was low, and lower than at similar prisons, but it was increasing. There had been 30 incidents of force in the past year; 23 of these took place in the previous six months, which was more than double the number in the same period before the previous inspection.
- 3.17 Positively, most uses of force were low level; PAVA (see Glossary) and batons had not been used in the previous year. It was positive that 90% of incidents had been captured, at least in part, on body-worn video cameras.
- 3.18 In the video footage and documentation we reviewed, some of the force used had been inappropriate – for example, for prisoners at risk of self-harm or who were mentally unwell. We also saw examples of staff misusing force by failing to adhere to the appropriate control and restraint techniques, and there were missed opportunities for de-escalation.
- 3.19 Scrutiny by leaders was ineffective. Leaders told us that they reviewed all incidents; however, they did not do this in a timely manner. There had not been a scrutiny meeting for over four months, during which time there had been a sharp increase in use of force. This left leaders poorly sighted on some of the concerns we highlighted. In addition, the scrutiny that had taken place had not sufficiently identified or embedded potential learning from incidents.

- 3.20 The strategic use of force meetings did not address themes and trends in a meaningful way. This was a missed opportunity to drive improvement, particularly as the neurodiversity support manager had carried out a helpful analysis which identified that most incidents were not due to violence and showed that individuals with neurodiverse needs had been subject to disproportionate levels of use of force (see also paragraph 4.36).

Segregation

- 3.21 Use of segregation was low, although 58 individuals had been segregated in the last six months, compared with 29 in the same period at the time of the last inspection.
- 3.22 The unit provided the only cellular accommodation, and we saw segregation being used for reasons that we would not usually expect. For example, some prisoners had been segregated at night because they were considered unsuitable for the semi-open residential units during the patrol state.
- 3.23 The documentation to justify the use of segregation was not sufficiently detailed, including the defensible decisions for segregating prisoners at risk of self-harm. This was a particular issue, given that the prison's only usable constant supervision cells were in the segregation unit, which was not an appropriate environment (see also paragraph 3.38). In total, in the previous year, 17% of instances of segregation had been for constant supervision of prisoners at risk of self-harm. In addition, four mentally unwell prisoners had been held in the unit before transfer to a secure hospital in the previous year.
- 3.24 The environment was basic, but clean and well maintained. Cells were reasonably well equipped and some prisoners were permitted to have a television. The exercise yard contained a flower bed, exercise equipment and seating, and provided a better environment than we usually find.



Segregation unit yard

- 3.25 For most, stays in segregation were short, but the daily regime was limited to a shower, time in the fresh air and a telephone call. A few prisoners, who had been segregated because they were deemed unsuitable for the semi-open house units during the patrol state, were permitted to associate with other prisoners outside of the segregation unit during the day.
- 3.26 Prisoners' reintegration plans were completed through the CSIP behaviour management process, which we found to have weaknesses (see paragraph 3.9). Despite this, most prisoners were reintegrated into the prison.

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.

- 3.27 Security risk assessment arrangements across the prison were proportionate; prisoners could move within the prison grounds and work outdoors unescorted.
- 3.28 Security meetings were well attended and there was a good flow of intelligence that was well managed. There had been 3,020 intelligence reports submitted in the last 12 months, with actions carried out quickly. Only a small number related to public protection issues, and staff had

not been trained in identifying offence paralleling behaviour. Security information was published to all staff via a monthly security bulletin.

- 3.29 The procedure for tracking police investigations was weak. At the time of the inspection, there were 13 outstanding, including one serious sexual allegation which had been ongoing since November 2022. A monthly update was requested by the prison, but the reasons for delay were not fully explored.
- 3.30 All searches were intelligence led. A total of 95 searches had been carried out during the previous 12 months, with around half finding unauthorised items. Only 16% of these finds were drugs, and these were mostly unprescribed medicines.
- 3.31 At the time of the inspection, the prison did not have a problem with the ingress of alcohol or illicit drugs. The mandatory drug testing positive rate, although higher than at the time of the last inspection, remained low (4.48%) and positive results were mostly for unprescribed medication. In our survey, 26% of respondents said that it was easy to get medication not prescribed to them.
- 3.32 Leaders were aware of this issue with unauthorised medication and had recently appointed a drug strategy lead. A monthly drug strategy meeting now took place, but links with other departments remained weak and actions were not targeted to reduce supply and demand.

Safeguarding

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

Suicide and self-harm prevention

- 3.33 There had been one self-inflicted death since the last inspection, which was the first in the prison since 2010. The recorded rate of self-harm was lower than in similar prisons, although it had increased by 28% since the previous inspection and was increasing.
- 3.34 Prisoners told us that the community ethos and free movement around the prison had been fundamental to supporting their well-being. There was a range of support, including a 'Living with Loss' bereavement course, additional gym sessions and provision for those without visits from family or friends (see also paragraphs 4.42 and 6.4). It was also helpful that staff had some awareness of memorable trigger dates, which were identified on prisoners' arrival. Prisoners told us that they could easily access Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) if requested.

- 3.35 In the past year, there had been 128 recorded incidents of self-harm, involving 38 individuals, and around half of the incidents were attributable to just five prisoners. The SIM provided a helpful multidisciplinary platform to identify and discuss the needs of more complex prisoners. However, although 17 incidents had required prisoners to go to an outside hospital, none had been investigated and leaders had missed opportunities to learn from more serious incidents of self-harm.
- 3.36 Leaders had not sufficiently explored the drivers of self-harm. Some data were considered in the strategic safety meetings, but were not being used to drive improvement, which was concerning, given the upward trend in self-harm. Leaders told us that the population profile was changing, but not enough had been done to understand the emerging issues.
- 3.37 There were few prisoners subject to assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm. In our survey, 63% of those who had been on an ACCT said that they had felt cared for by staff. Documentation was of a variable quality. Some of the better examples in our sample used the care plan to encourage prisoners to engage in services such as the bereavement support or encourage them to go to the gym. However, others were less meaningful and lacked consistency in case coordinators.
- 3.38 There were two gated cells used for constant supervision, but they were located in the segregation unit, which was inappropriate and a punitive approach to responding to self-harm (see also paragraph 3.23). The high use of constant supervision and the use of anti-ligature clothing did not have sufficient oversight by senior leaders.



Constant supervision cell in the segregation unit

Protection of adults at risk (see Glossary)

- 3.39 Leaders had established links with the Dorset Safeguarding Adults Board and they had recently begun working together to understand the nuances of safeguarding for the prisoner population.

- 3.40 We saw examples of both staff and prisoners escalating safeguarding concerns about individuals at risk. The SIM was used to flag any concerns, and leaders used a behavioural monitoring process to maintain oversight where there were concerns (see also paragraph 3.9).
- 3.41 However, we also spoke to some staff who were not sufficiently aware of the risks they should be looking for. During the inspection, we observed limited supervision of prisoners on unit landings, which restricted staff oversight and their ability to safeguard those at risk (see also paragraph 4.2).
- 3.42 Bespoke safeguarding training had been introduced, but too few staff had benefited from this at the time of the inspection.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

- 4.1 Staff-prisoner relationships were good. In our survey, 91% of respondents said that staff treated them with respect, which was more than at comparable prisons. We observed positive interactions between staff and prisoners, and prisoners spoke positively about staff on their residential units.
- 4.2 Staff were generally visible on the wings and approachable, and the semi-open conditions allowed prisoners frequent opportunities to interact with them in the grounds and on their units. However, when prisoners were locked onto their spur during the frequent regime curtailments (see also paragraph 5.2), we observed staff congregating in offices rather than patrolling the landings.
- 4.3 Disappointingly, key work provision (see Glossary) had declined substantially since the last inspection. In the previous three months, only 11% of projected key work sessions had taken place, which was poor. Almost all prisoners had an allocated key worker, but in almost all cases we reviewed, prisoners were going for several weeks or months without having a session with them. This was reflected in our survey, where only 41% of respondents said that a member of staff had spoken to them in the previous week about how they were getting on, a sharp decline from 70% at the time of the last inspection.
- 4.4 The quality of key work was not consistent, and some case note entries we saw were cursory and did not reflect meaningful conversations. There was limited accountability for key work delivery.
- 4.5 A range of peer support workers was active in the prison, including wing orderlies running prisoner information desks, and representatives for groups from different backgrounds (see also section on fair treatment and inclusion). Those we spoke to were positive about their roles and the support they received from staff and managers.



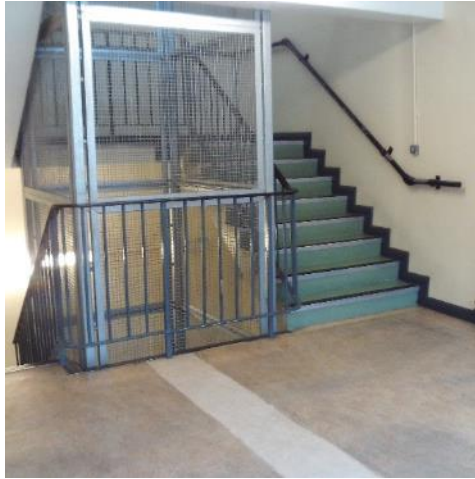
Prisoner information desk

Daily life

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

Living conditions

- 4.6 Overall, living conditions were good. The units were clean and prisoners were positive about the environment. In our survey, 90% of respondents said their landings were very or quite clean, and 94% said the same of their association areas.



Communal areas

- 4.7 The outside areas were well maintained by the gardens work party, and prisoners told us that the attractive environment promoted their well-being.



Outside areas

- 4.8 The modular units on Evershot provided very good living conditions, with in-cell showers. There was no in-cell sanitation on the other units, but the communal showers and toilets on the landings were in better condition than we usually see.
- 4.9 There were only 11 double cells, with most prisoners in a cell on their own. Most cells were well equipped and maintained to a good standard.

- 4.10 Each unit had its own laundry, and two orderlies assisted prisoners with their washing. Most units ran these on a rota basis, and prisoners had time to wash any items they needed. Although 'decency parcels' had recently been expanded to include cold weather items, prisoners were frustrated at the restrictions on clothing being sent in (see also paragraph 4.19).
- 4.11 Prisoners had good access to toiletries and cleaning materials, with the introduction of 'decency cabinets' on each unit, which helped to promote personal responsibility. In our survey, 91% of respondents said they could easily access cleaning items, which was far better than the comparator (71%).



Decency cabinet

Residential services

- 4.12 In our survey, 47% of respondents said that the food they were served was very or quite good, but only 30% said that they got enough to eat at mealtimes, which was much lower than at the time of the last inspection (88%). The menu was reviewed regularly, and sometimes prisoners had the option of having two hot meals a day. Many prisoners complained to us that portions were small, and the daily bread allowance had recently reduced. The portions we observed being served appeared adequate.
- 4.13 Kitchen staff invited feedback via a monthly food forum. Wing food comment books were responded to weekly by the catering team. Some recent positive changes to the menu had been made following consultation; for example, homemade soup, scones and sponge cake were now available once a week.

- 4.14 Communal dining facilities on the wings were bright and clean, but, as a result of regime restrictions, the facilities were often underused. All wings had self-cook facilities, but these rooms were only open on Friday afternoons, at weekends and when prisoners were out on association in the evening.
- 4.15 Vocational qualifications had been delivered to all kitchen and servery workers, following a recommendation from the previous inspection.
- 4.16 There was good collaboration between the gardens and kitchen, and salad produce grown in the prison allotments was used to supplement the lunch menu over the summer months.
- 4.17 The prison shop sold a reasonable range of products and prisoners had the opportunity to change the product list. Few items were missing from the weekly orders and prisoners did not have to wait long for reimbursement when this occurred. Consultation took place quarterly and a newsletter was published, informing prisoners of changes.
- 4.18 A wide range of catalogues was available. Prisoners could order between three and five items every two months, depending on their level on the incentives scheme, but many were frustrated as they often waited several months for goods to arrive.
- 4.19 A yearly package could be ordered by family and friends from an approved prison supplier which included underwear, outer clothes and footwear, but prisoners without family told us that they were disadvantaged.

Prisoner consultation, applications and redress

- 4.20 There were some positive consultation arrangements, but prisoners expressed frustration at long delays in addressing the issues they raised.
- 4.21 The prison council met every two months and was attended by prisoner representatives, senior leaders and managers. Prisoners expressed disillusionment with its effectiveness, and action logs showed that many issues went for long periods without resolution. The prison had made recent changes to the format of the council to address this. These changes had not yet fully embedded, although there was some evidence that actions were beginning to be addressed more promptly.
- 4.22 The establishment's HM Inspectorate of Prisons expectations working group was a positive initiative. It was made up of 21 prisoners who were assigned areas of prison life to investigate. Prisoners we spoke to in this group were engaged and positive about the process, and the prison had plans for a working group to take their findings forward.
- 4.23 Prisoner access to complaint and application forms was good and prisoner information desks were staffed by knowledgeable orderlies. However, since the last inspection prisoners' trust in these processes had declined.



Prisoner complaint and application forms

- 4.24 Applications were paper based. They were not monitored or tracked and the system was unreliable. Prisoners and staff described applications often going missing, and in our survey only 47% of respondents said that they were dealt with in seven days, compared with 77% at the time of the last inspection.
- 4.25 The establishment received a similar number of complaints to that at comparable prisons, but prisoners told us that they lacked faith in the system to address their concerns. In our survey, only 45% of respondents said that they felt their complaints were dealt with fairly, compared with 73% at the time of the last inspection.
- 4.26 The head of business assurance provided thorough quality assurance of 10% of complaint responses and challenged poor responses. Those we reviewed were mostly of reasonable quality, although some we saw were dismissive or brusque in tone and did not fully address the issues raised.
- 4.27 Prison data showed that 91% of complaints had been responded to on time in the previous six months, and interim responses were used sparingly. Data collection and analysis were strong and complaints from prisoners on assessment, care in custody and teamwork (ACCT) case management were identified, with information shared with the safer custody team.
- 4.28 The prison had four private booths available for in-person legal visits, but facilities for legal video links were insufficient for the population. At the time of the inspection, only a single terminal was available for these visits, offering two slots a week, and we were told that spaces were booked up for more than four months in advance.

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.

- 4.29 The prison provided a range of regular prisoner forums for all protected characteristic groups, those on indeterminate sentences, veterans and others, which gave these prisoners opportunities to raise concerns and issues. A range of events also ran throughout the year, such as Pride, Black History Month and International Romani Day. While this was positive, it was not clear that work on fair treatment and inclusion was fully integrated across the prison, with limited dedicated staff resource to drive progress.
- 4.30 As a result of positive staff-prisoner relationships (see paragraph 4.1), wing staff were generally knowledgeable about the needs of prisoners on their units. This was not universal, however, and prisoners from ethnic minority backgrounds told us that some staff lacked cultural understanding and awareness, including around the proper treatment of religious items. Just 3% of staff had completed diversity and inclusion training.
- 4.31 Fifty-five per cent of the prison population were aged 50 or over, and support for these individuals was reasonably good. Older prisoners spoke positively of their treatment, and in our survey 92% of respondents aged over 50 said that there were staff they could turn to if they had a problem. Older prisoners also spoke positively about the specialist gym sessions provide for them (see also paragraph 5.7), although some retired prisoners told us that the lack of enrichment activities left them with little to do.
- 4.32 The prison held 16 young adults. There were no specific activities for this group, which was disappointing as some initiatives had been in place at the time of the last inspection.
- 4.33 Support for prisoners with disabilities was good. Eighty-four prisoners had personal emergency evacuation plans, and these were well understood by staff and clearly publicised outside prisoners' cells and dormitories. The prison had made good efforts to improve accessibility across the estate with the installation of ramps and handrails, although accessibility for visitors to the visits hall continued to be poor because of the lack of a reliable stairlift or lift.



Personal emergency evacuation plan notices outside dormitory (top left), adapted cell (top right) and wing stairlift

- 4.34 There were seven prisoner residential support assistants (RSAs) providing valuable help to prisoners with disabilities with their day-to-day needs. They were trained, well supervised and demonstrated a good understanding of their responsibilities.
- 4.35 The prison's 16-bed social care facility, based on Dorset unit, provided a supportive environment for prisoners with disabilities, with 24-hour care (see also paragraph 4.68). The excellent on-wing library and day rooms offered a range of recreational activities.



Dorset wing day room

- 4.36 The neurodiversity support manager had identified around 205 individuals as having neurodiverse needs and conducted excellent data analysis to identify any disproportionate outcomes for these prisoners (see also paragraph 3.20). A monthly autism support group was running, which was well attended.
- 4.37 The LGBT population was supported through regular forums and events, and we saw evidence that the prison had been active in addressing the issues raised. Trans prisoners were generally positive about the support they received, although some told us that staff did not always address them appropriately.
- 4.38 The prison was now monitoring data to identify and address disproportionate outcomes. Diversity and inclusion action team (DIAT) meetings were held every two months to discuss the outcomes of forums and review data on fair treatment. While the presence of the governor and deputy governor at these meetings was positive, there was insufficient attendance by staff from some areas of the prison.
- 4.39 The prison received a higher rate of discrimination incident reporting forms (DIRFs) than in comparable prisons, with 79 in the previous year. Many prisoners expressed a lack of trust in the system.
- 4.40 Far too many DIRFs were redirected to the complaints process, with 44% of those received in the previous six months being redirected. The prison's policy of rejecting DIRFs if a prisoner had a complaint open about the same issue meant that some were not being investigated, which was not appropriate. DIRF investigations that took place were generally of reasonable quality and an independent organisation was providing quality assurance.

Faith and religion

- 4.41 The chaplaincy was staffed by two full-time chaplains, supported by three visiting and part-time chaplains. The chapel and multi-faith room had good capacity, although both were austere.



Chapel (left) and multi-faith room

- 4.42 The chaplaincy ran a good weekly timetable of sessions that offered corporate worship to all faith groups, alongside study groups, music sessions, choirs and a well-attended 'Living with Loss' course on bereavement (see also paragraph 3.34).
- 4.43 The chapel and multi-faith room were accessible and well attended. Around 1,300 prisoners visited each month and 92% of respondents to our survey said that they could attend religious services if they wanted to. The chaplaincy also offered visits to prisoners who otherwise would not receive them, through a volunteer visitor who attended the prison twice a week (see also paragraph 3.34).

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.

- 4.44 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 no breaches of the relevant regulations.

Strategy, clinical governance and partnerships

- 4.45 Oxleas NHS Foundation Trust ('Oxleas') had taken over as the health care provider since the last inspection. Change Grow Live (CGL)

provided the psychosocial substance misuse service, and Time for Teeth the dental care service.

- 4.46 There was good partnership working between health care providers, commissioners and the prison. Local oversight meetings were well attended and reporting was comprehensive. However, the local quality oversight meeting had not taken place since January 2024 and was not adequate to ensure compliance with Oxleas expected structures. This, and the lack of a recent comprehensive report on the needs of the population, had acted as an obstacle for resolving some of the bigger problems facing the service. For example, there were still no credible plans to make sure that health providers had a safe and fit-for-purpose medical centre that met the needs of the population, adequate external escorts or resources to make sure that primary care optimised health outcomes.
- 4.47 There was an expansive risk register, which needed a comprehensive review, and to be linked to the incident, safeguarding and complaint trends. The improvement plan identified risks, but lacked a joint commitment and credible plans for some of the longstanding issues.
- 4.48 Incidents were reported electronically and there were structures to share these, and also safeguarding incidents, with staff during team meetings and briefings, but there was under-reporting of medicines incidents.
- 4.49 Despite regular infection prevention and control audits, the health care rooms were not fit for purpose. Most of the outpatient unit was closed because of dangerous infrastructure. The consulting rooms had visible mould and, when the doors were closed for privacy, smelled foul, despite windows being open.
- 4.50 Well-trained and experienced staff provided good care overall, although primary care staffing, including GP time, was stretched. The allocation of two nurses each day to respond to emergencies and unplanned care was not always sufficient (see paragraph 4.60). However, staff prioritised the space when clinical specialists visited, although the lack of clinical space also created work for managers and caused situations where clinical care was undertaken in cells, which was poor.
- 4.51 There was a confidential health care complaints process. However, several prisoners told us that they had to submit multiple complaints to get a response, although the sample we looked at had been responded to promptly.
- 4.52 Health care staff managed the increasing number of emergency responses well. Emergency bags were spread evenly around the prison and stocked appropriately. However, we saw inappropriate use of emergency codes to access nursing care.
- 4.53 The quality of health care record keeping was reasonable. However, too much information was written on the patient's task list instead of within the core narrative, making it difficult to see the patient journey

without trawling for information. The quality of record keeping within the psychosocial team was poor.

Promoting health and well-being

- 4.54 There was a health promotion strategy, but it did not reflect a whole-prison approach. Some well-being events were undertaken by several areas of health care and the prison, but not in cooperation with each other. We saw good examples of weight management in the gym for a small number of prisoners motivated to undertake this, but this was not always connected to health care plans. Many prisoners were overweight and many more did not attend the excellent gym (see also paragraph 5.7). More innovation was required to motivate prisoners to improve their health outcomes and prevent secondary illness due to these risk factors.
- 4.55 There was no longer a patient engagement role, which reduced opportunities for health improvements within this population. However, the daily access to outside space and social interaction across the prison was a positive approach to improving well-being, and prisoners were grateful for this.
- 4.56 Health promotion activities were limited by staffing pressures, but there had been recent aortic aneurism and retinal screening. We also saw evidence of smoking cessation clinics and flu vaccinations. Blood-borne virus screening and other vaccinations were less consistent, but access to sexual health screening was good, and provided by a well-qualified and experienced sexual health nurse, who visited regularly.
- 4.57 The national outbreak control policy was available to staff and local contacts were advertised for those managing these out of hours.

Primary care and inpatient services

- 4.58 There was a confidential health applications process, but prisoners told us that it lacked transparency and waiting times were not communicated well, particularly for seeing a doctor face to face. This often required a triage by a nurse, and sometimes an assessment by a non-medical prescriber (NMP), before a GP could be accessed. Only a third of respondents to our survey said that it was easy to see a GP. However, most were positive about the nurses, with 74% saying that the quality of the nursing care was good.
- 4.59 Not all new receptions were seen on the day of arrival (see also paragraph 3.2), but most were seen within 24 hours. Prisoners arriving after 5pm were now less likely to have a health care assessment before a cell sharing risk assessment was undertaken. This meant that several prisoners each month had no health care input into this process.
- 4.60 The staff group was motivated and hard working. There were few staffing vacancies, but daily staffing profiles did not always meet need. The two qualified nurses profiled each day dropped to one during

periods of leave and sickness, which was too low. Both nurses were allocated to medicines administration and were also required to respond to emergencies and unscheduled care. This had a negative impact on the prison regime and planned care activities, such as nurse clinics.

- 4.61 This situation fragmented care within medicines administration. Nurses ran out of time to follow up on people who had not attended for their medicines, report incidents of supply issues or chase reorders. Hatches covered by the pharmacy did not have these complications.
- 4.62 The four face-to-face NMP sessions and four face-to-face GP sessions per week were not adequate for the population. An additional six sessions a week were in place to manage the 2,000–3,000 individual prescriptions needed each month. Most of these sessions were undertaken by advanced nurse practitioners, who re-prescribed medicines and reviewed pathology results. Prescriptions were then printed on site and signed by the GP. Abnormal pathology results were then tasked for the GP or advanced nurse practitioner on site, fragmenting care again.
- 4.63 The shortage of face-to-face GP and NMP sessions was having an impact on thresholds for referral. We came across one patient who had attended hospital twice in one week, following an emergency code, but had not seen a GP on their return.
- 4.64 Long-term conditions were prioritised and all the cases we reviewed had a comprehensive care plan and a recent review. However, many frail and deteriorating patients were not reviewed routinely to intercept any emerging problems, which increased the unscheduled care burden.
- 4.65 Podiatry and optometry waiting times were too long, but these services prioritised those with long-term conditions. Prisoners waited far too long for glasses, in some cases many months.

Social care

- 4.66 Social care had improved since the last inspection, and although the memorandum of understanding agreement was out of date, clients received excellent care. A dedicated prison governor provided oversight and worked closely with Dorset County Council (DCC), the commissioners and Oxleas, which provided the personal care.
- 4.67 Dorset wing had 80 places for the vulnerable or frail and some of their RSAs (see paragraph 4.34).
- 4.68 Sixteen places were designated as a regional social care unit. Clients were within a dormitory separated into cubicles which, although not entirely confidential, were able to house a hospital bed and wheelchair. Toilets and showers had been suitably adapted to the needs of the physically disabled.

- 4.69 There had been 32 referrals to DCC for social care assessments in the past year, many of which resulted in the supply of equipment which enabled independence. Selection for admission to the social care unit was via a regional multi-agency panel, which considered applications within two weeks.
- 4.70 Eight clients were in receipt of a social care package (see Glossary) at the time of the inspection and those we spoke to were complimentary about their care. Oxleas social care support workers were on site 24 hours a day, with two staff on duty overnight. Social care was available from arrival, prior to a formal assessment where necessary.
- 4.71 DCC liaised with other local authorities to ensure continuity of care post-release. Some clients had stipulated that they did not want an attempt made to resuscitate them if they experienced a catastrophic health event. It was clear to officers who should not be resuscitated as the 'do-not-attempt-resuscitation' decisions were explicitly recorded on the prison daily handover sheet.

Mental health

- 4.72 Oxleas delivered an effective mental health service five days a week. Patients told us that they were satisfied with the support they received. However, some improvements were needed to optimise outcomes.
- 4.73 Referrals were accepted from a wide range of sources and were well managed by the team. Urgent referrals had a face-to-face assessment within 48 hours and non-urgent referrals were seen within five working days, which was good.
- 4.74 Assessments were thorough and identified a wide range of patient need. We saw good identification of risk and a patient-centred approach. Additional information was sought from other sources, such as community health care providers.
- 4.75 Assessments were reviewed by a multidisciplinary team, which allocated each patient to the appropriate treatment pathway based on the assessed need. However, psychiatry sessions were oversubscribed, which prolonged waiting times, and emergency appointments were not always available, which presented a risk.
- 4.76 All patients had care plans and risk assessments; however, subsequent one-to-one appointments did not always include work to address the identified need. In addition, where decisions were made regarding patients' treatment, the decision-making process was not always clearly shown in the record.
- 4.77 Where medications were prescribed to patients, regular prescribing reviews were undertaken by the psychiatrist and physical health checks were completed by a nurse. No patients were being managed under the care programme approach (mental health services for individuals diagnosed with a mental illness) at the time of the inspection, but staff had a sound knowledge on how to manage such patients when

needed. There were pathways for prisoners needing support with learning disabilities.

- 4.78 Discharge plans were made for patients approaching release, including mechanisms to ensure continuity of care if treatment needed to be continued in the community.
- 4.79 Patients needing psychological interventions were referred appropriately and allocated to the appropriate psychological pathway based on their clinical need. However, more work was needed to strengthen the psychological interventions available, and there were robust plans to address this.
- 4.80 Recruitment was ongoing to fill vacancies, with new staff due to start imminently. Staff were trained and knowledgeable. Patients told us that they respected the team and felt they did their job well, and our observations confirmed this.
- 4.81 Mental health awareness training for prison officers was limited to one session during their induction. However, the psychology team offered some bespoke training for managing some of the more complex individuals, to improve knowledge and consistency.

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

- 4.82 At the time of the inspection, eight patients were receiving opiate substitution therapy (OST) and 41 patients were receiving psychosocial interventions. Joint working relationships between the prison, CGL and other stakeholders needed strengthening.
- 4.83 All new arrivals were screened for their drug and alcohol needs, although not all on the day of arrival. However, all arrivals were transfers and medically stable, mitigating the potential risks associated with this. Patients with drug and/or alcohol needs were referred to, and seen swiftly by, the CGL staff and received harm reduction information on illicit substance use in prison.
- 4.84 Referral pathways were clear and new prison officers received training that enabled them to recognise when a prisoner needed support.
- 4.85 Referrals were triaged in good time by trained staff and initial assessment were seen in line with organisational policy. Where referrals were urgent, the process was expedited.
- 4.86 Where patients needed OST, a trained GP reviewed each individual's care and prescribed medications in line with national clinical guidelines. Regular multidisciplinary prescribing reviews were conducted. These patients told us that they were satisfied with the prescribing arrangements and were able to request changes to their dose or medications if needed.
- 4.87 Patients with multiple care needs, such as for mental health issues and substance misuse, were cared for using a multidisciplinary approach.

Individual caseloads were small and the team was adequately staffed. These patients told us that they felt the team could offer more support for their drug and alcohol needs, and our observations confirmed this.

- 4.88 Not all patients had care plans. Care records showed that not all patients' care needs were being met and most contacts recorded were brief, unstructured check-ins. For patients approaching release, we found no plans to demonstrate how interventions to reduce the risk of relapse or harm would be managed.
- 4.89 An Alcoholics Anonymous group was offered once a fortnight. However, patient access to the sessions was not always facilitated by the prison. The team had plans to train its staff in the delivery of SMART groups (see Glossary). However, at the time of the inspection no groups were being delivered by the team.

Medicines optimisation and pharmacy services

- 4.90 Medicines supply was outsourced to an external pharmacy, Sigcare, which generally supplied these in a timely way. There had been instances where medicines were not received promptly, usually because of supply issues. This sometimes led to patients missing doses.
- 4.91 Controlled drugs were dispensed from stock held in the pharmacy treatment rooms. Pharmacists clinically reviewed prescriptions remotely and were confident to challenge prescribing decisions. They provided support and advice to other health care professionals. There were few pharmacist-led clinics to review prisoners' medication. A formulary (a list of medications used to inform prescribing) was in place and medicines use was recorded on SystmOne (the electronic clinical record).
- 4.92 Medication administration errors were recorded. Dispensing errors were reported back to the supplying pharmacy, but if prisoners missed doses because of supply issues, this was not always recorded. The lead pharmacist had regular discussions with the supplying pharmacy to drive quality improvement. There were written procedures and protocols, and these were reviewed regularly. There were regular medicines management meetings, attended by the lead pharmacist. The prescribing of high-risk and tradeable medicines was monitored, and generally low numbers of these were prescribed. Prisoners had secure storage for medicines in their cells. The pharmacy technicians completed compliance cell checks and focused on those who had been identified as not taking their medicines as prescribed.
- 4.93 There was an in-possession policy and initial risk assessments were completed and recorded on SystmOne within 24 hours of arrival. Seventy-six per cent of patients had their medicines in-possession. Prescribing appeared to adhere to the in-possession risk assessment.
- 4.94 Medicines administration was led by a team of nurses and pharmacy technicians twice a day, from two treatment rooms. Patients were not

always given advice about their medicines when attending the hatch. They could request appointments with prescribers and associated health services when collecting medicines. Most prisoners who had not collected their medicines were followed up.

- 4.95 The pharmacy and the wing treatment rooms had appropriate facilities for the storage of medicines, but the high volume of medicines being managed created some difficulties for administrators, who were not always able to find the required drugs in a timely manner, creating a further opportunity for missed doses. Controlled drugs were well managed and audited frequently. Medicines were stored appropriately, but staff did not always feel safe transporting the drugs without a radio for communication. Cold-chain medicines were kept in suitable refrigerators, the temperatures of which were monitored daily. Medicines queues were well managed and patients were given privacy at the hatch.
- 4.96 The treatment rooms held a wide range of medicines that could be supplied by patient group directions (which enable nurses to supply and administer prescription-only medicine). A small range of medicines was also available to buy from the prison shop list. There was provision for the supply of medicines out of hours. Prescription-only medicines provided out of hours were supplied by Sigcare in pre-labelled packs. There was appropriate provision of medicines for prisoners being transferred or released.

Dental services and oral health

- 4.97 The dental service was good overall. In our survey, 50% of respondents said that it was easy to see the dentist, which was better than in comparator prisons and at the time of the previous inspection. In addition, 68% said that the quality of the service was good, which was also better than elsewhere. Time for Teeth had increased provision to four dental sessions each week.
- 4.98 Prisoners waited no longer than two weeks for an initial appointment, with urgent slots available in each clinic. Most waited less than eight weeks for treatment, although a few waited up to 21 weeks for NHS-standard treatments. The nurses and dentist provided oral hygiene advice during their appointments.
- 4.99 The dental surgery was adequate but lacked separate decontamination facilities and air conditioning. However, staff made sure that essential standards were met and that equipment was well maintained. The flooring did not comply with current clinical standards as, even after a deep clean, it remained grubby and unsightly.

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 Prisoners were unlocked from their spurs for 8.5 hours on a typical weekday. No prisoners outside the segregation unit were locked in their cells and they had good access to a pleasant communal exercise yard when unlocked.



Exercise yard

- 5.2 However, the amount of time that prisoners spent unlocked from their spur was reduced by frequent disruptions to the prison's regime, caused by issues with staffing. Prisoners and staff told us that curtailments to the planned regime were common, often because staff were needed for emergency medical escorts to hospitals. This resulted in cancellations of planned activities, such as association, secure social video calls (see Glossary) and library visits (see below). The prison had identified this disruption as an issue and had plans for a new daily regime and staffing arrangements to address it.

- 5.3 The lack of consistency in the daily routines was reflected in our survey, where only 62% of respondents said that lock-up and unlock times were usually kept to, a substantial decline from 93% at the time of the last inspection. Prisoners expressed frustration at a lack of communication from staff about these curtailments, and described not knowing whether or when they would be unlocked.
- 5.4 In our roll checks, only 38% of prisoners were off their units in some form of purposeful activity during the working day, a similar percentage to that found at the last inspection. We also observed large numbers of prisoners whose jobs left them underemployed (see also paragraph 5.14).
- 5.5 Residential units had a wide range of recreational equipment available, including pool tables, board games and bookshelves. There were few enrichment activities, which was disappointing, given the range available at the time of the last inspection.



On-wing recreation room

- 5.6 The gym was a cramped space, with a sports hall, weights rooms and cardiovascular area. Equipment was generally in good condition, although some of the resistance machines showed signs of age and wear. The prison also had a large sports field, which was well used for a range of activities.



The gym

- 5.7 The gym was staffed by a team of six PE instructors, who provided a busy timetable of classes. This included specialist sessions for older prisoners and weight management, along with daily 'walk for health' sessions around the sports field. It also offered evening and weekend sessions, as well as team-based activities such as cricket and football.



Sports field cricket equipment

- 5.8 Prisoners spoke highly of the gym's services. Although only 45% of prisoners were active users of the gym at the time of the inspection, staff were engaging with prisoners to encourage attendance and understand their needs. Regular consultation exercises were undertaken, and an orderly-led 'Body MOT' initiative (offering fitness checks to prisoners on their units) had achieved good coverage of the

population and enabled the gym to engage with prisoners who were not attending.

- 5.9 The library was run by Weston College, and was a busy and welcoming environment, with two part-time librarians, supported by a team of five dedicated orderlies. Access was good, helped by the semi-open regime which enabled prisoners to attend without appointments. At the time of the inspection, 96% of the population were registered with the library, and it received more than 3,000 visitors each month.



The library

- 5.10 A good timetable of morning, afternoon and weekend library sessions was offered, although there were often closures because of staffing shortfalls and disruption to the daily regime (see above). Despite this, 91% of respondents to our survey said that they could access the library once a week or more, a substantial improvement from 74% at the time of the last inspection.
- 5.11 The library maintained a reasonable selection of books, including easy-read texts for emergent readers, a wide selection of foreign-language texts and a well-stocked supply of DVDs. This was supplemented by on-wing bookshelves and an excellent library based on Dorset unit, which hosted the prison's social care unit (see also paragraphs 4.35 and 4.67).



On-wing bookshelves

- 5.12 Disappointingly, few other activities were offered through the library, beyond an orderly-led reading group.

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.

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

Overall effectiveness: Requires improvement

Quality of education: Requires improvement

Behaviour and attitudes: Good

Personal development: Requires improvement

Leadership and management: Requires improvement

- 5.14 Recently appointed prison leaders and managers were in the early stages of taking action to improve the quality of the provision at this training prison. They had provided enough activity spaces to occupy prisoners. However, too many prisoners taking part in on-wing work were underemployed. For example, those employed full time were often only working a few hours each day. Since the previous inspection, leaders had partially resolved the recommendations made.
- 5.15 Leaders' local pay policy did not incentivise prisoner participation in meaningful activities. This was because the levels of pay in education were lower than for some types of work. In addition, there were long waiting lists for a place on the majority of activities. Many prisoners did not participate in activities that would help them in the next stage of their time in prison or on release.
- 5.16 Leaders and managers had created a number of new education pathways which grouped courses into a coherent programme of study. This provided prisoners with the opportunity to study relevant content and gain qualifications in several interrelated topics. For example, construction, waste management and recycling courses were combined to form a programme of learning, which helped prisoners secure work within the prison and develop skills that could be utilised on release.
- 5.17 Leaders and managers provided prisoners with an effective induction into education, skills and work promptly after arriving at The Verne. This helped prisoners to understand the wide range of activities available to them. The allocation of prisoners to activities was mostly done soon after their induction. However, in a small number of cases men had to wait too long to be allocated to activities. Where prisoners were assigned to activities, these were appropriate, based on their English and mathematics levels and any neurodiverse needs.
- 5.18 Although prison staff had identified prisoners with additional support needs effectively at induction, they did not consistently plan learning tasks that considered these individual prisoner needs. As a result, prisoners did not always get the support they needed in skills and work to make the expected progress.
- 5.19 Leaders had recently appointed a neurodiversity specialist, who had provided training to staff throughout the prison. Staff were more aware of the neurodiverse needs of prisoners, who were beginning to experience a more neurodiversity-friendly prison. This had helped to improve the working relationships between prisoners and staff.

However, it was too early to determine the impact this was having in education, skills and work.

- 5.20 Prison industries and work activities were focused well on supporting prisoners to develop skills and behaviours. In textiles and the leather workshop, prisoners produced work to a good standard, as well as learning to follow instructions from prison instructors. In the stonemasonry workshop, instructors taught prisoners how to carve simple letters and numbers, before moving on to more complex work, such as carving small statues. Brickwork instructors taught prisoners the basics of building walls before moving on to arches, integrating mathematics effectively into these activities. Instructors in the wood mill helped prisoners to develop their skills using a range of hand tools, before using more complex tools such as computer numerical machines.
- 5.21 In the tea-packing workshop, instructors developed prisoners' teamwork and communication skills well. They adapted the work to meet the specific needs of prisoners. For example, where prisoners had limitations in their movement, resulting from injury or illness, instructors had planned activities that considered carefully these restrictions. Instructors ran all workshop production lines effectively so that prisoners achieved the prison contract targets. They allocated specific roles, such as quality control, to various prisoners and allowed them to listen to music. This helped to alleviate the mundaneness of tasks and ensured that workshops were purposeful.
- 5.22 Weston College provided the education and most vocational training in the prison. The quality of teaching provided by the Prison Education Framework provider, Weston College, was too variable. This was because a minority of teaching did not meet the needs of individual prisoners. Prisoners studying English benefited from carefully informed and structured content, and well-paced lessons that involved them in the learning. For example, tutors taught prisoners how to use commas and spell more complex words correctly before moving on to construct compound sentences and structure formal letters. Tutors used mentors well in education learning sessions, to support prisoners to develop their knowledge and skills. Most tutors provided helpful feedback on prisoners' written work, correcting spelling and grammatical errors. As a result, most prisoners knew what they needed to do to improve their work and learned new and useful skills, and most achieved their qualifications.
- 5.23 Leaders and managers had been too slow to implement a whole-establishment reading strategy. While the library was popular and visited frequently by prisoners (see also paragraph 5.9), only a small number of teaching staff were focusing sufficiently on developing prisoners' reading within their subject. For example, in workshops instructors encouraged prisoners to look up information in technical manuals. Shannon Trust (see Glossary) mentors supported a small number of prisoners to develop their reading skills. This helped them to cope better with prison life. The recent appointment of a prison reading specialist was starting to have an impact by using phonics to support

the small number of prisoners who struggled to read and those for whom English was not their first language. However, it was too early to see the impact of the actions taken to address prisoners' reading deficits.

- 5.24 Prisoners' attendance at education, skills and work activities was good. They made sure that they were punctual to sessions and ready to begin. Where, occasionally, prisoners missed sessions, tutors and instructors were aware of the reason and this was mostly due to legal visits or medical appointments.
- 5.25 Leaders and managers had recently introduced a useful personal development workbook for prisoners to complete during activities. Prison officers, instructors and tutors identified and discussed with prisoners the skills they needed to develop to be successful in education, skills and work, and the progress they had made towards achieving these – for example, the importance of being an effective team member when working in prison workshops. Peer mentors supported prisoners effectively by setting targets that helped them to improve.
- 5.26 Since the recent appointment of the careers adviser, an increased number of prisoners had received careers information. Prisoners who had recently entered the prison had met with the careers adviser during their induction to discuss their interests and the opportunities to take part in education, skills and work. Staff were working through the backlog of prisoners that had not yet had a careers interview. A few prisoners who were about to be released from The Verne had met with the careers adviser to discuss their opportunities on release. However, it was too early to see the full impact of this work on all prisoners.
- 5.27 Prison instructors and tutors had created an inclusive environment that focused well on prisoners' well-being. Tutors in English used relevant examples to highlight racial inequalities in society. Prison staff had created a respectful culture, where prisoners were able to practise their faith freely, and transgender prisoners were addressed using their preferred pronouns and names. However, staff did not ensure that prisoners had a sufficient understanding of fundamental British values. Tutors and staff did not ensure that prisoners knew how to protect themselves from radicalisation and extremist views, as these topics were not taught or developed well enough during learning sessions.
- 5.28 Tutors and instructors had created a calm and positive environment in education and industries. They had set clear boundaries and prisoners adhered diligently to these. Staff nurtured a culture of mutual respect between prisoners and themselves, which led to prisoners demonstrating positive behaviours and attitudes. In classrooms, tutors and prisoners agreed on appropriate rules that focused on respect, timekeeping and behaviour. In workshops, instructors set prisoners clear expectations about wearing appropriate personal protective equipment, including wearing barbering jackets when cutting hair, taking responsibility for each other and quality control of the production.

As a result, classrooms and workshops were pleasant spaces where prisoners focused on the learning and work taking place.

- 5.29 Prisoners enjoyed their work. Those prisoners who had been given sole responsibility for areas within the prison grounds took great pride in transforming them by planting the flowers they had grown from seed and from maintaining the lawns, hedges, wildflower meadows and trees. Mentors supporting the prisoners studying Open University courses using the virtual campus (see Glossary) were proud of the new education portal they were designing. Prisoners who were responsible for editing the Verne Voice enjoyed their work and were proud of the magazine they produced each month.
- 5.30 The number of prisoners in education who achieved their intended qualification was high. However, too few prisoners in workshops were working towards the achievement of a useful qualification. Since the previous inspection, the number of prisoners working towards qualification achievement in workshops had increased, but in nearly half of the workshops, although prisoners were making the expected progress in learning, they did not have the opportunity to gain qualifications.
- 5.31 Staff struggled to provide appropriate pre-release support to prisoners. The nature of prisoners' offences and subsequent licence conditions had limited the number of employers who would employ prisoners on release. Despite staff efforts, this was an ongoing challenge. As a result, prisoners did not have access to sufficient employment opportunities for those who were due to be released. However, of the small number of prisoners released each month, around half were in sustained employment six months after release.

Section 6 Preparation for release

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

Children and families and contact with the outside world

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

- 6.1 There was reasonable support to help prisoners restore, build and maintain family ties. However, in our survey far fewer prisoners than at the time of the last inspection (39% versus 61%) said that staff at the prison had encouraged them to keep in touch with their family and friends, and not enough had been done to promote the range of help available.
- 6.2 A programme of popular and topically themed family days (see Glossary) was held throughout the year, which included adults-only and children's sessions. These catered for up to 18 prisoners per session, regardless of their level on the incentives scheme. During the inspection, we observed an adults-only family day taking place. This included a guided tour of the prison's extensive outdoor grounds and gardens, which was innovative and not something we usually see.
- 6.3 The family services provider, Prison Advice and Care Trust (PACT), undertook casework with individual prisoners on relevant issues, including contact with children and liaising with social services, courts and other agencies.
- 6.4 Data provided by the prison showed that only 18% of the population had received regular face-to-face social visits in the last six months. Good work took place to engage those who did not receive visits, to encourage access to the assisted prison visits scheme and the monthly 'community day' sessions held by PACT in the visits hall. Prisoners we spoke to were positive about these sessions.
- 6.5 The prison's remote location made visiting difficult and costly. Many families travelled long distances, but the lack of an accessible visitors centre remained a gap. However, it was positive that there were well-developed plans to address this.

- 6.6 Social visits took place on Tuesday, Saturday and Sunday afternoons. Each session accommodated up to 27 prisoners. There were enough slots to meet demand, and careful attention was given to the seating arrangements for families visiting with children. Visits were booked online, but the prison's website provided outdated information.
- 6.7 The visits hall was reasonably bright and welcoming, but was largely inaccessible for those with mobility problems. The play area was overseen by a PACT family support worker and provided resources, mainly for small children, along with a supply of sensory equipment for those with neurodiverse conditions.



Visits hall



Children's play area in the visits hall

- 6.8 Oversight of social visits was not intrusive, and prisoners were not required to wear bibs or sashes. A small tea bar offered refreshments, along with a limited range of warm food, such as pasties and microwaveable burgers, but some families said that these were too expensive.
- 6.9 The email-a-prisoner scheme was well used, but secure social video calls (see Glossary) were less popular and these sessions were often postponed or cancelled at short notice.
- 6.10 In-cell telephones had been introduced since the last inspection, but there were sometimes delays in adding numbers to prisoners' accounts.

Reducing reoffending

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

- 6.11 The prison held a complex population, in terms of offender management, public protection and preparation for release. All prisoners had been convicted of sexual offences and about two-thirds were serving sentences of over 10 years.
- 6.12 There had been improvements in the planning and oversight of work to reduce prisoners' likelihood of reoffending. There was a comprehensive strategy setting out the prison's vision and priorities, underpinned by excellent use of data. Strong leadership and frequent, reasonably well-

attended meetings coordinated action ambitiously in efforts to improve outcomes, and it was positive to see that initiatives to help prisoners with their resettlement needs had been introduced (see section on returning to the community).

- 6.13 However, as a designated training prison, the lack of any on-site delivery of accredited offending behaviour programmes (OBPs) was a serious gap and the treatment needs for many prisoners were not being addressed (see section on interventions and support).
- 6.14 The offender management unit (OMU) benefited from strong and capable leadership, but continued to be affected by longstanding staffing shortfalls, which were having an impact on the department's stability, capacity and ability to carry out some core functions.
- 6.15 The unit should have had eight full-time substantive probation officers, but only 2.5 full-time equivalent workers were in post. Innovative arrangements had been implemented to mitigate this deficit, such as employing remote-working agency probation officers and using off-site temporary support from other prisons. The OMU had also adopted a 'case management support' model, whereby probation-trained POMs held some of their cases as the named offender manager but devolved day-to-day responsibility of carrying out tasks to the prison-employed POMs working under their supervision. However, this did not replace the need for a full complement of on-site permanent probation officers to manage and motivate such a challenging and high-risk population.
- 6.16 In our survey, only 40% of respondents who had a custody plan said that someone was helping them to achieve their targets. Contact between prisoners and POMs was too often infrequent, largely reactive to key time-bound events, such as parole hearings, and did not drive prisoners' sentence progression effectively. The level of key work delivery (see Glossary) had declined and was weak, and no longer supported offender management adequately (see section on staff–prisoner relationships).
- 6.17 Many prisoners we spoke to felt unsupported and were frustrated by the lack of contact with a POM, and of opportunities to progress. Too many others were merely resigned to passing time and serving their sentence without any interventions or constructive challenge.
- 6.18 In the previous 12 months, about two-thirds of prisoners had arrived at the establishment without an assessment of their risk and needs, adding considerable pressure to an already overstretched team. Too many prisoners did not have an up-to-date offender assessment system (OASys) assessment, even within the HM Prison and Probation Service timescales (where the expectation is to undertake a review every two to three years or when there is a significant change in circumstance). However, concerted efforts to reduce these backlogs were taking place.

- 6.19 The OASys assessments and reviews we examined were mostly of a reasonable quality and sentence plan objectives were usually tailored to individual needs.
- 6.20 However, most prisoners in our case sample had not made sufficient progress towards their offence-related targets and far too little structured offending behaviour work took place to challenge prisoners' attitudes, thinking and behaviour robustly.
- 6.21 Prisoners' progress in other areas, such as regime compliance and engagement with education, skills and work (see section on education, skills and work activities), were more positive.
- 6.22 Of the indeterminate-sentenced prisoners, 34 were serving an indeterminate sentence for public protection (IPP), all of whom were beyond the tariff set when they were sentenced. There had been a renewed focus on this group, providing improved prison-wide oversight, including the development of a local strategy and steering group. The recent introduction of local 'progression panels' to assess individual IPP prisoners' needs, share expertise and troubleshoot complex cases was positive. Monthly forums offered good opportunities for these prisoners to share their views and experiences.
- 6.23 Parole arrangements were managed well. Forensic psychology staff contributed consistently and appropriately to required reports and hearings. In the previous 12 months, 64 parole boards had been held, with nine prisoners directed for release and four IPP prisoners directed for open conditions.
- 6.24 POMs carried out reviews of prisoners' categorisation level. In the cases we looked at in detail, decisions were defensible, but they were not always informed by an up-to-date OASys assessment. Prisoners could not attend their reviews to represent themselves in person, which was a missed opportunity to support and motivate them. They had to rely on submitting written contributions, but in most of the paperwork we examined, the view of the prisoner was not evident. Little work took place to inform those who were not successful in being downgraded to a lower security category of what they needed to do to improve their chances of a positive outcome at a future review.
- 6.25 The OMU's oversight and management of transfers to other prisons was good. In the previous 12 months, 29 prisoners had been transferred to open conditions, and such moves now took place more quickly. Transfers of category C prisoners for progressive purposes were taking place, but they were often slow (see also paragraph 6.36).

Public protection

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

- 6.26 Over two-thirds of the population were assessed as presenting a high or very high risk of serious harm, and most were subject to child contact restrictions. All prisoners were eligible for multi-agency public protection arrangements (MAPPA; see Glossary) on release and were included on the violent and sexual offenders register (ViSOR) because of the serious nature of their offences.
- 6.27 Public protection arrangements were managed well. The interdepartmental risk management (IDRM) meeting was effective in assessing and managing risk, and routinely considered prisoners at appropriate intervals.
- 6.28 The risks associated with all new arrivals were screened promptly, and restrictions applied appropriately. Arrangements for prisoners subject to offence-related monitoring were well managed; calls were listened to promptly and reviews were informed, proportionate and on time.
- 6.29 The IDRM meeting had good oversight of decisions about prisoners' contact with children. It considered initial applications for contact, requests for changes to current levels of contact, and appeals.
- 6.30 The head of offender management services undertook good work to drive continual improvements in the understanding, both by operational staff and prisoners, of the application and implications of public protection restrictions. Outgoing post was now routinely checked against lists of people with whom prisoners could not have contact. However, visits staff did not have the most up-to-date information about those who were allowed in-person contact with a named child; this was addressed quickly when we raised it with leaders.
- 6.31 Information sharing between the prison and community probation teams was generally good. However, this was sometimes compromised by the frequent changes in community offender managers (COMs), which were having an impact on the timeliness of release planning arrangements – such as the confirmation of probation-approved premises, licence conditions and MAPPA management levels (see also paragraph 6.49). Several prisoners expressed frustration at the lack of continuity with their COM, which had resulted in shallow relationships and differing views on risk issues and recommendations to the parole board.
- 6.32 Among the cases in our sample, six had reached the six-to-eight-month pre-release window. Recorded MAPPA management levels could be identified in each case, but they were not always clearly recorded on prisoners' electronic case notes.

- 6.33 The quality of risk management plans was mostly reasonably good. The prison's written contributions to community MAPPA meetings were sufficiently detailed and provided a helpful summary to inform risk and the likelihood of future compliance with licence conditions.

Interventions and support

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

- 6.34 The prison's population needs analysis indicated a significant need for accredited OBPs. However, despite being a designated training prison, The Verne was still not funded to deliver any (see also paragraph 6.13).
- 6.35 More than half of the population were likely either to be suitable for a treatment intervention before release or to demonstrate progression for parole or open conditions. Staff described to us that the need for OBPs was probably even greater than this, as many other prisoners' needs were still largely unknown.
- 6.36 Prisoners could only access an OBP by moving to another prison. Transfers for this purpose were taking place (65 in the previous 12 months), but they often took a long time, if they happened at all, because of population pressures and limited programme spaces (see also paragraph 6.25).
- 6.37 Staff told us that many prisoners were not prioritised for a programme place at another site because of the length of time they still had left to serve. The absence of any on-site staff who could complete a programme needs assessment to determine which programmes prisoners needed was also a barrier to their being accepted by other prisons.
- 6.38 We saw evidence of a few one-to-one interventions being delivered by POMs, as well as good work by the forensic psychology department to encourage and support some very complex prisoners who lacked motivation to engage or who were struggling to progress. However, overall, the level of delivery was nowhere near adequate to meet the needs of the population.
- 6.39 For many prisoners, their treatment needs were likely to remain unaddressed for long periods because of the lack of access to some form of structured offence-related work. This meant that prisoners had been released without the specific interventions they needed to demonstrate a reduction in their risk.
- 6.40 One prisoner told us: "This prison is letting society down by not getting anyone to address the reasons why they are here..."

- 6.41 The establishment was not funded for a prison employment lead, and work to enhance prisoners' job readiness skills and employment opportunities on release was limited.
- 6.42 Finance, benefits, and debt provision had improved. Prisoners could now get help to open a bank account and apply for a recognised form of personal identification before release, and the Department for Work of Pensions provided support with benefit entitlements and claims. It was positive that freephone numbers for Citizens Advice, the National Debt Helpline and the Consumer Credit Counselling Service had been added to prisoners' PIN telephones.
- 6.43 However, not enough was done for new arrivals early in their sentence.

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.

- 6.44 The Verne was not a designated resettlement prison and therefore did not receive centrally funded resources to support release planning arrangements.
- 6.45 However, in the 12 months to May 2024, an average of eight prisoners had been released into the community each month – a notable increase since the last inspection (when there had been five releases in the previous six months).
- 6.46 The prison had worked innovatively to meet these challenges. Leaders had used local funds to pay for a permanently employed resettlement and community support adviser, who offered valuable, practical help to prisoners approaching release.
- 6.47 A multi-agency resettlement advisory panel (RAP) had been introduced, held at 12 weeks before a prisoner's release. This was well attended, and was an excellent initiative to check that outstanding needs had been identified and were being managed.
- 6.48 There were plans to make sure that prisoners due for release could attend the RAP in person in the near future, which would improve communication and alleviate some of the anxiety they had about their imminent release.
- 6.49 In the cases we reviewed, POMs had engaged well with community probation teams to make sure that suitable release plans were in place, although some arrangements were often only confirmed at the last minute (see also paragraph 6.31).
- 6.50 There were advanced plans for a new accommodation block (The Fleet) to become a resettlement and substance-free living unit. A suite of creative resettlement planning workbooks was being designed, with

prisoners' input, to complement the practical help with lifestyle skills, such as cooking, cleaning, washing, ironing and budgeting, that leaders anticipated The Fleet would offer.

- 6.51 Nearly all prisoners had an address to go to on the day of release, and most went to probation-approved premises as a condition of their licence. However, three prisoners had been released homeless in the last 12 months.
- 6.52 Reception release arrangements were efficient and swift. A bespoke pack was provided for each prisoner, containing useful information about the services, help and support available in their release area. Provision was made for them to charge their mobile phone, and those not being met at the gate were offered a taxi to the local train station for onward travel to their agreed accommodation.
- 6.53 Prisoners could obtain discreet black holdalls for carrying their possessions, but there was no supply of clothing or footwear for those who might have needed them.

Section 7 Progress on recommendations from the last full inspection report

Recommendations from the last full inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2020, outcomes for prisoners were good against this healthy prison test.

Recommendations

The proportion of adjudications dismissed or not proceeded with should be examined, and the number reduced over time.

Not achieved.

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2020, outcomes for prisoners were good against this healthy prison test.

Key recommendations

Health service provision should reflect the needs of the population, and be resourced sufficiently to ensure community-equivalent access to podiatry, optician and dental services.

Not achieved

Patients should be able to attend their hospital appointments in a timely fashion.

Not achieved

Prisoners should have access to a well-organised mental health service that is fully resourced to offer an appropriate range of treatment options, including specialist services, to meet the needs of the population.

Partially achieved

Recommendations

Equality monitoring should be carried out comprehensively and consistently across the range of protected characteristics, to enable a clear overall picture and tracking of any trends over time.

Achieved

Prisoners working in the kitchen should be able to attain vocational qualifications.

Achieved

All staff should be up to date with the required level of safeguarding training.

Achieved

Governance arrangements surrounding the management of medicines should be strengthened, to ensure that processes are robust and safe.

Achieved

Purposeful activity

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

At the last inspection, in 2020, outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

The curriculum should be regularly reviewed, to ensure that the needs of the population are met.

Partially achieved

Analysis of need should ensure that additional learning requirements are identified and appropriate support is offered.

Partially achieved

Information should be shared appropriately between the careers service and the prison, and the curriculum evaluated to ensure its effectiveness.

Partially achieved

Rehabilitation and release planning

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

At the last inspection, in 2020, outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

The offender management unit should have the full complement of permanent probation officer prison offender managers needed to deliver the offender management in custody model effectively.

Not achieved

All prisoners should have an up-to-date assessment of risk and need.

Not achieved

Public protection decisions made for each prisoner should be understood by all staff and rigorously adhered to.

Achieved

The prison should have the resettlement services it needs to prepare prisoners for release.

Partially achieved

Recommendations

The prison should provide visits facilities which are accessible, and which make adequate provision for families, and for all visitors who have travelled long distances.

Not achieved

A comprehensive reducing reoffending strategy should be developed, supported by a detailed action plan which is monitored and updated regularly.

Achieved

Prisoners should have prompt moves to category D prisons once they have been assessed as suitable for open conditions.

Achieved

Appendix I About our inspections and reports

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

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

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

Respect

Prisoners are treated with respect for their human dignity.

Purposeful activity

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

Preparation for release

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

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

Outcomes for prisoners are good.

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

Outcomes for prisoners are reasonably good.

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

concerns. Procedures to safeguard outcomes are in place.

Outcomes for prisoners are not sufficiently good.

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

Outcomes for prisoners are poor.

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

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

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

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

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

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

This report

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

[of Prisons \(justiceinspectorates.gov.uk\)](https://justiceinspectorates.gov.uk)). Section 7 lists the 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
Sara Pennington	Team leader
Sumayyah Hassam	Inspector
Harriet Leaver	Inspector
Dawn Mauldon	Inspector
Jade Richards	Inspector
Rick Wright	Inspector
Martyn Griffiths	Inspector
Alexander Scragg	Researcher
Sophie Riley	Researcher
Alicia Grassom	Researcher
Jasjeet Sohal	Researcher
Tania Osborne	Lead health and social care inspector
Paul Tarbuck	Health and social care inspector
Lindsey Woodford	Pharmacist
Jacob Foster	Care Quality Commission inspector
Steve Lambert	Ofsted inspector
Cliff Shaw	Ofsted inspector
Sarah Alexander	Ofsted inspector
Matt Hann	Ofsted inspector
Daisy Agathine-Louise	Ofsted inspector
Judy Lye-Forster	Ofsted inspector
Denise Olander	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.

Offender management in custody (OMiC)

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

PAVA

PAVA (pelargonic acid vanillylamide) spray is classified as a prohibited weapon by section 5(1) (b) of the Firearms Act 1988.

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 social 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.

Shannon Trust

A national charity which provides peer-mentored reading plan resources and training to prisons.

SMART (Self-Management and Recovery Training)

This helps participants decide whether they have a problem, builds up their motivation to change and offers a set of proven tools and techniques to support recovery.

Social care package

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

Time out of cell

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

Virtual campus

Internet access for prisoners to community education, training and employment opportunities.

Appendix III Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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