Report on an unannounced inspection of

HMP Long Lartin

by HM Chief Inspector of Prisons

30 September – 10 October 2024

Contents

Introduction

Urgent action is required from the prison service to reduce the ingress of drones, some carrying large payloads of illicit items into this Worcestershire, category A prison. With a population of 574, including some very dangerous men, the number of drugs and phones coming into the jail was a serious concern. In our survey, more than 50% of prisoners told us it was easy to get drugs and alcohol, an astonishing rate for a category A prison. The risks are clear for a jail that has, in effect, ceded the airspace above it to serious organised crime. The threat posed by drones was unsettling the staff group and contributing to the low morale and poor staff survey results from this inspection. Levels of violence, in part driven by drugs and the accompanying debt, had risen since our last inspection.

The governor, who arrived in at the end of 2023, had begun to reverse a deterioration that the prison service had allowed to go unchecked for too long. He had brought in some new leaders with whom he was beginning to address the many challenges faced by the prison. The regime, which had been dire at our last inspection, was closer to what we would expect at this category of prison, with men out of their cells for up to nine hours a day. In our spot checks, however, we found a third were locked up and attendance at some workshops was not good enough. Education provision had improved considerably and prisoners I met were very positive about the courses they were attending and the quality of teaching. However, waiting lists for English and maths were too long.

Conditions around the jail remained poor. The prison was very dirty in places, with damp, worn-out flooring, dilapidated cells and rubbish left lying around.

The night-sanitation system remained in place, despite being criticised at every one of our recent inspections. Where there was a queue for the lavatory at night or during the lunchtime lockup, prisoners had to use buckets in their cells and they had no water to wash their hands or the use of hand sanitiser. This was leading some to throw bags of excrement out of their windows, which were often not being cleared up.

We were pleased to see improvements in sentence progression with a better staffed offender management unit (OMU) that was supporting prisoners much more effectively. Elsewhere, public protection arrangements, which were of great concern at our last visit, were now better. Preparation for the small number of prisoners who were being released under the SDS40, including those who had been assessed as posing a very high risk of harm, was ongoing. The governor had improved the retention of officers while bearing down on what had been very high levels of sickness. Many staff were inexperienced and required more support to be able to manage the more experienced prisoners in their care. Men often told inspectors about some of the difficulties with getting many of the basics done; for example, it was taking too long to get PIN numbers on to in-cell phones, property got stuck in reception and restrictions on telephone use meant prisoners could not call their solicitors during the day. These and similar, fixable issues were causing much of the prisoner frustration

we encountered, which was likely to be contributing to the high levels of staff assaults and self-harm.

We were pleased to see some improvements in family contact with some determined work by a custodial manager, while the large proportion of men who did not get visits were given the opportunity to spend time in the visits hall with fellow prisoners.

In our healthy prison assessments, our score for purposeful activity had improved from poor to not sufficiently good and in preparation for release from not sufficiently good to reasonably good; this showed some progress was being made at the jail. The fact, however, that a category A prison, with all of its resources, continued to be rated as not ‘sufficiently good’ for safety, is a serious indictment of the high secure estate directorate. If prisoners, staff and ultimately the public are to be kept safe, there will need to be considerable investment from the prison service to deal with the security issues we raise in this report. While the experienced governor has made some reasonable progress, this is a jail of concern to which inspectors will return soon.

Charlie Taylor
HM Chief Inspector of Prisons
November 2024

What needs to improve at HMP Long Lartin

During this inspection we identified 14 key concerns, of which five should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

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

Priority concerns

1. **Leaders had not done enough to understand and respond to the drivers of violence, which was too high and on an upward trend.**

2. **Large quantities of drugs and other illicit items were entering the prison, especially on drones. Physical security and counter measures were not robust enough, and neither national nor local leaders had addressed this longstanding problem with sufficient urgency.**

3. **The 'night sanitation' electronic rotational unlock system led to unhygienic conditions, and created opportunities for illicit activity and bullying.**

4. **Many wings were dirty and shabby, and large amounts of rubbish were allowed to accumulate around the prison.**

5. **A significant proportion of the industries curriculum lacked ambition.** Many prisoners completed mundane work, with little planning to help them develop new skills or move into more challenging job roles during generally long prison sentences.

Key concerns

6. **Early days arrangements were weak.** Too many new arrivals received an abridged health screening, first night interviews were not sufficiently thorough, first night cells were not always clean or well-equipped, and induction was not delivered promptly.

7. **Self-harm had increased and leaders had not done enough to understand or respond to the reasons behind it.** Governance and oversight of key areas to protect the vulnerable, such as use of constant supervision and anti-tear clothing, were weak.

8. **Kitchen facilities and the quality of food were poor.** Catering staff were achieving commendable results in difficult circumstances, but they could not provide an appropriate range of food.

9. **There was inadequate support for some minority groups.** Those over 50, young adults and foreign nationals received little targeted provision, and the needs of prisoners with disabilities were not consistently well met.

10. **Governance of clinical records and health appointments was poor, creating potential risks to patient care and safety.**

11. **Patients were not transferred to mental health hospitals promptly to receive necessary specialist treatment**.

12. **Many prisoners who wanted to improve their mathematics and English experienced long delays before they could start these courses.**

13. **Prisoners' attendance at work activities was not good enough.** Regime delays led to many arriving up to half an hour late for their activities.

14. **Many OASys (offender assessment system) assessments were out of date, and prisoners were not sufficiently involved in setting the sentence plan targets that were intended to reduce risk.**

About HMP Long Lartin

Task of the prison
Long Lartin is a high-security prison for category A and B male prisoners. It holds mostly those with a determinate sentence of over 10 years, as well as life sentence prisoners and those with an indeterminate sentence for public protection (IPP).

Certified normal accommodation and operational capacity (see Glossary) as reported by the prison during the inspection
Prisoners held at the time of inspection: 574
Baseline certified normal capacity: 607
In-use certified normal capacity: 658
Operational capacity: 649

Population of the prison
- 168 category A prisoners, including nine high-risk.
- 406 life sentence prisoners, including 16 serving IPPs.
- 44.7% minority ethnic prisoners
- 109 foreign national prisoners.

Prison status and key providers
Public

Physical health provider: Practice Plus Group
Mental health and substance misuse treatment provider: Inclusion (part of Midlands Partnership University NHS Foundation Trust)
Dental health provider: Time for Teeth
Prison education framework provider: Milton Keynes College
Escort contractor: GEOAmey

Prison group
Long term and high security prisons group

Prison Group Director
Hannah Lane

Brief history
Long Lartin was built in the 1960s as a war department ordnance depot and opened as a category C prison in 1971. The infrastructure was upgraded to meet high-security conditions in 1973. Further improvements in security were made between 1995 and 1997, and an additional wing, Perrie, was opened in June 1999. In 2009, a new purpose-built unit, Atherton (E and F wings), replaced older wings, increasing the capacity of the prison.

Short description of residential units
A – 77 vulnerable prisoners in cells without in-cell sanitation.
B – 77 vulnerable prisoners in cells without in-cell sanitation.
C – 76 prisoners in cells without in-cell sanitation.
D – 77 prisoners in cells without in-cell sanitation.

E – modern open plan unit for 95 prisoners.
F – modern open plan unit for 89 prisoners.
P – Perrie Blue, an incentivised substance-free living unit for 42 prisoners.
Q – Perrie Red, a modern unit for 75 prisoners.
Health care inpatient unit – for seven prisoners, including one cell that can provide end-of-life care.
Preparation psychologically informed planned environment (pre-PIPE) unit – 18 prisoners.
Care, separation and reintegration unit - 35 cells.

Name of governor and date in post
Babafemi Dada, December 2023

Changes of governor since the last inspection
Steve Cross, July 2019

Independent Monitoring Board chair
Lee Middleburgh

Date of last inspection
5-16 December 2022

Section 1 Summary of key findings

Outcomes for prisoners

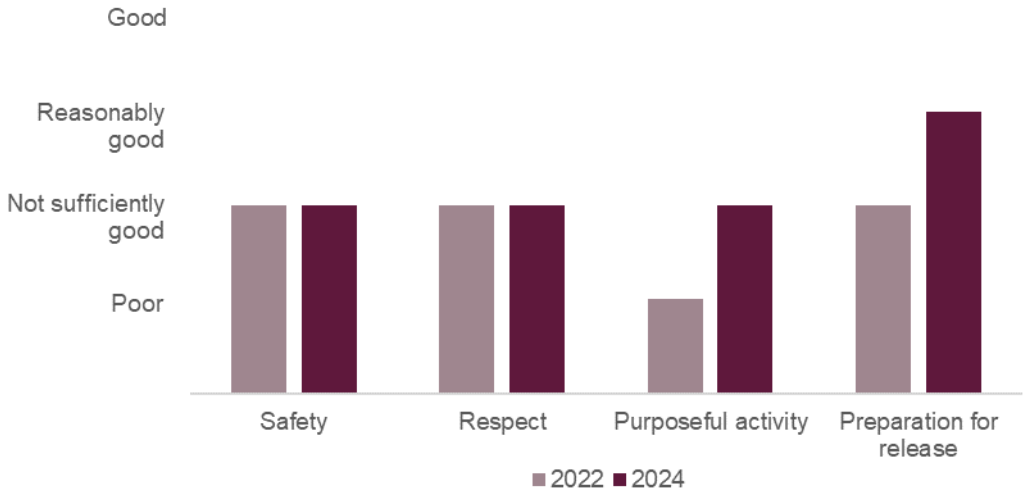
1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

1.2 At this inspection of Long Lartin, we found that outcomes for prisoners were:

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

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

Figure 1: HMP Long Lartin healthy prison outcomes 2022 and 2024



Progress on priority and key concerns from the last inspection

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

1.5 At this inspection we found that two of our concerns been addressed, seven had been partially addressed and six had not been addressed. The two that had been addressed were in the area of purposeful activity. For a full list of progress against the concerns, please see Section 7.

Notable positive practice

1.6 We define notable positive practice as:

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

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

Examples of notable positive practice		
a)	The well-staffed chaplaincy was notable for its unity of purpose and its reach into the prison community. Chaplains worked together closely to model and foster good relations between all faith groups in the establishment.	See paragraph 4.28
b)	Under a recent new initiative for those who did not receive social visits, prisoners could attend tea and cake sessions with a prisoner friend to experience having a visit, and to engage with family support services provided by several departments.	See paragraph 6.5

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 It had taken too long for leaders to take effective remedial action to arrest the long-term decline in outcomes at Long Lartin. The prison group director had recruited a new governor in December 2023 specifically to tackle the challenges at the jail. The governor had, in turn, recruited effective senior managers who were creating more structure, purpose and accountability in the establishment. While many serious problems remained, there was a new sense of clarity and drive in the prison.

2.3 A thorough self-assessment report identified priorities that aligned well with the concerns that we found on inspection, but it was clear that some were impossible to resolve without substantial investment from national HMPPS leaders. Urgent upgrades to physical security were required to address the serious threat to the safety of prisoners and staff from drugs and other illicit items transported on drones. The lack of progress in this area had the potential to undermine everything else that prison leaders were trying to achieve.

2.4 Inadequate investment in the fabric of the prison meant that problems noted at the last inspection, such as the poor kitchen, heating and showers, had become more serious. Leaders had still not replaced the night sanitation system, which continued to undermine hygiene and decency, and was now an increasing threat to safety, partly because those wings had become a common target for drone activity. A new head of residence was starting to introduce better standards in living conditions where these were within the control of the prison.

2.5 Leaders had recruited more staff, and retention and sickness rates had recently improved. However, we found a culture among many staff of negativity, resignation and, to some extent, fear because of the risk of violence. Despite support for the robust approach of the new governor, staff morale remained low and leaders had not yet instilled enough belief in the direction that the prison was taking.

2.6 The safety team had been inadequately staffed and was subject to frequent changes in leadership, but the situation had improved since the recent arrival of a new safety manager. She was now also overseeing work on diversity and inclusion, and had made sharp improvements in delivery, helped by the governor who had personally supported a stronger approach in this area. The collation of data had

improved, but they were often not used well enough to understand and respond to concerns about safety and fair treatment.

2.7 The skilled managing chaplain led a multi-faith team that demonstrated impressive unity of purpose and contributed extensively to the life of the prison.

2.8 There had been a substantial improvement in regime and activities, due largely to the governor's priority focus on this area. Good functional leadership had also led to a rapid progress in delivery of education, skills and work over the year.

2.9 The custodial manager leading children and families work had proactively and successfully advocated for improved provision. Offender management unit (OMU) leaders had increased its visibility in the prison and had made significant improvements to public protection work. In contrast, despite creating appropriate oversight structures, health care leaders had not made sure there was consistent or effective governance of services, creating clinical risks.

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 A small number of prisoners went through the reception area each week. Although there had been some improvements to its physical appearance, the holding rooms remained bare and there were no peer workers to help support new arrivals. All prisoners were body scanned and strip-searched on arrival.

Reception

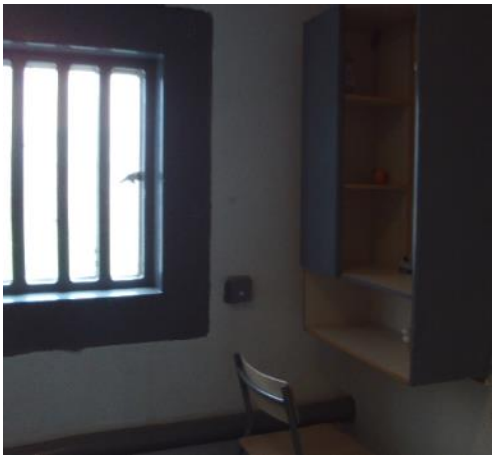
3.2 Many prisoners complained about delays receiving their property and that they could not always take their in-possession items with them to the wings because it first had to be searched by a specialist officer. Prison leaders had recognised that this was an unnecessary requirement and had advanced plans to change the system.

3.3 Reception staff should have offered arrivals both a vaping and non-vaping pack (which contained basic snack supplies), but none of the

latter were in reception and staff said they had not had any to give out for over a year. Managers were unaware of this failing.

3.4 Health care interviews took place in a private room in reception before the prisoner moved to the wing for a first night interview. However, as reception closed at 5pm, those arriving later did not always receive a prompt full health care screen, and records did not always show whether prison officers had conducted a thorough first-night interview. Prisoners arriving out of hours also had difficulties phoning their family and friends on arrival because staff did not have access to the PIN (personal identification number) phone system after 5pm (see also paragraph 6.7).

3.5 In our survey, only 29% of prisoners said their first night cell was clean, compared with 52% at similar prisons. Some were not prepared for new arrivals and we saw old food, rubbish and a bucket with human waste, as well as missing furniture. Many prisoners we spoke to, especially those who had arrived out of hours, also said they did not have basic items such as an in-cell phone, kettle and a working television on their first night.



First night cells

3.6 Each prisoner had a ‘passport’. This was intended to provide staff with a clear early days process to follow, ensuring that prisoners received basic information and supplies, and had a consistent assessment of risks and needs. However, passports did not always have the risk and induction sections completed, and there was no management oversight to make sure the process was properly implemented.

3.7 Induction was reasonably effective in giving prisoners key information about life at Long Lartin. Prisoners met with representatives from different departments such as OMU, education and the programmes team, but there was little peer involvement and some prisoners waited over a week for their induction. New leaders told us of plans to make induction more peer-led, with increased oversight from managers to ensure timeliness. They were also aware of most of the other weaknesses in early days processes, and were reviewing reception and early days arrangements.

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 level of violence had increased by around 50% since our last inspection, and it was higher than at other category A prisons and on an upward trajectory. In the previous year, there had been 94 prisoner-on-prisoner assaults and 111 assaults on staff. In our survey, 40% of prisoners said they felt unsafe, against the comparator of 26%.

3.9 Leaders had not done enough to identify what was driving the violence. For example, while staff often cited prisoner frustration as a major factor, little had been done to understand and address its causes. More data were now captured, but analysis and subsequent actions were weak. There was still no drugs strategy (see paragraph 3.33), and no mediation or gang interventions.

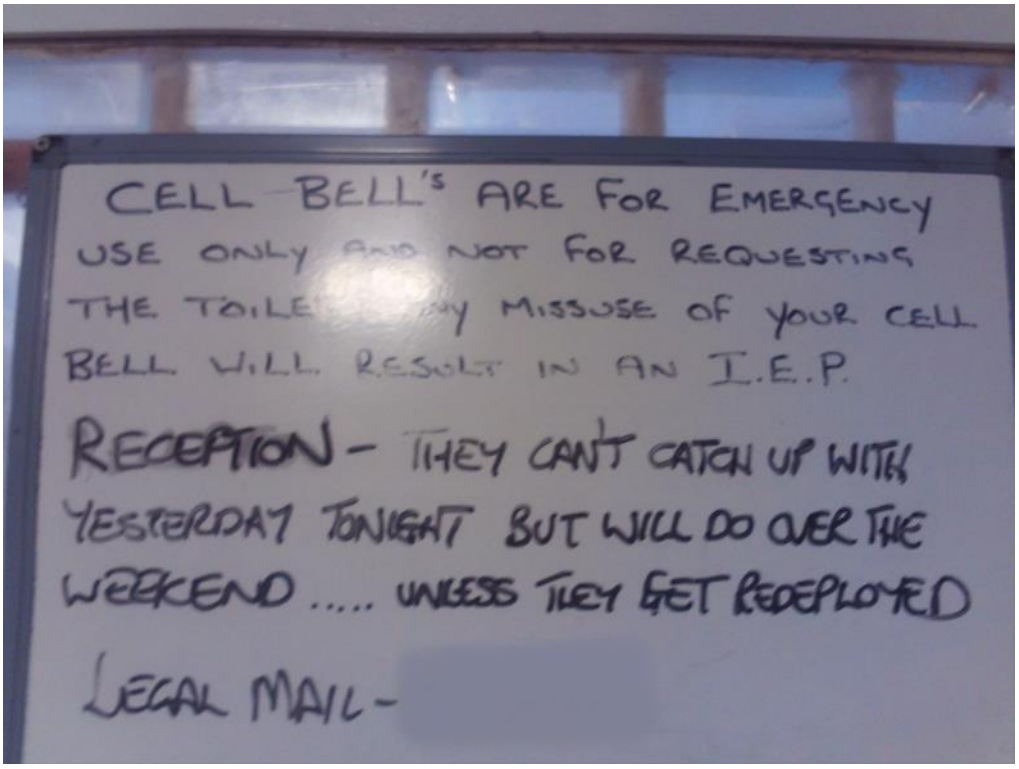
3.10 Debt was highlighted as one of the major reasons for assaults, but work to help prisoners with their debts had stalled and none had completed a safer custody debt intervention for over six months. The safety strategy was out of date and was not informed by data, and identified actions were not regularly reviewed or monitored. Multiple changes of leadership in the safety team had hindered progress, although the newly arrived head of safety had a good understanding of the weaknesses.

3.11 Apart from education and work, there was little to encourage prisoners to create a positive prison community: in our survey, only 8% of prisoners said the culture at the jail motivated them to behave well. Peer work and key work (see Glossary) were underused across the prison and there was little on-wing activity. Many prisoners told us that this resulted in boredom and contributed to the drug problem.

3.12 The recent introduction of the incentivised substance free living (ISFL) unit was positive. Prisoners on this unit had better living conditions, more on-wing activities, increased support from staff, including some good key work, and more time out of cell.

3.13 While the ISFL also had a collaborative approach to challenging poor behaviour, there was no sign of this approach in other parts of the prison. Behaviour was instead managed through a traditional, largely punitive, incentives scheme. In our survey, only 7% of prisoners said that the prison rewarded good behaviour fairly. Incentive reviews were not always completed on time and often failed to include specific targets to support prisoners to improve their behaviour. We also saw examples of staff warning or downgrading prisoners without offering any additional support to help them to improve their behaviour.

Following prisoner consultation, leaders had already identified and accepted some of these concerns and were reviewing the incentives scheme.



Note on the wing whiteboard

3.14 All violent incidents were investigated, and victims and perpetrators could be placed on a challenge, support and intervention plan (CSIP, see Glossary). In the previous 12 months, there had been 177 CSIP referrals, of which 66 resulted in a plan. However, CSIP and serious violence investigations were often superficial and did not show how learning should be consolidated. Case reviews were regular but not multidisciplinary, and targets were often too generic. For example, a prisoner on a CSIP said that family and getting work were the two most important things for him, but family contact was not included as a target. The same prisoner gained employment, but there were no recorded comments acknowledging this progress.

3.15 Despite being among the most complex and vulnerable, prisoners on CSIPs did not receive regular key work and also had limited contact with the safety team because of low staffing levels.

3.16 There were a small number of identified self-isolators who were offered a basic but regular regime, and the necessary safeguards were in place. However, we found other isolating prisoners who were known to wing staff but had not been referred to the safer custody team; as a result, they were not given a consistent regime and had no safeguards.

Adjudications

3.17 In the previous six months, there had been 1,259 adjudications, a sizable increase on the same period in the preceding year. Many

concerned the possession of unauthorised articles and violence, which correlated with the reported increase in misuse of drugs and higher levels of violence.

3.18 Action had been taken to reduce the backlog of adjourned cases, including an expectation that managers retained ownership of those they adjourned. The current backlog stood at 103, which was lower than at the last inspection.

3.19 Hearings were held in a relaxed environment and adjudicators made sure that prisoners understood the process. Charges were justified by the seriousness of the behaviour in most cases, and the most serious offences were referred to the independent adjudicator.

3.20 The deputy governor conducted quality assurance checks on 10% of adjudications each month, identifying and following up weaknesses in the process. However, the adjudication standardisation meeting met infrequently, was often poorly attended and did not use data well enough to identify actions that could have improved practice.

Use of force

3.21 The use of force was higher than at most other high security (category A) prisons, at 436 incidents in the previous 12 months, and had risen by 50% since the last inspection. Incidents were generally managed well, with staff remaining calm and controlled in the sample of recordings that we reviewed, including some examples of de-escalation. The level of force was clearly justified in all but one incident, when the decision to use it was taken without sufficient attempts to de-escalate. While almost all staff now wore body-worn video cameras, they were often switched on too late to record all incidents in full.

3.22 Oversight of use of force had improved since the previous inspection but was still not sufficiently robust. Weekly and monthly scrutiny meetings had been introduced, but they reviewed too little documentation and video footage. As a result, leaders could not be confident that all force was necessary and proportionate.

3.23 In the previous 12 months, batons had been drawn three times but not used, and PAVA incapacitant spray had been drawn 18 times and used on 16 occasions. Except for one case where PAVA was discharged, leaders were unable to provide any evidence that the remaining incidents had been reviewed to identify learning points and make sure that use had been necessary.

3.24 Unfurnished accommodation had been used five times in the previous year. While this was authorised in each case, the accompanying documentation was poorly completed and had not been adequately reviewed.

Segregation

3.25 The large care, separation and reintegration unit had 35 cells, seven of which were out of use because of damage caused by a particularly

disruptive prisoner. The governor had brought decommissioned cells back into use to minimise segregation on residential units, which had previously happened without the required checks and safeguards.

3.26 Fewer prisoners were now segregated and for less time. Prison data for the previous 12 months indicated that an average of 46 prisoners a month were held in the unit for an average of 61 days, which was much lower than at the last inspection.

3.27 Prisoners spoke positively about their treatment by mature and respectful staff in the unit, and staff had good knowledge of those in their care. A dedicated psychologist now provided helpful support to both staff and prisoners in the unit. This included the development of one-page plans to improve staff understanding of individual prisoners' needs and risks.

3.28 Reviews of prisoners segregated for reasons of good order were timely, but reintegration planning for longer term residents was inconsistent and did not always include meaningful targets to support safe reintegration.

3.29 The physical environment remained poor, with cells, flooring and showers all needing significant refurbishment. Exercise yards were stark, and only one had exercise equipment. During the inspection, in-cell phones were not functioning and this had been the case for some time. All prisoners had to use the three telephones on the landings.

CSRU empty cell (left) and CSRU dirty shower (right)

CSRU poor flooring (top left), CSRU exercise yard (top right), CSRU occupied cell (bottom)

3.30 The daily regime was limited to outside exercise and time for a shower. Prisoners could not attend activities away from the unit, although they had some access to in-cell education and a small library.

3.31 Governance of the unit was overseen by a segregation, monitoring and review group, but meetings were irregular and attendance was inconsistent. The meeting considered a range of data, but there was little evidence that they were used to improve outcomes.

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.

3.32 Managers were aware of key security concerns and were well informed by a monthly local tactical assessment. The entry and use of drugs and other contraband remained a major threat to the security of the prison. In our survey, 59% of respondents said it was easy to get illicit drugs and 50% that it was easy to get alcohol, both significantly higher than in other high security (category A) prisons and worse than at the last inspection. Cannabis and psychoactive substances were the drugs most commonly used. The mandatory drug testing positive rate was on an upward trend and stood at 27.2% over the previous year, which was also the highest rate reported by any high security prison.

3.33 The actions taken to reduce drug supply were not comprehensive or effective enough, and there was still no coordinated drug strategy even though this was identified as a problem at the last inspection.

3.34 An increasingly critical problem was the incursion of drones, which were the main way that illicit items were delivered into the prison. They could not be countered effectively without urgent investment in physical security to improve detection and deterrence.

3.35 There was good cooperation with the police and effective use of a body scanner and search dogs. The dedicated search team made regular and substantial finds of drugs, phones, weapons and alcohol. Suspicion drug tests were also effective when carried out: 54 had been completed in the previous year, resulting in 45 positive results. However, there was no comprehensive log of how many had been requested.

3.36 The flow of intelligence into the security department was good. In the previous 12 months, 10,462 intelligence reports had been submitted, most of them related to order and control, violence and drugs. Intelligence reports were triaged quickly so that urgent actions could be taken, but there was a backlog of 320 reports waiting to be analysed. Intelligence and security-related matters were disseminated to staff.

3.37 Links with the police were good, and the police intelligence and liaison officers worked well with the security team. Inter-agency work took place to manage gangs and identified extremists. Work to tackle staff corruption was managed appropriately.

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

3.38 There had been one self-inflicted death since our previous inspection, which was still under investigation by the Prisons and Probation Ombudsman (PPO). Two other deaths had not yet been classified.

3.39 In the previous 12 months there had been 672 incidents of self-harm by 92 individuals, which was higher than at similar prisons. Over half the incidents involved a small number of very vulnerable prisoners. Staff had done some good work to support them, with regular in-depth discussions at the weekly safety interventions meeting (SIM) resulting in some actions, including support from psychologists.

3.40 However, for less prolific self-harmers, support was more mixed and there was limited discussion of them at the SIM. The under-resourced safety team was unable to give vulnerable prisoners additional support, and even those being supported on assessment, care in custody and teamwork (ACCT) case management did not have regular key work (see paragraph 4.4). Leaders told us that a new staff profile due would help to improve this situation.

3.41 Twenty-two prisoners were being supported through ACCT, and the process had been improved since our last inspection. Many of the ACCT booklets recorded meaningful conversations, detailed care plans and multidisciplinary case reviews with the same case managers. However, there was no robust oversight to make sure that all ACCT support was of a reasonable quality. Most wing staff also had sufficient knowledge of why someone was on an ACCT, but only 54% of staff had received up-to-date training in suicide prevention.

3.42 Most prisoners we spoke to did not feel supported by the ACCT process, and some complained about difficulties speaking to family and friends because of delays in getting numbers added to their PIN accounts, as well as restrictions on access to phones (see paragraphs 6.6–6.7). Prisoners on the wings with night sanitation who needed frequent observations were required to move to a different cell overnight and then back again in the morning, causing them considerable disruption. This was especially unsettling for prisoners on the wings holding people convicted of sexual offences who had to move to a mainstream wing overnight.

3.43 Oversight and governance of self-harm prevention measures were not good enough. For example, staff were unable to confirm how many times anti-tear clothing had been used and, although constant

supervision was used much less often since our last inspection (22 compared to 42 occasions), documents were not always completed correctly to justify its use and to evidence that the appropriate safeguards were in place.

3.44 There was a large team of dedicated Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) who were passionate about their work and received weekly support from the Samaritans. However, the Listeners reported some delays in seeing prisoners who had requested to see them because of restrictions on their movement. The Listener suites had been refurbished, but repairs to toilets or sinks often remained outstanding (see paragraph 4.11). It was positive that prisoners could always phone the Samaritans from their in-cell phones, regardless of other phone restrictions.

Listener suite

3.45 Collection of data on self-harm had improved but, as in other areas of safety, analysis was not consistently detailed enough to help understand the reasons for self-harm or to develop targeted actions to reduce it.

3.46 Over the previous year, 18 incidents had been classed as 'near misses' because they could have resulted in serious self-injury. While all had been investigated, some of the investigations were poor, and learning points were not routinely actioned or monitored.

Protection of adults at risk (see Glossary)

3.47 Staff said they would submit an intelligence report or make a referral to the safer custody team if they had safeguarding concerns about a

prisoner. However, the overall approach to protecting prisoners at risk was weak. The prison's adult safeguarding policy focused mainly on social care arrangements rather than safeguarding in its broader sense. It included a memorandum of understanding with Worcestershire County Council and Practice Plus Group, but prison leaders did not attend the local safeguarding adults board.

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 We saw generally good interactions between staff and prisoners. Prisoners generally spoke well of staff, although in our survey, ethnic minority prisoners were less positive; only 47% against 76% of white prisoners felt there were staff they could turn to with a problem (see paragraph 4.21).

4.2 Although prisoners felt that staff were largely respectful, they told us that many did not exercise confident control of the wings because of their inexperience or, in some cases, disengagement. There was at times a strong smell of cannabis on the wings, with little evidence that staff challenged prisoners about this.

4.3 The prison was now nearly fully staffed, but 39% of prison officers had less than a year's experience. Most of these staff told us that they could ask mentors, line managers or more experienced colleagues for help when needed, but several said they were also uncomfortable about being expected to teach even newer staff about a role that they were not yet fully confident in themselves.

4.4 Key work (see Glossary) was still poor: only about 10% of planned sessions were delivered and, in the previous month, newly arrived prisoners had waited an average of 49 days before their first meeting with a key worker. Records of sessions indicated they were not focused on progression, and there was no evidence that prisoners were prioritised for key work according to their need.

4.5 Although there was an active group of peer workers, such as Shannon Trust literacy mentors and Listeners, their effectiveness was hampered by restrictions on movements (see paragraph 3.44).

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 The environment had barely improved from the unacceptable conditions at the previous inspection. The rat infestation had been dealt with and some communal areas and corridors were kept reasonably clean, but much of the ageing residential accommodation remained dirty and shabby.

4.7 More than half of the population was still living in older wings with the 'night sanitation' system instead of in-cell toilets; they normally waited at least two hours before they could leave their cell to use the toilet. Lidded buckets were supplied, but a great deal of urine and excrement was thrown out of the windows. The lack of running water in cells meant prisoners could not wash their hands nor was hand sanitiser provided. The fact that night staff could not access the prisoner areas of these wings without support from staff in other parts of the establishment also created potential risks to safety.

4.8 In some wings with non-opening windows in the cells, the extractor fans did not work, and several shower rooms were insufficiently ventilated. Mould and peeling paint were in evidence, even where there had been refurbishment since the previous inspection.

Shower ceiling, E wing

4.9 Flooring was poor in many of the residential areas, but a much-needed replacement programme was due to begin. Far too many facilities on the wings were not working. On one unit, five of the eight domestic laundry machines on the wings were out of use. The self-cook rooms on each wing were well used, but many hobs were not working and most of the old wooden fittings were badly worn or broken.

Self-cook room

4.10 Managers and staff had made little attempt to encourage a communal sense of pride in a clean and tidy environment. The presence of litter and bags of rubbish inside and outside the wings had been a recurrent issue, noted over a long period by senior HMPPS managers on visits to the prison, but seemingly hardly noticed by staff or prisoners. The overgrown state of many of the outside areas compounded the problem.

Overgrown outside area

4.11 The facilities management contract was also failing to deliver an adequate service. At the time of the inspection, 35 cells were out of use awaiting repairs, and there was a long list of outstanding repair jobs.

4.12 Prisoners' access to clothing and bedding was a problem. In our survey only 42% said that they could get clean bedding each week, against 71% at the last inspection and the comparator of 73%. Managers were pinning their hopes on a new laundry facility planned for later in the year. Vulnerable prisoners on A and B wings were more positive than those on other wings in their survey responses on the cleanliness of communal areas.

4.13 In our survey, only 15% said that their cell call bell was normally answered within five minutes, against 43% in similar prisons. The automatic recording system showed that many calls went over that limit, but there was no evidence that prison leaders had taken remedial action.

Residential services

4.14 The kitchen was effectively closed because of serious structural faults with drainage, blocked vents and extractor fans, and water penetration from above. Although there was a temporary kitchen, it was far too small and contained only about a third of the cooking equipment needed. In consequence, the menu had had to be reduced sharply, despite extremely hard work by the catering staff to maintain a few options for each main meal.

Temporary kitchen for 574 people

4.15 In our survey, only 12% of respondents said the food was good, compared with 38% at similar prisons and 24% at the previous inspection. Only13% said they got enough to eat at mealtimes, which was also worse than the comparator and last inspection. We were told that a larger temporary kitchen was due to be delivered.

4.16 The system for weekly ordering and distribution of prisoners' purchases from the prison shop worked reasonably well, but there was little evidence of consultation with prisoners about changes they might wish to see in the stock list. In our survey, 47% said that they could buy the things they needed, compared with 59% in similar prisons.

Prisoner consultation, applications and redress

4.17 Manager and prisoner attendance at monthly consultation meetings had declined during 2024 to a low level. In our survey, 46% said that prisoners were consulted about things like food, canteen or wing issues, of whom only 8% said that things sometimes changed as a result, against the comparators of 66% and 31% respectively. The governor had made plans to bring in a new elected prisoner council.

4.18 Prisoners had little faith in the old-fashioned paper applications system. Only a third of respondents to our survey, 33%, said applications were dealt with fairly, compared with 55% at similar prisons, and only 25%, compared with 41%, said responses were prompt. Recording of applications and responses, which had begun in 2024, showed the highest number of applications were from the Perrie wings, but it had been difficult to learn lessons from the figures, since so many applications were actioned without receiving a written response.

4.19 The complaints system was now more effectively administered and response times had recently reduced to 4.5 days, partly because the daily managers' meeting checked the number outstanding. All complaints were now answered by custodial managers or equivalent grades. A senior manager checked 10% for quality assurance and sent back draft responses that required improvement. In the complaints we sampled, the tone and content of the responses were generally appropriate, with no serious shortcomings.

4.20 More rooms were now available for legal visits, and they were rarely fully booked. However, only 30% of respondents to our survey said that it was easy to communicate with their solicitor or legal representative, against the comparator of 45%. Some told us that this was because the in-cell phones were now switched off during work hours to remove a possible incentive for people not to attend work. Reasonably up-to-date legal texts and reference material were readily available in the library.

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.

4.21 Promising work had begun to examine and address some evidence of disproportionate outcomes for minority ethnic prisoners. Actions planned and in progress related in particular to the incentives system, where there had been over-representation of black prisoners on the basic level and under-representation at enhanced. This aspect of potential indirect discrimination was being carefully addressed as part of ongoing work following the Lammy Review (see Glossary). There had been little engagement with the Gypsy, Roma and Traveller prisoners, although some attempts had been made.

4.22 A group of 'equality advocates' had just completed lengthy training and were adding to the existing work of equality representatives on some wings. Leaders had enlisted good support over many months from the Zahid Mubarek Trust (ZMT) to deliver this training.

4.23 The handling of discrimination incident reporting forms (DIRFs) had also been improved in the current year. The governor, who gave a higher priority to fair treatment than previously the case, scrutinised all the investigation reports arising from DIRFs. The result had been demonstrable improvement in quality, with careful investigation, interviews with all parties involved and courteous responses. However, even though there were cases in which material parts of the complaint were concluded to be well-founded, hardly any of them were recorded as upheld. This gave a misleading impression and also reduced the faith of some prisoners in what was now a thorough process.

4.24 Young adults and those who had been in care had been identified as groups meriting attention, partly because of a pattern of low engagement with work and other activities. Some useful work had started to improve support for them, with several recent forums. The neurodiversity manager was also giving effective support to some young adults.

4.25 Provision for prisoners with disabilities had improved, particularly through the establishing of a reasonable adjustments panel, but there was not a sufficiently comprehensive and reliable system to make sure that everyone received the necessary support. In our survey, only 15% of those who said that they had a disability said that they were getting the support they needed, against a comparator of 35%. The safety and equality team did some good work, but was not reaching everyone who needed support. Similarly, wing staff were not always aware of those needing help in an emergency evacuation.

4.26 In the previous year, a committed acting equality manager had raised the profile of this work, with administrative support. This had followed a long period with no one in the role, and it was vacant at the time of the inspection. A lack of breadth and depth in inclusion work was also due to the mixed level of commitment among senior managers; each had responsibility in name for one of the statutory protected characteristics, but there had been little action in many areas. As a result, there had been a poor focus on LGBT people, over-50s or foreign nationals, and support was only just starting to improve. This was going well in the case of the LGBT group, with two monthly forums so far, and

transgender prisoners also told us that they were given helpful and appropriate support. An officer also gave good, tactful support to veterans, often in his own time, with a monthly forum and links to many outside bodies.

4.27 Regular equality meetings were well attended by prisoners and managers, including the governor. However, the business had become overburdened with statistics at the expense of effective action. This was now being corrected, and a much more purposeful and practical approach was beginning to be taken.

Faith and religion

4.28 The well-staffed chaplaincy was notable for its unity of purpose and its reach into the prison community. Chaplains took seriously a commitment to model and foster good relations between all faith groups throughout the establishment. This owed much to the experienced managing chaplain, who led the team with confidence and sensitivity.

4.29 There was a full range of worship events and sessions for teaching and discussion for all the faiths represented in the prison, although there were currently vacancies for two smaller faith groups. There was good involvement of volunteers from outside faith communities in this programme.

4.30 With two chaplains on rota daily, there was one present at every ACCT case review (see paragraph 3.41) and at all formal review meetings to consider continued segregation of individuals.

4.31 Serious water damage leaking through ceilings in parts of the chaplaincy had been getting slowly worse since 2013. Some prisoners and staff felt it conveyed an institutional lack of concern for the importance attached to the worship spaces.

Water damage in chapel

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.

4.32 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 breaches of regulations and issued requests for action plans following the inspection (see Appendix III).

Strategy, clinical governance and partnerships

4.33 The head of health care had implemented governance meetings and processes, but these had not been sufficiently robust to identify deficits in record-keeping and patient care. The working relationships between providers, the prison and stakeholders were effective, and the regular local delivery board meetings were well attended, providing a useful forum to address partnership concerns.

4.34 Incident reporting was good, and where lessons from incidents were learned, information was disseminated well to support patient care.

4.35 Health care staffing levels were too low, with vacancies in primary care and pharmacy technicians. During the inspection, we saw too few health care staff available to complete the tasks required for the day-to-day running of the service. Frequent emergency calls and low staffing levels meant that many areas of service delivery were negatively affected: appointments were postponed; clinics started late; and staff lacked the time to read the notes and sufficiently understand patients' needs.

4.36 Mandatory training compliance was good, and all staff had access to clinical supervision and professional development, which they told us they found helpful.

4.37 There was a monthly cycle of clinical audits but some topics, such as record-keeping, were not sufficiently scrutinised.

4.38 There were ongoing concerns with the cleaning of clinical rooms, and some did not meet infection prevention standards. At the time of the inspection, there had been no hot water in the inpatient unit for 10 days and the situation remained unresolved. The provider was aware of the problems and had been actively pursuing remedies to both situations.

4.39 There was an effective health care complaints system and the complaint responses we sampled were respectful, addressed the issue raised and advised the patient about what they should do next if they remained dissatisfied. However, the replies were not always in easy-to-read language and investigators did not always see complainants face-to-face to discuss their concerns or seek a resolution.

4.40 Emergency resuscitation equipment was in good condition and daily equipment checks were completed. We observed prompt staff response to emergency calls, and collaborative working between prison and health care staff to make sure that patients received the necessary care.

Promoting health and well-being

4.41 Health promotion activity followed an annual programme, organised through the patient engagement team. The patient engagement lead supervised enthusiastic peer-support health champions who were committed to promoting health and well-being. However, the health champions were not used to their fullest capacity, so not all patients could benefit from their support. Campaigns included a men's health awareness month, information on the risks and treatment of hepatitis C, mental health awareness, and promotion of COVID-19 vaccinations.

4.42 New arrivals were offered sexual health screening and there had been further follow-up campaigns to improve the uptake of chlamydia testing. Referral to specialist sexual health clinics took place as required.

4.43 There were NHS preventive screening programmes, including those for retinal and aortic abdominal aneurysm, and it was evident from clinical records that staff encouraged patients to take up the offer.

Primary care and inpatient services

4.44 We saw multiple examples of health care staff being too busy to plan safe and effective care. Primary care staff were overstretched and record-keeping was poor. We saw much missing documentation, a lack of personalised care plans and missing entries. Despite this, patients generally said that they were cared for and health care staff knew them well.

4.45 A nurse screened new arrivals to the prison to identify any immediate physical health needs. However, too many arriving late received a short health risk assessment instead of a thorough health screen. Secondary health screenings took place within seven days.

4.46 A paper-based health care application system was in use. Following complaints by prisoners that they were not always receiving a response, the provider had implemented a new process, which appeared to be working well.

4.47 There was a wide range of primary care services. Prisoners had good access to nursing clinics with appointments available on the next day, but this was subject to frequent change because of staff shortages (see paragraph 4.35). Waiting times for GPs and allied health professionals were in line with community waits. Any emergency appointment required was available in good time. A well-managed system ensured that patients received hospital treatment when necessary.

4.48 Patients with long-term conditions were identified and offered appropriate health care interventions, and we saw good links with community health care providers. However, records on the care of patients' long-term conditions were poor. We saw too many patients without care plans, and clinical notes did not always reflect the care patients told us they received, which increased the risk of harmful misunderstandings.

4.49 We saw evidence that patients with palliative and end-of-life needs had been treated well and with compassion. However, the dedicated end-of-life suite and inpatient unit were not fit for purpose.

Social care

4.50 A memorandum of understanding underpinned good partnership working between the prison, Practice Plus Group and Worcestershire County Council. The clear referral pathways into treatment were well understood by the health care team and the prison. There was oversight of the referral process; the assessments we viewed had been completed promptly. However, resilience was needed to prevent mistakes should the responsible member of staff not be available for their duties. The prison had plans to achieve this.

4.51 At the time of our inspection, two patients were in receipt of a social care package. They told us they were happy with the care they received and spoke well of the care staff. Records on social care were completed to a high standard and demonstrated that staff attended at scheduled times.

4.52 Peer workers were used to support patients with lower-level social care needs, and patients appreciated this support.

Mental health, and support and treatment for prisoners with addictions and those who misuse substances

4.53 Inclusion provided support for prisoners with mental health needs or with addiction problems through a single integrated team, which was well led and soundly governed. The GP and a nurse provided clinical treatment support for patients needing opiate substitution treatment (OST).

4.54 There was evidence of effective partnership working with the prison, particularly on the incentivised drug free living unit (ISFL) on Perrie Blue wing. Prison staff knew how to escalate concerns and make referrals, with recently introduced protocols to manage prisoners considered to be under the influence of an illicit substance. However, supervision of medicine queues by officers was inconsistent (see paragraph 4.62), and training for officers about drug misuse and mental health remained limited.

4.55 The Inclusion team saw every new arrival, gave them harm-minimisation advice and made them aware of available services. The team caseload had nine prisoners in receipt of clinical support. Treatment options for OST had improved since the last inspection and no longer relied solely on methadone. There were regular multidisciplinary reviews, with care goals recorded accurately in patients' notes.

4.56 The Inclusion team had few vacancies, and regular agency staff mostly provided cover. Patients were seen promptly, and general waiting times for treatment and ongoing care were short. Access to specialist 'talking therapies' had reduced in the absence of a psychology assistant, but a reasonable range of individual and group psychosocial support was provided or facilitated. All prisoner referrals or individuals identified as requiring support were discussed at a weekly multidisciplinary meeting attended by the psychiatrist. A duty worker could respond to any urgent requests for support. The team provided input into all initial ACCT reviews and any relevant follow-ups.

4.57 There were 62 prisoners currently supported under the substance misuse pathway and 150 patients with mental health needs. This included 23 patients with an underlying severe and enduring mental illness, who were supported appropriately through the care programme approach (CPA). It could take over eight weeks for a prisoner to see a psychiatrist for a routine appointment, but patients who were acutely unwell or needed an assessment under the Mental Health Act were identified and seen promptly. However, waits to access a secure

forensic bed were still too long, leading to unacceptable delays in the start of treatment. Patients waiting for transfer were commonly held on the inpatient unit, which offered very little regime or therapeutic activity.

4.58 Prisoners requiring targeted work for addiction problems received reasonable support. However, there was only one peer mentor (located on the ISFL) and mutual aid (such as Alcoholics Anonymous and Narcotics Anonymous) was noticeably absent, though the drug strategy lead was attempting to facilitate virtual mutual aid sessions. The ISFL was providing support to some prisoners with regular input from Inclusion practitioners on the wing, but the emphasis was predominantly on recovery initiatives rather than providing a wholly drug-free environment. Although there were few direct releases into the community, Inclusion liaised closely with other prisons to support inter-prison transfers, and contacted any community agencies and draw up a pre-release plan in the event of a planned release.

Medicines optimisation and pharmacy services

4.59 Initial risk assessments for prisoners to hold in-possession medication were completed and recorded within 24 hours of their arrival. Risk assessments were reviewed at least every 12 months and if a patient's circumstances changed. Sixty-three per cent of all medicines were supplied in possession, which was low. Most medicines were supplied for 28 days, but those identified as higher risk were limited to seven days.

4.60 A pharmacist on site three days a week clinically reviewed prescriptions. They were confident to challenge prescribing decisions and ensured adherence to safer prescribing. The pharmacist did not run any clinics, so there were no opportunities for patients to have face-to-face medication reviews.

4.61 Medicines administration was led by pharmacy technicians and nurses twice a day from nine treatment rooms. Each team completed administration in two or more rooms, so that any delays in the first room directly affected the timings at the next. This led to some people missing their medication, as they were required to be elsewhere in the prison before they could collect their medicines.

4.62 Queues to receive medications were not consistently well managed, and crowding at the hatches increased the risk of bullying and diversion of medicines. In our survey, 53% of prisoners said it was easy to access medication not prescribed to them, against the comparator of 38%. Controlled drugs were well managed and audited frequently.

4.63 Medicines stock came from an external supply and arrived promptly. Not all patients had secure storage for medicines in their cells. The pharmacy technicians completed compliance cell checks and targeted those identified as a potential concern. Any medication errors were recorded on the incident reporting system, but near-misses were not recorded or reviewed, which lost the opportunity to learn from them.

There were regular medicines management meetings, and the prescribing of high-risk and tradeable medicines was monitored.

4.64 There was provision for the supply of medicines out of hours. There were supplies of emergency medicines in all treatment rooms, but they were not audited. As at the last inspection, out-of-hours medicines were stored in the pharmacy, so all medications could be accessed by anyone with health care keys, which was a security risk.

4.65 There was appropriate provision of medicines for patients being transferred or released.

Dental services and oral health

4.66 Time for Teeth Ltd was contracted to provide dental services. A full range of community-equivalent NHS treatments were available to patients. The average waiting time for a routine dental appointment was less than four weeks. Patients we spoke to were happy with the standard of dental care, and in our survey, prisoners were more positive about the access to and quality of dental services than in other high security prisons.

4.67 Prisoners experiencing pain could see a dentist within one working day, which was good. Medications were prescribed appropriately and in line with national guidance.

4.68 Records of dental treatment maintained a high standard and demonstrated that patients received appropriate treatment. The dental suite was clean and suitable for the needs of the population. Equipment was sterilised and disposed of in line with guidance. Records and audits showed that maintenance of dental equipment was completed and equipment was fit for purpose. Despite the best efforts of dental staff, repairs to and maintenance of the dental suite took too long, which was a potential risk to infection prevention and control.

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 Although time out of cell had improved, it was still not good enough. A prisoner working full-time could in principle be out of their cell for 8.5 hours on a weekday and 6.5 hours at the weekend. However, in our spot checks, a third of prisoners were still locked in their cells during the working day. This included part-time workers and those who were refusing to attend the activity allocated to them. The current core day also included evening association until 6.30pm from Monday to Thursday, although this was not consistently delivered. A new staffing profile due to come into effect aimed at full delivery of the planned timetable.

5.2 At weekends, prisoners were often unlocked for only half of the day, and in our survey 26% said that they usually spent less than two hours out of their cell on a Saturday and Sunday, against a comparator of 15%. Fewer prisoners than the comparators said that at weekends they could complete domestic tasks, have association, exercise outside or attend the gym or sports. Leaders told us they also expected this to improve with the new staff profiles.

5.3 The library provided a good service, and improved availability of staff to escort prisoners meant that most sessions now took place. In our survey, 53% of prisoners now said they could attend the library at least once a week, compared with only 23% at the last inspection. However, this still fell below the comparator of 67%, and there were insufficient sessions for each wing.

5.4 The library held a stock of foreign language titles and legal texts, and as the service was provided by Milton Keynes College, there were opportunities for close joint working on reading promotion, with a reading group and a creative writing course, as well as participation in the 'Reading ahead' programme and Storybook Dads, enabling prisoners to record a story for their children (although take-up was low, see paragraph 6.3), as well as attractive monthly topical displays.

5.5 Although staff shortages in the gym had eased, there were still only four qualified instructors out of a full complement of eight, but other staff were in training and the team was enthusiastic and committed. Gym facilities were good, and there was a range of recreational

activities. The gym also ran vocational courses; a level 1 introduction to circuit training was offered and other courses were in preparation jointly with the health and substance misuse teams.

5.6 Despite this good offer, only 36% of the population attended the gym, with attendance of young adults particularly low – a few of them were restricted to only one gym session a week because they were on the basic incentive level. There was little evidence of imaginative and focused work to engage this group and others who did not attend the gym.

5.7 The residential units had some recreation equipment, such as pool, table tennis and table football, and fitness equipment both indoors and on the exercise yards, although this was not all in usable condition. However, there was no structured activity on the wings, and this contributed to the boredom described by many prisoners (see paragraph 3.11).

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.

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

Overall effectiveness: requires improvement

Quality of education: requires improvement

Behaviour and attitudes: requires improvement

Personal development: requires improvement

Leadership and management: requires improvement.

5.9 Leaders and managers provided sufficient education, skills and work (ESW) activity spaces for the entire prison population. The large majority of prisoners undertook full-time activities. Only a small proportion of prisoners were unemployed, having refused to participate in the prison regime.

5.10 Leaders and managers had not provided enough education spaces for prisoners to study English and mathematics. In too many cases, prisoners had to wait several months to study these subjects, which narrowed their work and education options.

5.11 Leaders and managers based their curriculum rationale on a 'career in custody' to meet the needs of the many prisoners at the establishment who had long custodial sentences ahead of them. Prisoners could access a suitably broad range of education and vocational training courses to help them start careers in commonplace prison roles, such as cleaners, catering staff and peer mentors.

5.12 Prisoners could study various courses at level 3, such as art, information, advice and guidance, and education and training. Vulnerable prisoners could access the same education subjects as their peers who lived on mainstream wings.

5.13 In too many work areas, prisoners completed only repetitive and unambitious activities, such as in workshops where they refurbished headphones. Staff did not plan opportunities for these prisoners to develop substantial new knowledge and skills, including personal skills or their English and mathematical knowledge. Leaders provided too few opportunities for these prisoners to gain useful accredited qualifications. Prisoners rightly complained to inspectors that the lack of challenge available at work did not help them reduce their risk of reoffending.

5.14 Leaders did not ensure that prisoners in work roles consistently had the necessary equipment for their roles. For example, wing cleaners did not always have the right cleaning apparatus to carry out their roles effectively and hygienically. As a result, they could not put into practice many aspects of the well-planned industrial cleaning course they had studied.

5.15 Prisoners attended induction soon after they arrived at the prison. Leaders and managers had worked well across departments to devise an effective induction programme. Staff gave prisoners a clear overview of the courses and work available to them, opportunities for advice and guidance, and support options for those with learning difficulties and/or disabilities (LDD). This prepared prisoners well for their time at Long Lartin.

5.16 Staff largely managed the allocations process efficiently. They knew prisoners' individual needs well, and quickly allocated them to suitable activities. Allocations staff had also undertaken highly effective work with wing staff and neurodiversity managers to help very disengaged prisoners into work and education roles.

5.17 Leaders did not ensure that all prisoners benefited from consistently high-quality careers information, advice and guidance (CIAG). They had made improvements since the last inspection, which meant that the majority of prisoners received initial one-to-one CIAG with trained careers professionals. However, prisoners, who often lived at the prison for several years, received insufficient ongoing careers support. As a result, too many stayed in the same activity for too long without considering the options that would best help them meet their intended career pathways.

5.18 Prisoner pay rates did not incentivise well enough skills development. Pay depended too much on the prison's incentives scheme, rather than on the nature of their ESW activity. At the time of the inspection, leaders were about to introduce a new local pay policy. This contained a much greater focus on motivating prisoners to develop their skill level at work and to gain accredited qualifications, for example through bonus payments for passing examinations.

5.19 MK College Group provided education courses and vocational training, which were largely of a high quality. They provided a curriculum which developed prisoners' academic skills and knowledge, and offered opportunities for them to enhance considerably their employability skills and personal well-being.

5.20 Teachers and trainers were largely well qualified and experienced. When they planned curriculum topics, they took account effectively of what prisoners knew and could do at the start of their course. In lessons and training sessions, they explained topics clearly and used demonstrations effectively. For example, industrial cleaning tutors used role plays well to develop prisoners' knowledge of the disposal of hazardous items. They used questions skilfully to support prisoners' deeper consideration of these topics.

5.21 Teachers and trainers also took opportunities to develop prisoners' knowledge of subject-related vocabulary. For example, in art classes teachers discussed with prisoners how words such as tenacity and nostalgia related to certain colours.

5.22 Prisoners benefited from a much-improved quality of teaching in English and mathematics. English teachers planned their curriculums well using engaging materials, such as novels, to teach key content. Most prisoners on these courses made good progress in their studies, and passed their final examinations. Pass rates in English were particularly high.

5.23 However, the few prisoners who studied unaccredited courses in English for speakers of other languages did not make the same rapid progress. Although they learned about topics which were relevant to their time in prison and they enjoyed their studies, they did not advance quickly enough to, for example, study accredited functional English qualifications.

5.24 Both prison and education leaders had worked well to develop and successfully implement a prison-wide reading strategy. They offered an array of approaches to help prisoners improve their reading ability. This included on-wing support from Shannon Trust mentors, mentor-led interventions in education classes, and lessons from specialist reading teachers. Mentors had received high-quality training and development for their roles, such as learning about the triggers that cause frustration among low-level readers.

5.25 As a result of good reading support, a significant number of prisoners had advanced to study functional English, or had trained to become mentors. More prisoners read for pleasure as a result of reading corners in classrooms and on wings. However, reading was less well considered in work areas. Workshops did not consistently have mentors in place to help prisoners with their reading. Reading corners were limited, and underused by prisoners.

5.26 Prisoners' development of employability skills was not consistently good enough. In too many workshops and work roles, instructors did not focus enough on the employment-related skills that prisoners needed to develop. They did not record accurately the few basic skills that prisoners developed. In education, and in workshops such as wood production, teachers and instructors considered more carefully prisoners' development of employability skills. They enabled prisoners to become more organised, receive criticism constructively and reflect on their performance.

5.27 Those prisoners who could not attend activities for security reasons received effective support in their cells. Dedicated teachers provided one-to-one coaching. As well as teaching core subjects such as English and mathematics, teachers encouraged these prisoners to participate in activities to help their well-being, such as writing poetry and producing art. Prisoners who received in-cell teaching passed accredited qualifications at high rates.

5.28 Many prisoners with LDD received very effective support. Staff with responsibility for neurodiversity identified their needs well, and provided prisoners with useful enabling equipment such as coloured overlays and fidget toys. Neurodiversity leads had trained teachers, instructors and peer mentors well on techniques to help prisoners with LDD. As a result, staff and mentors supported well prisoners with LDD in classrooms and workshops.

5.29 Prisoners used the 'virtual campus' - internet access to community education, training and employment - to support their learning, for example to access software packages for English and mathematics studies. Because almost all prisoners had very long sentences ahead of them, they did not use the virtual campus for job-search activities.

5.30 The large majority of prisoners in education classes and vocational training developed valuable new skills and knowledge. Prisoners who studied hospitality and catering understood well how to use industrial equipment to cook at scale. In work areas, the picture was mixed.

Prisoners in wood production had learned how to make coffee tables and cabinets to a high standard. However, the considerable number who worked in other workshops gained few new skills or knowledge. They sometimes spent many years completing only basic tasks that were neither fulfilling nor challenging enough.

5.31 Most prisoners had positive attitudes towards their ESW activities. They felt safe at work and in their studies, and developed positive relationships with their peers and staff. Even when they found situations frustrating, they spoke eloquently and did not use aggressive language. In a significant minority of cases, however, prisoners in workshops had negative attitudes. They lacked motivation, and chatted to their peers rather than completing work tasks. Staff did not set high enough expectations to help these prisoners improve their attitudes. For example, they did not challenge or encourage prisoners to get back on task.

5.32 Although attendance rates had improved considerably since the last inspection, prisoners' attendance at work activities was too low. Attendance in education and vocational training was high. In too many cases, though, issues with the prison regime meant that prisoners arrived up to half an hour late for their activities. Once they arrived, they quickly focused on their work or study.

5.33 Teachers in education classes weaved skilfully topics such as fundamental British values into their curriculums. Prisoners also learned about equality and diversity, and mental well-being. For example, on customer service courses they learned about the stigma of mental health, and the importance of talking about worries. The approach taken by workshop staff to these topics was, however, cursory.

5.34 Since the last inspection, newly appointed leaders had focused well on improving the quality of education, skills and work. They used thorough quality assurance processes to identify key issues, and worked constructively across departments to make improvements which benefited prisoners. As a result, they had fully achieved two recommendations from the previous inspection and partially achieved two.

5.35 Leaders understood accurately both the strengths and weaknesses of the ESW provision. They had set well-planned targets to improve weaker areas, and discussed progress against these targets at quality improvement group meetings. Leaders rightly recognised the need to prioritise improvements to careers guidance and to the quality of work activities.

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 Prisoners had good access to social visits, which took place four times a week for two-and-a-half hours. However, social visits regularly started late: in our survey, only 14% of prisoners said their visits started and finished on time.

6.2 The visitors' centre was welcoming, but the toilets remained in a poor state. The visits hall was a spacious and comfortable environment with a large children's play area. There were plenty of toys and board games for all ages, with the option to play games at the visits table. Although there had been discussions about the need for hot food, only cold snacks were available.

Visits hall (left) and visits hall children's area (right)

6.3 The Prison Advice and Care Trust (PACT), which provided the family service, saw every new arrival on induction to discuss any individual support needs. However, the number of those accessing the service one-to-one was low and had been affected by PACT staff vacancies. There were no parenting courses, and only seven prisoners had

completed the Storybook Dads scheme delivered by the library in the previous 12 months (see paragraph 5.4).

6.4 There were nine Official Prison Visitors, managed through the chaplaincy, who were all well used. A small number of prisoners who did not receive social visits were able to exchange letters and receive visits through the New Bridge charity's befrienders programme.

6.5 At the time of inspection, 57 prisoners were identified as not having any social visits. Good work had started with this cohort, driven by a new custodial manager. This included the opportunity to have tea and cake sessions in the visits area with friends from their wings to familiarise them with the visits experience. The chaplaincy and prison Listeners engaged in these sessions, and there were plans to expand the number of support services in attendance. In conjunction with PACT, the prison had improved the family days, which were now all-day events held in the large gym, allowing more activities to be provided.

6.6 There was good provision and take-up of secure video calls (see Glossary). There were more private computer booths than at the last inspection, and sessions had been increased from 30 to 45 minutes. The installation of in-cell phones was valued by prisoners, although not all were working (see paragraph 3.29). Prisoners were only allowed to use them for up to one hour at certain times of the day, which did not always give enough time for them to contact family, friends and legal representatives.

6.7 Some prisoners had long delays in having personal numbers added to their phone accounts; one had waited three months because of administrative inefficiency. Mail and email correspondence was managed well by an experienced team.

Reducing reoffending

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

6.8 Long Lartin held a high-risk population: three-quarters of prisoners were serving indeterminate sentences and almost all the rest had a sentence of over 10 years. A third had spent more than four years at the prison. Attendance by some staff at reducing reoffending meetings had improved since the last inspection, and it held more meaningful discussions about how to support prisoners through the resettlement pathways. However, there was still no needs analysis, strategy or action plan to help drive this work forward.

6.9 The offender management unit (OMU) was an effective and well-led department with much-improved staffing compared with the last inspection. There was one full-time and one part-time head of offender management delivery (HOMD), and a head of offender management service (HOMS). There was almost a full complement of prison offender managers (POMs, see Glossary), with 10 probation POMs

and two prison-employed POMs. On average, they held cases of around 60 each, constituting more manageable workloads than we saw at the previous inspection. Team meetings were held regularly, staff supervision was delivered consistently, and staff told us they felt supported. The team was better integrated in the prison and leaders attended key meetings.

6.10 Leaders had set clear expectations that POMs should see all new arrivals within 14 days, and this had generally been achieved. Recorded contacts between POMs and prisoners had improved, although we found some inconsistencies across the team. We saw good examples of prisoners benefiting from regular and purposeful meetings, especially in cases that required specialist oversight from the POM and other prison departments working together. In many other cases, contact was based on key dates in a sentence, but we also found some cases without any recorded contacts for over a year.

6.11 Prisoners who saw their POMs were positive about the support they received. OMU surgeries had recently been introduced by the HOMDs to further improve communication with prisoners on the incentivised substance free living (ISFL) unit, and there were plans to roll them out to the rest of the prison.

6.12 The key worker model (see Glossary) was not supporting the work of the OMU well enough as these staff lacked a focus on sentence plan objectives (see paragraph 4.4).

6.13 There was a continuing backlog of OASys (offender assessment system) assessments. Of the 20 cases we reviewed, only half had an OASys assessment less than a year old; in two cases, the most recent assessment was more than five years old, which was unacceptable. Sentence plans showed that progress was being made in most cases, although many prisoners reported not being involved in setting their targets. The prisoners we interviewed confirmed this lack of ownership of their plans, and most did not feel that the prison offered a rehabilitative culture, citing factors such as poor living conditions, limited regime and lack of meaningful employment (see paragraphs 4.6, 5.2 and 5.13).

6.14 Parole processes were managed well and POMs offered support to prisoners. All but one parole report in the previous 12 months had been submitted on time.

6.15 No recategorisation decisions were outstanding. Documents and decision-making were mainly good, but involvement from the prisoner was inconsistent, with some not even aware that a review had happened. Some prisoners were given the opportunity to contribute information, but this was not consistent. Feedback was not always provided to prisoners to help them learn lessons before their next review.

6.16 Twenty-three prisoners had progressed to a category C prison in the previous 12 months, and transfers were generally timely. We found an

example of a prisoner who had been recategorised from a C back to a B category because of his refusal to transfer to a particular prison. This was a disproportionate response to a single act of non-compliance, which ignored the value other work that the prisoner had done to progress through his sentence.

Public protection

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

6.17 Public protection screening of new arrivals at the prison was robust. Case administrators prioritised the essential checks, and applied contact restrictions where necessary. The HOMDs had good oversight of this and reviewed public protection information when allocating the cases to the appropriate POM.

6.18 The interdepartmental risk management meeting (IRMM) had improved since the last inspection. The HOMDs led the meeting appropriately, with discussions about risk and public protection. Some community offender managers (COMs) attended meetings remotely and provided valuable contributions. However, attendance was still poor from departments other than the OMU and staff were not always well-prepared for the meeting. There was a separate senior leader public protection steering group, but it had only met once in the last year and had little obvious impact.

6.19 Contributions to multi-agency public protection arrangement (MAPPA) meetings were reasonably good. Reports were timely and appropriately countersigned. In all cases we reviewed of prisoners due to be released, MAPPA levels had been set and planning with the community was progressing.

6.20 The risk management plans we reviewed were reasonably good. We found two examples of plans that had not been updated with information on the individual's current prison location or public protection measures that might be in place. Leaders in the OMU acted on this during our inspection.

6.21 Phone and mail monitoring arrangements were well managed by an experienced team, and at the time of our inspection, there were no delays. As well as listening to those who were being monitored, the team listened to a random 5% of calls a day to further support safeguarding.

Interventions and support

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

6.22 A range of programmes were on offer, both accredited and non-accredited. Prisoners with intervention needs that could not be met at Long Lartin were transferred to other prisons to complete relevant programmes.

6.23 There had been an increase in the number of prisoners completing programmes since the last inspection. The Thinking Skills Programme had been delivered consistently throughout the year, including to a group on the vulnerable prisoner wing, which was in contrast to the last inspection. Waiting lists were reasonable for all programmes except Kaizen (an accredited offender behaviour programme for adult males assessed as high or very high risk). There were plans to reduce this, with the programmes team now fully staffed. The team monitored prisoners who had been deselected from programmes, with an increase in those being found under the influence of substances. The team worked closely with the prison to manage this issue.

6.24 More prisoners requiring motivational and engagement work completed relevant programmes, and they also received one-to-one work if this was considered more suitable for them. There were seven prisoner programme mentors who were well used. They completed induction for prisoners, as well as being involved in some group sessions and being a point of contact for information on the wings.

6.25 The psychology team offered good support across the prison. Work with the OMU to support prisoners serving an indeterminate sentence for public protection (IPP) was good; there were 16 such prisoners during our inspection. Timely progression panels were held for these men.

Specialist units

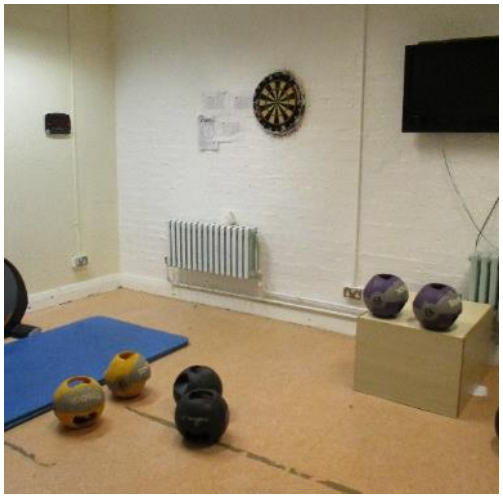
Expected outcomes: Personality disorder units and therapeutic communities provide a safe, respectful and purposeful environment which allows prisoners to confront their offending behaviour.

Offender personality disorder units, including psychologically informed planned environments

6.26 The preparation psychologically informed planned environment (pre-PIPE) unit (see Glossary) was managed well with strong clinical oversight from psychology staff. A dedicated POM saw prisoners living on the unit regularly. We saw good relationships between staff and prisoners.

The pre-PIPE unit held up to 14 prisoners, with nine accessing the programme during the inspection. Prisoners were on the unit for different lengths of time, depending on their individual need. The unit was a national resource and the waiting lists were reasonable. Prisoners were positive about the programme, which included regular one-to-one sessions, group interventions and enrichment activities. However, despite staff efforts to improve the living conditions on the

claustrophobic unit, they were not conducive to a therapeutic environment.



Pre-pipe unit (top), and pre-pipe unit yard (bottom left) and pre-pipe unit gym (bottom right)

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.

6.27 Only five prisoners had been released in the previous year. All had been released to sustainable accommodation, usually approved premises. These prisoners were not from the local area, and the OMU had engaged well with relevant COMs to support release. Identity and banking services were provided for those who needed them.

6.28 Very few prisoners were in scope for early release through the SDS40 scheme (see Glossary). These prisoners were discussed in detail in the monthly IRMM and a pre-release board had taken place for each one: the release arrangements were robust.

Section 7 Progress on concerns from the last inspection

Concerns raised at the last inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

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

Priority concerns

The level of self-harm had doubled since our last inspection and was the highest among comparable prisons, but there was no plan to reduce it.
Not addressed

Levels of violence were too high, especially against staff. The safety team was under-resourced, and work to address the causes of violence remained limited.
Not addressed

Key concern

There was a high level of illicit drug use, but plans to reduce drug supply or to limit demand were lacking.
Not addressed

Respect

Prisoners are treated with respect for their human dignity.

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

Priority concern

The prison's infrastructure was in very poor condition and in need of investment. Many cells had no toilet or running water, and the heating, roofs, showers, kitchen equipment and some physical security systems were failing.
Not addressed

Key concerns

Too few key work sessions were being delivered, limiting staff-prisoner relationships and sentence progression.
Not addressed

The prison did not do enough to address perceived disproportionate treatment among those from ethnic and religious minorities or to cater for the prison's large number of disabled prisoners.
Partially addressed

The health care inpatient unit and the end-of-life cell were not suitable and too many prisoners were placed in the unit inappropriately.
Not addressed

The shortage of pharmacy staff was affecting service delivery. Prescribing was not subject to effective oversight or scrutiny, and governance of out-of-hours' medicines use was poor.
Partially addressed

Purposeful activity

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

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

Priority concerns

Prisoners spent too much time locked up and the regime was delivered inconsistently.
Partially addressed

Provision of education, training and work was insufficient, and prisoners were not allocated to courses that met their needs.
Addressed

Key concerns

There was not enough mathematics or English provision, and teaching standards in those subjects were poor.
Partially addressed

Leaders had made insufficient progress in improving prisoners' reading levels.
Addressed

Leaders had not developed a personal development curriculum across education and work. Prisoners were not given formal opportunities to learn about equality, diversity or recent significant changes in society.
Partially addressed

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.

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

Priority concern

Prisoners had insufficient contact with offender managers to support risk reduction and sentence progression.
Partially addressed

Key concern

There were shortfalls in public protection arrangements. The interdepartmental risk management meeting was poorly attended and there was a lack of information sharing. Ongoing action relating to risks to children remained unresolved.
Partially addressed

Appendix I About our inspections and reports

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

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

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

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

Respect
Prisoners are treated with respect for their human dignity.

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

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

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

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

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

concerns. Procedures to safeguard outcomes are in place.

Outcomes for prisoners are not sufficiently good.
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

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

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

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

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

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

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

This report

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

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

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

Inspection team

This inspection was carried out by:

Charlie Taylor	Chief inspector
Hindpal Singh Bhui	Team leader
Rachel Badman	Inspector
Martyn Griffiths	Inspector
Martin Kettle	Inspector
Alice Oddy	Inspector
Chelsey Pattison	Inspector
Fiona Shearlaw	Inspector
Samantha Moses	Researcher
Samantha Rasor	Researcher
Alexander Scragg	Researcher
Sarah Goodwin	Lead health and social care inspector
Stephen Eley	Health and social care inspector
Lindsay Woodford	General Pharmaceutical Council inspector
Jacob Foster	Care Quality Commission inspector
Saul Pope	Ofsted lead inspector
Karen Anderson	Ofsted inspector
Darryl Jones	Ofsted inspector
Sheila Willis	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.

Lammy Review
An independent review into the treatment of, and outcomes for Black, Asian and Minority Ethnic individuals in the criminal justice system, 2017: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/643001/lammy-review-final-report.pdf

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.

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).

Psychologically informed planned environment.
PIPEs are specifically designed living areas where staff specially trained in psychological understanding aim to create a supportive environment that can facilitate the development of prisoners with challenging offender behaviour needs.

SDS40
A scheme intended to tackle overcrowding where prisoners serving a standard determinate sentence only spend 40% of their sentence in prison instead of 50% and their time on probation in the community is extended. Restrictions apply for certain categories of offences. SDS40 replaces ECSL and releases commenced in September 2024.

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

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

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

Appendix III Care Quality Commission action plan request

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

The inspection of health services at HMP Long Lartin was jointly undertaken by the CQC and HMI Prisons under a memorandum of understanding agreement between the agencies (see Working with partners – HM Inspectorate of Prisons (justiceinspectorates.gov.uk)). The Care Quality Commission issued requests for action plans following this inspection.

Regulation 12

How the regulation was not being met:

- We found you had failed to safely care for and mitigate the risks to service users with skin damage. Patients did not always have a clear plan in place to guide staff when caring for patient's wounds.
- You failed to ensure patients with long term conditions were always cared for safely. Where patients were known to have diagnosed long term conditions, there were not always care plans and risk assessments in place to guide staff. On some occasions, treatment of conditions was delayed. In addition, known historical conditions were not reviewed in sufficient detail to ascertain if further treatment was required.
- When patients were transferred to the prison, they did not always receive a thorough reception screen. We saw too many examples of new arrivals not receiving a full healthcare screen even though there was opportunity to complete the screen.
- Where patients declined treatment for terminal illness, there were not always thorough plans in place to inform staff how to care for the patient.
- Care plans were not easily accessible to care staff and some staff did not know where they were stored.

Regulation 17

How the regulation was not being met:

- Your systems and processes had not enabled you to assess, monitor and mitigate the risks relating to service users' health, safety and welfare. The

known risks to service users' health and safety had not been assessed, documented or control measures introduced to manage these

- You failed to ensure audits and checks were completed on key aspects of the service at regular intervals. You told us you did not complete audits of service users' care records. This meant patients were at increased risk of receiving poor quality care.

- Your systems failed to identify some care records were of poor quality.

- Some delegation of tasks to nurses was inappropriate and did not facilitate effective oversight of the services' activities.

Appendix IV Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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

This publication is available for download at: Our reports – HM Inspectorate of Prisons (justiceinspectorates.gov.uk)

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