Report on an unannounced inspection of

HMP Manchester

by HM Chief Inspector of Prisons

17 September – 3 October 2024

Contents

Introduction

HMP Manchester is a category B training prison, with space for up to 744 long-term prisoners. In addition, it has a specialist function in that it holds small number of category A prisoners, mainly those still going through the court process, and has a close supervision centre, part of a system that holds some of the most disruptive prisoners. At the time of this inspection the prison was holding more than 30 category A prisoners. Many of those held posed a very high risk of harm to others, with 36% serving indeterminate sentences, mainly life.

We last inspected Manchester in 2021, when we found that outcomes against our healthy prison test of respect were reasonably good, but that they were not sufficiently good for safety, purposeful activity or preparation for release. At this inspection we found a significant deterioration, with outcomes in safety, respect and purposeful activity so poor that I invoked an Urgent Notification to the Secretary of State.

We found organised criminal activity, serious violence, widespread drug use and an officer group that lacked confidence and capability, which had led to a very unstable environment. The number of weapons and other illicit items found in recent months was among the highest of all prisons holding adult men and the proportion of prisoners testing positive for drug use was very high at 39%. We found many examples of poor physical security, including, for example, a failing CCTV system; slow action by HMPPS to install more secure cell windows (which were themselves already being breached); and a failure to replace damaged netting over the exercise yards that might deter the frequent arrival of drones delivering illicit packages.

In our survey of prisoners, more than half said they had felt unsafe at some point during their time there and the prison's own data indicated that it was among the most violent in country. The rate of serious assaults was the highest of all prisons holding adult men and it was continuing to increase. Violence against staff, including serious assaults, was also higher than the average for similar prisons. Since the last inspection, there had been six self-inflicted deaths with a seventh taking place a few weeks after our visit. A further three deaths were suspected to be linked to drug misuse. There had been a steep rise in the rate of self-harm which was now among the highest of all prisons holding adult men. The triggers for self-harm included boredom, drug use, debt and frustration about basic needs not being dealt with by staff. There was too little help given to those in crisis and only 26% of prisoners who had experienced a self-harm crisis said they felt cared for.

Hardly any prisoners (3%) thought the culture at the prison encouraged them to behave well and we witnessed a lack of order and control on some wings, with officers failing to challenge very poor, antisocial, or even criminal behaviour. Many officers were new to their role and struggled to manage prisoners effectively while also demonstrating appropriate care and compassion. Some very aggressive attitudes by prisoners were not dealt with robustly and there was little to reward those who tried to behave well.

Outdoor areas around the prison were often heavily littered and many of the wings were filthy. Leaders at every level had allowed poor standards of cleanliness to endure, including in the gate lodge, many of the staff rooms and some showers on the wings. Chronic rodent infestation, including rats, persisted – particularly in and around the segregation unit – which was made worse by the amount of food thrown out of windows. Many cell windows were smashed, and prisoners were ripping up foam from mattresses and pillows to push into window frames to stop the cold from getting in.

Time out of cell was poor and our survey results were significantly more negative than similar prisons. About a third of officers were routinely unavailable for operational duties, leading to the implementation of a restricted daily regime which left many men locked in their cells for extended periods of time. Further curtailments were common, for example when more staff were needed to escort remanded men to court and back. During our checks we found 38% of prisoners locked in their cell during the working day. Manchester was not fulfilling its role as a training prison. Only 19% of prisoners left their wing to attend purposeful activity, allocated attendance was poor and there were significant weaknesses in the provision of education, training and work.

Despite these findings, there were many staff members and leaders who worked with huge dedication in what were often very difficult circumstances. Significant support and investment by HMPPS will be necessary if HMP Manchester is to confront the organised gang activities and reduce the supply of drugs and other illicit items which were so clearly undermining every aspect of prison life, particularly safety.

Charlie Taylor
HM Chief Inspector of Prisons
October 2024

What needs to improve at HMP Manchester

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

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

Priority concerns

1. **Weaknesses in physical and procedural security allowed large quantities of drugs and other illicit items to be delivered by drones.** The number of weapons and other illicit items found in recent months was amongst the highest of all adult male prisons in England and Wales and the proportion of prisoners testing positive for drug use was very high at 39% over the last year.

2. **Rates of violence were amongst the highest of all adult male prisons.** In our survey, over half of prisoners said they had felt unsafe at some point and almost a quarter of men felt unsafe at the time of this inspection.

3. **There had been a steep rise in the rate of self-harm which was now among the highest of all adult male prisons.** Too little help was given to men in crisis. For example, very few of those on an ACCT were engaged in purposeful activity, meaning they were locked in their cell for most of the day.

4. **Leaders at every level had failed to address the poor standards of cleanliness.** Outdoor areas were often heavily littered and many of the wings were filthy.

5. **Health care services lacked oversight and governance and there was no clear strategy for improvement.**

6. **Leaders had not developed and implemented an ambitious and coherent education and training curriculum that met the needs of the population or the training function of the prison.**

Key concerns

7. **Officers were not, with any consistency, ensuring sufficient order and control on the wings.** They failed to challenge very poor, antisocial, or even criminal behaviour.

8. **The number of times physical force had been used on prisoners was very high.** This included the use of PAVA incapacitant spray, which was one of the highest uses in all adult male prisons.

9. **Leaders had not sufficiently prioritised the promotion of fair treatment and inclusion.** They were not well sighted on the experiences of prisoners from protected groups, and there was no strategy to guide the work.

10. **Supervision of prisoners waiting to collect their medication from the administration hatches was poor.** This increased the risk of bullying and diversion.

11. **The management of long-term health conditions, including the oversight of waiting lists and applications, was limited.**

12. **Time out of cell was poor.** A restricted regime was in place and our checks found 38% of prisoners locked in their cell during the working day.

13. **The activity allocation process was not coordinated effectively, and leaders did not make sure that prisoners undertook activities that met their short-, medium- and long-term plans.** Too many places remained unfilled.

14. **Attendance was low in education, skills and work activities.**

15. **Leaders had not implemented an effective induction process so that prisoners knew about the full range of activities at the prison.** Leaders did not provide appropriate careers information, advice and guidance so that prisoners were suitably informed about their next steps.

About HMP Manchester

Task of the prison
The prison holds long-term category B prisoners. It also has a category A remand function and a close supervision centre (CSC).

Certified normal accommodation and operational capacity (see Glossary) as reported by the prison during the inspection
Prisoners held at the time of inspection: 623 (not including six men in the CSC)
Baseline certified normal capacity: 744
In-use certified normal capacity: 676
Operational capacity: 744

Population of the prison
- The prison was holding 31 category A prisoners plus eight high-risk category A prisoners.
- 36% of prisoners were serving an indeterminate sentence, including 4% serving an indeterminate sentence for public protection (IPP).
- In the last year, there had been 269 new arrivals and 70 releases into the community.
- 31% of prisoners were from black and minority backgrounds.
- 13% of the population were young adults (18–25 year olds)
- A high number of prisoners (204) were receiving support with substance misuse problems.
- 61 foreign national prisoners were from 25 different countries.
- In the last year, there had been 12 transfers to secure hospitals.

Prison status and key providers
Public

Physical health provider: Greater Manchester Mental Health NHS Foundation Trust
Mental health provider: Greater Manchester Mental Health NHS Foundation Trust
Substance use treatment provider: Delphi Medical
GP provider: Caredox Limited
Dental provider: The Vallance Dental Centre
Prison education framework provider: Milton Keynes College
Escort contractor: GeoAmey (category B prisoners), HMPPS (category A prisoners)

Prison group
Long term and high security estate (LTHSE)

Prison Group Director
Gavin O'Malley

Brief history
Manchester prison opened in June 1868. Following a large-scale disturbance in 1990, the prison had major repairs and refurbishments. The prison moved into

the Directorate of High Security Estate in April 2003. In 2020, the prison's function changed from a core local to a long-term category B training establishment, with a small category A remand function.

Short description of residential units
A wing: Induction unit and vulnerable prisoners
B wing: General population
C wing: General population for full-time workers
D wing: General population
E wing inner: Category A unit, including category B and escape list prisoners
E wing outer: Category A unit, including category B and escape list prisoners
G wing: General population
H wing: General population, plus a separate social care unit
I wing: Drugs and alcohol recovery unit
K wing: Incentivised substance free living unit
M wing: Health care inpatients

Name of governor and date in post
Robert Knight, November 2019

Independent Monitoring Board chair
John Peoples

Date of last inspection
6–17 September 2021

Section 1 Summary of key findings

Outcomes for prisoners

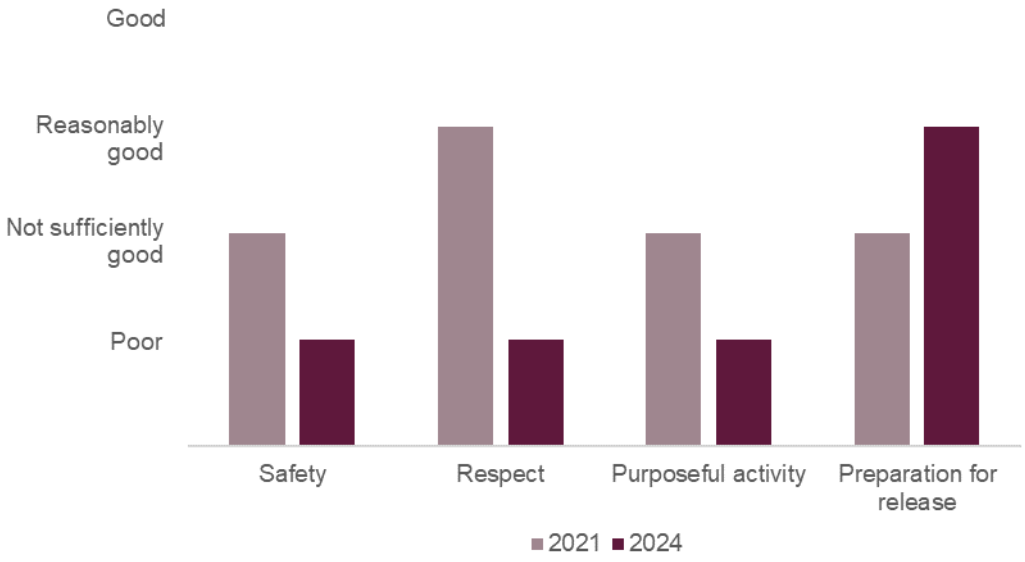
1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

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

- poor for safety
- poor for respect
- poor for purposeful activity
- reasonably good for preparation for release.

1.3 We last inspected HMP Manchester in 2021. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Manchester healthy prison outcomes 2021 and 2024



Progress on key concerns and recommendations from the full inspection

1.4 At our last inspection in 2021 we made 24 recommendations, 10 of which were about areas of key concern. The prison fully accepted 20 of the recommendations. It partially (or subject to resources) accepted four of the recommendations. It rejected none of the recommendations.

1.5 At this inspection we found that two of our recommendations about areas of key concern had been achieved, three had been partially achieved and five had not been achieved. For a full list of the progress against the recommendations, please see Section 7.

Notable positive practice

1.6 We define notable positive practice as:

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

1.7 Inspectors found 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 'Run for your life' programme was a positive initiative to break down barriers between staff and prisoners. It was a short programme of intense physical activity, group discussions and team exercises involving staff and prisoners working alongside each other.	See paragraph 4.5
b)	The prison had taken learning from HMP Risley to develop a good range of support for veterans.	See paragraph 4.32

Section 2 Leadership

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

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

2.2 The governor was very experienced, had a good understanding of the significant challenges faced by the prison and had set clear and appropriate priorities. Despite this, we found a concerning decline in outcomes; three out of four healthy prison tests were now rated poor. At our last inspection, we made 17 recommendations under safety, respect and purposeful activity. Of these, only one had been achieved in full.

Organised crime gangs were targeting the prison. Leaders faced the continuous arrival of large quantities of illicit items by drone deliveries and, in some instances, staff corruption. They had developed very good partnership working with the police and other criminal justice services to improve detection and responses, but this was not enough to address the problem.

2.3 Help from HM Prison and Probation Service (HMPPS) and the Ministry of Justice (MOJ) had been slow to arrive. In 2021, funding for more secure cell windows had been approved but hardly any had been installed to date, and there was evidence that they were already being breached. More robust netting was needed over some of the exercise yards, but this had yet to be added. Investment in a fully functioning CCTV system was also lacking.

2.4 Leaders at every level had allowed poor standards of cleanliness to persist, starting in the gate lodge, but also including many of the staff rooms and some showers on the wings. This arguably set a tone for the rest of the prison. A manager told us that when he tried to improve cleanliness, staff did not always do what he asked. Very recently, HMPPS had started to send one of their teams into the prison ostensibly to help improve cleanliness, but it was too soon to see any benefit and fundamentally this remained a task for local leaders and staff.

2.5 The prison was not fulfilling its role as a training prison. Ofsted judged the provision of education, training and work as inadequate. Leaders' expectations of prisoners were not high enough and the education, skills and work curriculum was not ambitious enough.

2.6 A small number of detached duty officers had very recently been allocated to the prison to improve prisoners' attendance at activities by

making movement from the wings easier. For many prisoners, time out of cell, however, remained very poor. Leaders had achieved a full officer complement, but about 30% were not available for operational duties. This meant leaders had introduced a very restricted regime to manage that limited prisoners' time out of cell.

2.7 Leaders had not done enough to improve behaviour. In our survey, hardly any of the prisoners thought the culture at the prison encouraged them to behave well. Behaviour management systems were weak, and leaders had failed to establish a range of incentives or opportunities to promote positive behaviour. Many prisoners behaved in ways that suggested they thought they had little to lose, limiting their willingness to engage constructively.

2.8 Leaders had not been able to improve the capability of prison officers; at the time of our inspection, 40% of officers had under two years' experience in the role. It was clear that many lacked confidence or competence. We witnessed a lack of order and control, with officers failing to challenge very poor, antisocial, or even criminal behaviour. This heightened the level of instability on some wings.

2.9 In our staff survey, many staff (56%) said their morale was low or very low. Additionally, 26% of staff said they had never met with their line manager or a mentor to discuss how they were progressing in their role and what they needed to improve.

2.10 Overall, partnership working was reasonable but senior healthcare leadership was fragile, lacking for example, a clear strategy for improvement. There was stronger management of the offender management unit (OMU) and staffing levels had improved since 2021. Leaders had developed a resettlement hub, had secured a part-time member of staff to enhance preparation for employment on release and had improved the range of interventions for offending behaviour.

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 In the preceding year, an average of 22 prisoners arrived each month. Staff greeted new prisoners courteously, but the reception area was untidy and holding rooms were dirty.

3.2 Most early days arrangements were adequate. Prisoners were processed quickly and appropriately in reception. They were thoroughly searched, given something to eat, had a private and properly focused risk interview with staff, and saw health professionals and a faith minister. Prisoners were offered a shower and could make a free phone call. Staff made every effort to complete the searching of prisoners' property before they moved to the first night unit, so they could take it with them.

3.3 Peer supporters were employed in reception and on the first night unit. But, as they were not always available, access to them was limited.

3.4 Staff checked on new arrivals during their first night. This was sensible, but too little was done to speak with prisoners in private once they had arrived onto their first night unit, and before they were locked in cell.

3.5 In our survey, just 20% of prisoners said their first night cell was clean, which was much worse compared to similar prisons (42%). Cells we looked at were poorly prepared and not particularly welcoming. Some cells had broken windows. However, prisoners were provided with all the necessary furniture and equipment for their cell. They could also get an advance to buy vapes, which helped them avoid getting into debt.

Broken cell window

3.6 New arrivals received a lot of written information. Few prisoners said they had read this and some we spoke to said they were not able to read it. The induction room was pleasant and, subject to staff availability, the programme started the next working day with a presentation from an officer and a peer supporter. However, the presentation we observed was out of date. In our survey, 74% of prisoners said they had received an induction. But only 42% of those said it had covered everything they needed to know.

Induction room

3.7 The programme also included input from other teams, including education, safer custody, substance misuse and gym staff. But, from the records we reviewed, we were not assured that every element was always completed.

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 In our survey, 57% of prisoners said they had felt unsafe at some point during their time at HMP Manchester and 23% felt unsafe at the time of this inspection.

3.9 Prison data showed that it was one of the most violent of all adult male prisons in England and Wales and the rate was still increasing. The rate of serious assaults was the highest of all prisons holding adult men. Violence against staff, including serious assaults, was also high and above average for similar prisons.

3.10 Outcomes were poor when comparing the rate of violence with other prisons. In September 2023 to August 2024, the rate of serious assaults in Manchester was the highest of all adult prisons. This was driven by the rate of serious prisoner-on-prisoner assaults, which was also the highest.

3.11 Leaders had identified the main causes of violence and knew that the supply of drugs and other illicit items was undermining their efforts to improve safety. They had also noted an increase in gang membership and organised criminal activity now their population came from all over England and Wales. In addition, they had identified and dealt with some staff corruption. But, when faced with such overwhelming problems, leaders' actions to improve safety were simply not enough.

3.12 Hardly any prisoners (3%) who completed our survey said that the culture at the prison encouraged them to behave well. There was a lack of order and control on some wings. For example, we saw prisoners throwing broken furniture down stairways. We also saw evidence of threats made to officers not being challenged robustly which left men facing few consequences. We were told that, in response to the installation of new, more secure windows, some prisoners had threatened contractors and their families as the installation was meant to make it more difficult for prisoners to take delivery of drone parcels.

3.13 There was also lots of low-level rule breaking that many staff did not challenge. For example, we saw prisoners vaping in communal areas, often while they were talking to staff. Prisoners ignored rules about dress code, played extremely loud music, and the smell of drug smoking permeated many wings.

3.14 Challenge, support and intervention plans (CSIPs) aimed to help prisoners change their behaviour. Most we reviewed were based on a reasonably good quality investigation and had led to the development of a clear action plan. It was therefore disappointing that some officers we spoke to were not familiar with the content of the action plans or what they needed to do to support the intervention and improve the behaviour of those prisoners.

3.15 In our survey, only 15% of respondents said that good behaviour was rewarded fairly. The local incentives scheme offered little to encourage prisoners. Given the high levels of violence and other very poor behaviour it was astonishing that over half of the population (around 300 prisoners) were on the highest incentive level. We were not assured that details of poor behaviour were always entered onto the case recording system. This undermined the gathering of evidence to inform reviews.

3.16 Due to fears for their own safety, at the time of our inspection, around 25 prisoners were choosing to isolate in their cell. Leaders had formulated, but not yet implemented, a reasonable strategy to address this. We found that prisoners who were isolating often received little support and had a very poor day-to-day regime. Some men we spoke to said they rarely showered or cleaned their cells. They also described

staff making only cursory enquiries about their wellbeing and they described an overall feeling of neglect.

Adjudications

3.17 The adjudications system was in disarray and there was a significant backlog of charges waiting to be dealt with. On more than one occasion, staff told us that they felt that placing prisoners on a charge wasn't worth their effort.

3.18 The most frequent charges were for violence, unauthorised possession (mainly drugs, weapons, and mobile telephones) and disorder.

3.19 We calculated that over 900 adjudications (around 43%) commenced in 2024 were yet to be completed. Many had been adjourned due to a lack of staff to either attend or bring the prisoner to the hearing. On one day alone, we saw 16 cases automatically adjourned due to staff not being available.

3.20 Very few charges had been referred to the independent adjudicator. Around 300 had been referred to the police in recent months with around 1 in 5 being taken forward by the Crown Prosecution Service as criminal charges.

Use of force

3.21 The use of force was very high. Since 2021, the number of incidents had more than doubled from 384 to 853 incidents. The rate was now the second highest among category B training prisons and was among the highest in all prisons holding adult men.

3.22 PAVA incapacitant spray (see Glossary) had been drawn 63 times and used 51 times. This was very high compared to both similar prisons and all adult male prisons. From records we reviewed, we were not assured that all uses were absolutely justified.

3.23 In the last year, the recorded use of designated unfurnished cells in the segregation unit had reduced to 13 uses, compared to 23 uses in the same period before our last inspection. However, documentation to authorise its use was poorly completed. Records showed that the average length of stay was a not insignificant 7.5 hours and prisoners often had their own clothing forcibly removed. Again, documentation did not evidence the justification for this. (See paragraph 3.44)

3.24 Despite the reduction in the use of unfurnished cells in the segregation unit, we were concerned by the unusually frequent use of unfurnished cells elsewhere in the prison. This usage was not properly authorised or accounted for and therefore leaders could not assess the full extent or legitimacy of its use.

3.25 Since our last inspection, oversight of the use of force had improved. Each week leaders reviewed paperwork and, where available, video footage of a sample of incidents, including all those where batons or PAVA had been drawn or used. Where issues were identified, leaders

took appropriate action to deal with any inappropriate behaviours and make improvements to practice.

3.26 However, this scrutiny was undermined by the limited use of body worn video cameras. Footage was only available for 42% of all incidents. We found that, even when multiple staff had used force against an individual, many of them had not switched their cameras on. This meant that there was only partial coverage, and the quality of some footage was very poor. This, coupled with paperwork that was not always completed in detail, limited leaders' ability to assure themselves that force was always necessary and proportionate.

3.27 From the footage we were able to review, we were concerned about some unprofessional and inflammatory language. We also found examples where staff failed to gain adequate control of situations and individuals, as well as the use of some inappropriate techniques.

Segregation

3.28 The segregation unit had 18 cells, including four special cells, but a few of the 18 cells were out of use due to damage by prisoners. Most of the operational cells were in a reasonable condition and all had power sockets. Prisoners on the standard and enhanced level of the incentives scheme could have a television.

3.29 One of the two shower areas had been out of order for over 18 months. Although communal areas were generally clean, the security razor wire around the exercise yard was littered with discarded clothing and other rubbish.

Segregation razor wire

3.30 The unit had a chronic rodent infestation and we saw rats in waste bins, on landings, in the servery and on the exercise yard. Staff and prisoners told us that this was an ongoing issue and they had little confidence it would be resolved any time soon. (See paragraph 4.8.)

Rat in segregation yard

3.31 In our survey, prisoners were far more negative about the daily regime in the segregation unit than those at similar prisons. Each day, men could have a shower, 30 minutes of exercise and access the telephone and electronic kiosk. But the regime was often cut short due to lack of staff.

3.32 Due to building work elsewhere, prisoners from E wing were using the segregation exercise yard as well as those from the close supervision centre. This reduced the amount of access for men in segregation. The yard was bare and bleak.

Segregation exercise yard

3.33 For most prisoners, the length of stay on the unit was less than 14 days. There was a good focus on reintegration to the main wings through reasonably good quality care plans. A few men had remained on the unit longer than 14 days, but we were satisfied that leaders made every effort to try to help them relocate when it was safe to do so. Despite good efforts by staff, one prisoner had been segregated for over a year. But there were plans in place to enable him to move to another prison for a fresh start.

Security

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

3.34 In our survey, around half of all prisoners said that alcohol and drugs, including non-prescribed medications, were easy to get hold of. Over the last year, the proportion of prisoners testing positive for drug use was high at 39%.

3.35 The prison had a serious problem with drugs, weapons, mobile telephones, and even takeaway meals being delivered by drones to cell windows. Organised criminal groups led this activity some, we were told, having international connections and support. In the last year there had been 220 drone sightings. This was by far the highest across all prisons in England and Wales.

3.36 Poor physical security did not help the fight against drug supply. The CCTV system was not fully working and there was poor quality security netting over exercise yards. Broken windows allowed illicit items to be delivered to cells. These could then be passed on to other cells and wings.

3.37 HMPPS were taking far too long to make improvements. For example, funding for better and more secure cell windows had been approved in 2021 but hardly any had been installed and it had only taken a couple of days for prisoners to find a way of melting the panes.

Burned new window

3.38 Finds of weapons and drugs were among the highest of all adult male prisons. In the last year, there had been 301 weapon and 289 drug finds. Most searching was intelligence led. Over 90% of searches were completed within 48 hours of the request and there was a good success rate, with over 65% finding items. However, it was disappointing that very few suspicion drug tests had been carried out in the last year.

3.39 Local leaders were clearly struggling to stop and intercept the drones. But a combination of excellent intelligence management and joint working with local and national policing units had enabled the arrests of some drone pilots, seizures of drones and interception of packages (some weighing more than 7kg). Corrupt staff also posed a high risk but the governor did not shy away from this issue and some convictions had been achieved.

3.40 A significant amount of intelligence was received from around the prison which was quickly triaged to identify priority and emerging risks. From Monday to Friday, reports were triaged twice daily. Although, too

many reports that were assessed as lower priority were waiting to be dealt with.

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

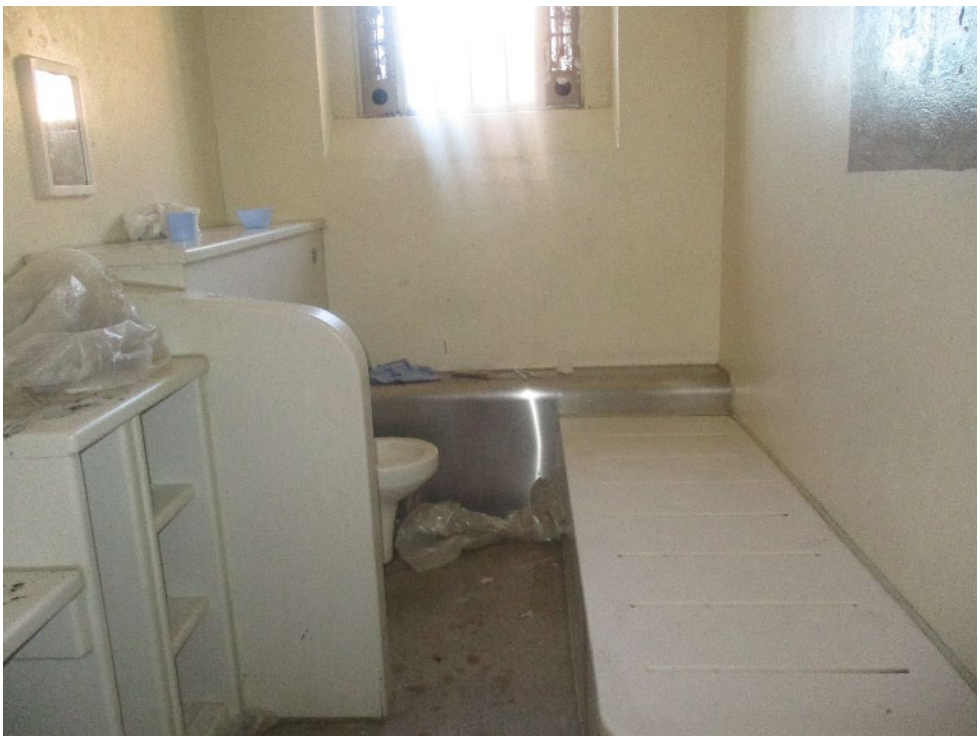
3.41 Since the last inspection, there had been six self-inflicted deaths in addition to a further one which took place a few weeks after our visit. A further three deaths since the last inspection had suspected links to illicit drug use. The reported rate of self-harm was the fourth highest of all adult male prisons. These rates were almost three times higher than they were in the year prior to our last inspection. The number of prisoners harming themselves had doubled from 76 to 159 men.

3.42 Fourteen incidents had been classed as serious and required a local investigation. But the quality of investigations was lacking, limiting potential learning.

3.43 The support for men at risk of self-harm was inadequate. Leaders had consulted with prisoners and staff were aware of the issues that could lead to self-harm. These included a lack of purposeful activity, drug availability and associated debt, alongside frustrations about basic requests not being dealt with by staff. However, it was disappointing that these issues had not been resolved with any sense of urgency. Too little had been done to help prisoners cope more positively. There was not enough specialist support and what was in place, such as the specialist counselling service, “Outspoken”, often had long waiting lists. (See paragraph 4.68.)

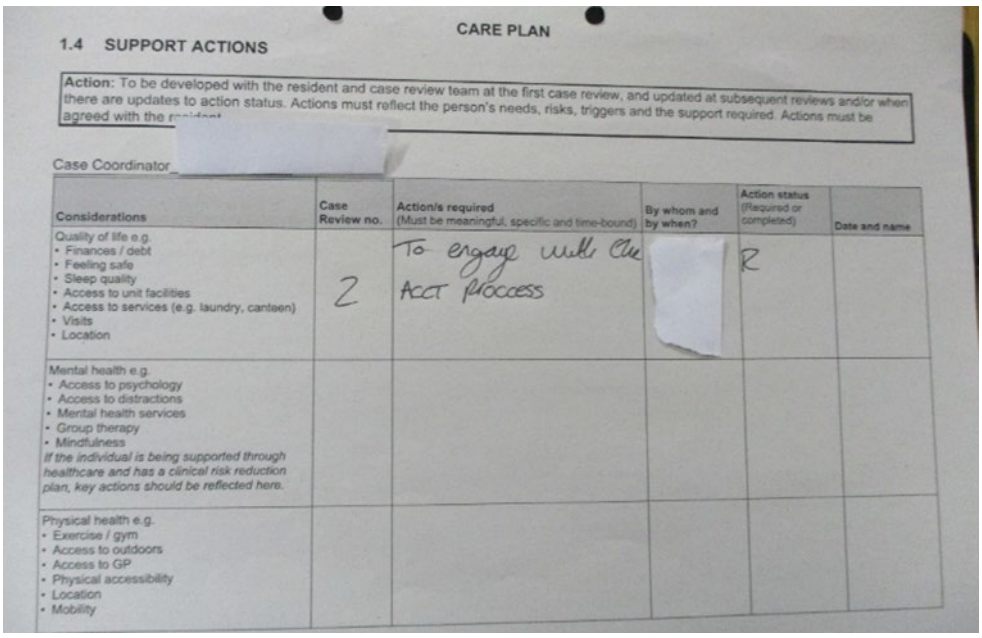
3.44 Many prisoners in crisis experienced the use of restrictive measures including physical force, anti-rip clothing, constant supervision, segregation and the removal of personal possessions. However, there was a lack of robust and defensible decision making to justify such interventions. Many prisoners we spoke to who had experienced one or more of these restrictive measures said it made them feel worse, rather than supported and cared for.

3.45 In the last year, constant supervision had been used 196 times. Sometimes this was for very long periods. For example, in one case, over five months. The constant supervision cells we looked at were in poor condition and the regime provided was very limited. One prisoner described his location during constant supervision as ‘degrading’. There was no log for the use of anti-rip clothing, so it was not clear how widespread or appropriate its use was.



Constant supervision cell

3.46 In the last year, 428 ACCTs (see Glossary) were opened. This was high and indicative of the level of crisis in the prison. Despite this level of need, there were significant weaknesses in the ACCT process. Care plans were often very limited or non-existent, most lacked consistent case management and very often there was evidence of only transactional engagement with the prisoner. However, a small number of men who hurt themselves prolifically had been supported well. This had successfully reduced the frequency and severity of their self-harm.



CARE PLAN

1.4 SUPPORT ACTIONS

Action: To be developed with the resident and case review team at the first case review, and updated at subsequent reviews and/or when there are updates to action status. Actions must reflect the person's needs, risks, triggers and the support required. Actions must be agreed with the

Case Coordinator

Considerations	Case Review no.	Action/s required (Must be meaningful, specific and time-bound)	By whom and by when?	Action status (Required or completed)	Date and name
Quality of life e.g. • Finances / debt • Feeling safe • Sleep quality • Access to unit facilities • Access to services (e.g. laundry, canteen) • Visits • Location	2	To engage with Cm ACCT Process		R	
Mental health e.g. • Access to psychology • Access to distractions • Mental health services • Group therapy • Mindfulness *If the individual is being supported through healthcare and has a clinical risk reduction plan, key actions should be reflected here.*					
Physical health e.g. • Exercise / gym • Access to outdoors • Access to GP • Physical accessibility • Location • Mobility					

Care plan

3.47 When we checked, 35 prisoners were on an open ACCT. Only three of them were engaged in full-time purposeful activity and only 13 had part-time or in-cell activity. The remaining 19 were unemployed so had nothing to keep them occupied and spent long periods locked in cell, which was not helping their well-being. In our survey, only 26% of men who had been on an ACCT said they felt cared for by staff. Many prisoners we spoke to also told us this.

3.48 Positively, since our last inspection, the number of Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) had increased. However, there were too few suitable rooms for them to meet with those men in crisis. In our survey, only 36% of prisoners said it was very or quite easy to speak to a Listener if they needed to. The prison allowed men 24-hour access to call the Samaritans. Demand for this was very high and in the previous year there had been almost six thousand calls. But some prisoners on ACCT were in cells without a working telephone.

Protection of adults at risk (see Glossary)

3.49 Links with the local authority adult safeguarding board were not well developed and prison officers' awareness of adult safeguarding risks remained limited. However, if risks were identified, we were assured that staff would take appropriate action through discussions and planning at the prison's safety intervention meeting which met weekly to support prisoners most at risk of harming themselves or others.

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 The shortage of officers, the restricted regime, and a lack of time out of cell limited the development of rapport and constructive relationships between staff and prisoners. Some officers lacked confidence and capability, and on some of the wings there was a widespread disregard for the enforcement of basic rules and standards. (See paragraphs 2.9 and 3.13.)

4.2 The quality of staff and prisoner relationships was also negatively affected by mistrust between staff and prisoners and, unusually, between some staff. Some prisoners we spoke to felt that officers did not care, and would not do, what they said they would do to help them. Corrupt behaviour by a small number of staff members had also fuelled mistrust.

4.3 In our survey, only 33% of prisoners said that, in the last week, a member of staff had talked to them about how they were getting on. According to prison data, most prisoners (70%) had not received any key work support in the three months leading up to this inspection which was very disappointing for such a long-term and high-risk population. Leaders had prioritised some prisoners for key work. The delivery of this remained inconsistent, although it was better for the small number of men convicted of terrorist offences.

4.4 The range of peer workers was limited, and some were not very visible around the prison. The Shannon Trust mentors were more effective in their role but in areas such as early days, they were not being used to their full potential.

4.5 The ‘Run for your life’ programme was a positive initiative to break down barriers between prisoners and staff. It was a 3-day course aimed at promoting good relationships through intense physical activity, group discussions and team exercises. In the six months prior to our inspection, 63 prisoners and staff had participated and feedback from these sessions was positive.

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 It was very positive that most prisoners lived in single cells and that the prison was not overcrowded. However, since our last inspection, living conditions had deteriorated significantly. Leaders at every level had allowed poor standards of cleanliness to persist, including in the gate lodge, many of the staff rooms and some showers on the wings. Despite a significant number of prisoners employed as cleaners, many of the wings were dirty. Cleaners did not have access to equipment such as gloves, appropriate clothing or cleaning materials. We saw one prisoner trying to scrub a staircase with a toothbrush.

4.7 Outdoor areas, particularly some of the exercise yards, were heavily littered and this was not helped by the longstanding issue of broken cell windows, problems with the waste management system and delays in basic repairs being completed. Leaders had recently invited HMPPS to support them in setting the expected standards around decency and cleanliness, but this was not yet having an impact.

Exercise yard

4.8 There was a chronic rodent infestation, including rats, which was made worse by the amount of food thrown out of cell windows. During our

inspection, we found several piles of rat droppings and prisoners were blocking the bottom of their cell door to try and stop them getting in.

4.9 In our survey, prisoners were significantly more negative about access to clean bedding. Only 34% of men, compared to 59% in similar prisons, said they could get clean bedding every week if they wanted to. Wing stores were not well stocked and unlike at many other prisons, there was no weekly clothing exchange. Wing laundries did help to mitigate this, but some equipment was out of order.

4.10 In our survey, 51% of prisoners said they could have a shower daily if they wanted one, compared to 89% of men in similar prisons. The reasons for this were unclear. Many showers lacked privacy and were damp and dirty. About a third needed refurbishment, but there were no plans to do this.

Showers

4.11 A few wings, notably C, E inner and K wings, were in a reasonable condition. However, too many cells on other wings were poorly equipped and/or in a state of disrepair, with broken furniture, missing toilet seat or no privacy curtain. Many cells had broken or missing windowpanes, which prisoners filled with foam from pillows and mattresses to stop the cold from getting in. We were told by prison leaders that at the time of our inspection, vacancies in the maintenance team were leading to significant delays in basic repairs being completed.

Broken furniture, blood-stained walls, a smashed observation panel and foam-covered windows

4.12 In our survey, only 11% of prisoners said their cell call bell was normally answered within five minutes, compared to 25% in similar prisons. The average response time to cell call bells in A, B, D and G wings was longer than five minutes. In some cases, records showed that the bell had rung for over two hours. Leaders told us that, in these

cases, the intercom system may have been used to speak to the caller, but they could not be certain of this.

Residential services

4.13 In our survey, only 16% of prisoners said the quality of food was quite or very good which was significantly worse than in similar prisons.

4.14 Breakfast packs were very small and were given to prisoners at lunchtime the day before they were meant to be eaten. The serving of meals was poorly supervised. Prisoners rarely wore appropriate personal protective equipment, serving utensils were not always available and, on some wings, we saw prisoners serving food with their bare hands. Temperature checks on the food were not always completed prior to serving.

4.15 Kitchenettes on each wing enabled men to cook their own food and these were highly valued by prisoners. However, many of them were grubby. There were freezers on some wings, but most prisoners were unable to buy frozen food from the prison shop.

Kitchenette

4.16 Other than for frozen food, the shop provision was sufficient and prisoners could make an order each week. There was a range of catalogues but the process to buy items was lengthy. Both prisoners and staff told us about their frustrations between discrepancies in the items allowed in possession at different prisons.

Prisoner consultation, applications and redress

4.17 For most applications, prisoners could use the electric kiosks. According to prison data, 92% of applications were responded to within seven days. However, prisoners lacked confidence in the system. In our survey, only 30% of men said applications were dealt with fairly, which was significantly worse than in similar prisons (44%) and the quality of responses was not yet being checked by leaders.

4.18 Complaint boxes were not clearly marked, and forms were not readily available on all wings. As at our last inspection, prisoners still lacked confidence in the process and, in our survey, only 20% said they were dealt with fairly. Since our last inspection leaders had amended the process so that only a few administrative staff had access to the complaints boxes. But a few prisoners we spoke to claimed they had submitted complaints that were never responded to, and we spoke to an officer who could corroborate this for one prisoner.

4.19 The quality of responses to complaints that we reviewed was adequate overall. However, investigations were not always thorough and sometimes the response did not address the prisoner's concern. Leaders had recently improved the complaints quality assurance process to try to address this.

4.20 Consultation arrangements were not fully effective. In our survey, 39% of prisoners said they were consulted on things such as food, canteen and wing issues. This was significantly fewer than in similar prisons (54%). Of those who said they were consulted, only 27% said things sometimes changed.

4.21 A prison council was in place, but meetings were not held very often. A wide range of staff attended, but prisoner attendance was less good. Wing managers also held some residential forums. Many prisoners we spoke to did not know who their wing representative was or the outcomes from the council meetings.

4.22 The library had up-to-date legal texts and prisoners had sufficient access to legal visits, both in person and through video calls. Leaders had built connections with the Criminal Cases Review Commission and held a surgery for those who felt they were wrongly convicted or wrongly sentenced. This was well received. (See paragraph 6.21.)

Fair treatment and inclusion

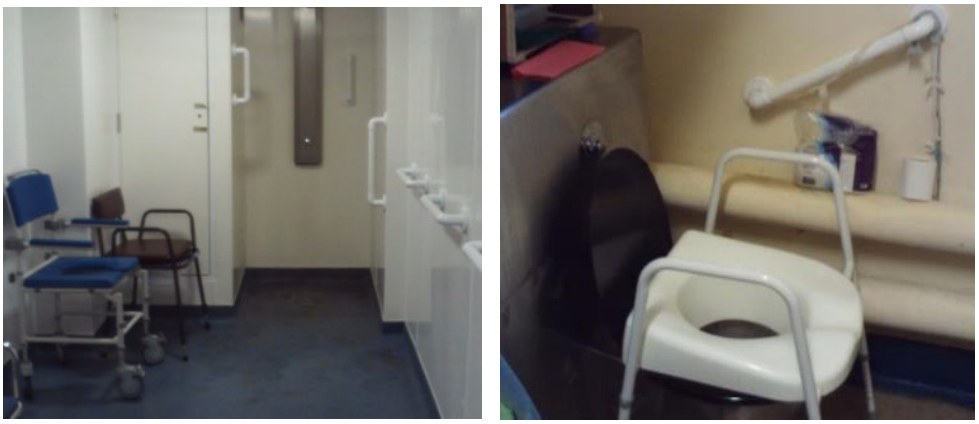
Expected outcomes: There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics (see Glossary), or those who may be at risk of discrimination or unequal treatment, 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.

4.23 While we saw some areas of positive action to promote fair treatment and inclusion, the culture at the prison was undermined by limited staff-prisoner relationships, the availability of drugs, and a lack of safety and stability. Some prisoners with protected characteristics lacked confidence that their individual needs would be recognised or understood. For example, in our survey, 63% of prisoners identifying as having a disability said that they had been bullied or victimised by other prisoners. This had not been identified by leaders and was significantly higher than for the rest of the prison population (17%).

4.24 There was a persistent lack of attendance at consultation forums, and many were not held as often as they should have been. This left leaders with limited insight into prisoners' experiences. The ethnic minority forum, chaired by the governor, was a notable exception to this and provided a good consultative environment.

4.25 At the time of our inspection, nine men were held in a small social care unit which provided a very supportive environment. Two operational staff staffed the unit during the day, and prisoners were positive about the help they received. (See paragraph 4.65.)

4.26 The prison had adapted cells available for those with mobility issues. But prisoners with physical disabilities outside of the social care unit described feeling unsupported. The prison had two 'wing carers' (prisoners paid to support peers with disabilities). Although they demonstrated good knowledge of their roles, their day-to-day supervision and support was limited.



Adapted facilities

4.27 At the time of our inspection, 20 prisoners had individualised plans for their evacuation in an emergency. Although these were available in wing offices, staff were not always familiar with them. It was particularly concerning that night staff had not been appropriately briefed about the help those prisoners would need in an emergency.

4.28 There was some good work to support men with neurodiverse needs. The neurodiversity support manager had identified 24% of prisoners as potentially having a need and was working with some complex individuals to offer them support. Training had also been offered to staff

and the psychology department had prepared some helpful materials on working with neurodiversity.

4.29 While this work was positive, it was not yet fully embedded. Some prisoners we spoke to with neurodiverse needs said they did not receive the support they needed. While there were neurodiversity mentors in some workshops, this did not extend to the wings.

4.30 There were 61 foreign national prisoners but support for these men was limited. Home Office staff did not attend the prison regularly to provide advice. Wing staff who looked after men with limited or no spoken English lacked awareness of professional interpretation services. Foreign national prisoners were, however, given additional access to video calls with family members abroad, which was positive. (See paragraph 6.5.)

4.31 There was some good work taking place with young adults, though this largely focussed on the small category A cohort. This included monthly psychology drop-in sessions, delivery of the 'Choices and Changes' maturation programme and a good range of staff training specific to working with young adults.

4.32 Support for veterans was developing well. This included a regular forum and celebration of Armed Forces Day. Staff had also visited HMP Risley to learn from their work supporting veterans, including a specific unit providing help and advice from peer workers. HMP Manchester was using this learning to develop their own range of support, including the provision of free phone credit for prisoners to contact veterans' support services.

4.33 The prison lacked an overarching strategy to guide work on fair treatment and inclusion, which was a gap. Equality action team meetings made good use of a range of data to identify disproportionate outcomes, although some issues went unresolved for a long time. For example, leaders had identified an underrepresentation of prisoners from ethnic groups other than white in trusted orderly roles, but no actions had been taken to address this.

4.34 In the last year, the prison had received 63 discrimination incident reporting forms. These were subject to internal quality assurance and referred to an external organisation for further scrutiny. Most of the investigations we looked at were reasonably thorough but some of the replies sent to prisoners following their complaint were cursory.

Faith and religion

4.35 The large chaplaincy team was staffed by six full-time and part-time chaplains and supported by ten volunteers. The team worked well across the establishment, providing pastoral care to prisoners and staff, and attending prisoners' reviews and key leadership meetings.

4.36 The chapel and world faith rooms were welcoming and provided adequate space. The chaplaincy offered regular communal worship

opportunities to most faith groups and delivered additional sessions to enable Category A and general population prisoners to attend.

World faith room

4.37 It was disappointing that provision was limited beyond corporate worship. At the time of inspection, a Christian study group and music course were running but there were no study groups available to other faiths.

Health, well-being and social care

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

4.38 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC issued one 'action plan request' notice following the inspection (see Appendix III) and took further enforcement action in the form a Warning Notice, served to the provider on 14 November 2024 under Section 29 of the Health & Social Care Act 2008.

Strategy, clinical governance and partnerships

4.39 NHS England (NHSE) commissioned Greater Manchester Mental Health (GMMH) NHS Foundation Trust as the prime provider of health care services and The Vallance Dental Centre to provide dental

services. GMMH subcontracted clinical and psychosocial substance misuse services to Delphi Medical and GP services to Caredox Limited.

4.40 Key senior health leaders had only recently been appointed so their knowledge of services was limited. Oversight of key areas of governance was weak and an improvement plan was not in place.

4.41 Regional prison partnership boards met quarterly. Commissioners held assurance meetings and regular visits to the prison to monitor delivery of the contract. However, the local delivery board had not met and there were gaps in clinical governance meetings over recent months, which was poor. The interim head of health care was yet to attend a prison senior leaders meeting.

4.42 An incident reporting system (Inphase) was used to record clinical incidents. Health leaders reviewed incidents and had identified under-reporting relating to areas including illicit substance use, self-harm and violence. But there was no plan to address this. Learning was shared locally at staff handovers and in a safety bulletin. There had recently been two deaths in custody. Investigations into these lacked oversight and action planning was poor.

4.43 Clinical audits were completed regularly, but these did not inform areas for improvement, track progress or improve patient outcomes. The local risk register did not capture all risks accurately.

4.44 A safeguarding policy was in place but most health staff we spoke to did not know how to make a referral.

4.45 There was no healthcare patient forum and many patients we spoke to were unhappy about aspects of the health care they received. Complaints were often returned by officers using the internal postal system, which risked confidentiality. The quality of responses we reviewed was poor, and complaints were often not responded to within agreed timescales.

4.46 We observed professional, compassionate, and respectful interactions between healthcare staff and patients. Staff we spoke to felt supported and supervision, appraisal arrangements and mandatory training compliance was reasonable. Clinical notes we looked at generally met professional standards but needed to improve in primary care.

4.47 Some clinical rooms were poor, untidy and did not meet infection control standards. The patient waiting area was bleak. Emergency resuscitation equipment was in good condition and daily equipment checks were completed.

4.48 Health care practitioners were trained to provide immediate life support and we were told that, in an emergency, an ambulance was promptly called.

Promoting health and well-being

4.49 While there was no prison-wide approach to health promotion, some activities did encourage well-being, including partnership work between health and gym staff to undertake joint exercise sessions with prisoners. Additional work was underway with the prison to look at the quality of the food.

4.50 There was a lead staff member for health promotion, and work had started on a draft strategy. Some information was displayed around the prison based on national campaigns in addition to some nurse led clinics. A newsletter informed staff about upcoming health initiatives. The 'Ask Sue' initiative encouraged hard-to-reach prisoners to access health services.

4.51 Prisoners were offered screening for blood borne viruses, and specialist sexual health services were available. Prisoners had access to relevant immunisations as well as other vaccines, such as flu and hepatitis A. National health screening programmes, such as bowel cancer, were in place, as were age-related NHS checks. There had been delays with retinal screening, however two clinics had been booked for October 2024. There were delays in providing smoking/vaping cessation support.

4.52 Peer support established by Delphi did not extend to the wider health care provision.

Primary care and inpatient services

4.53 New arrivals received comprehensive primary and secondary screening, which included an assessment of their physical and mental health and onward referrals to other health professionals within the required timeframe. Consent was sought to access patients' community clinical records.

4.54 Health care was available 24 hours a day. An effective appointments system was in place and appointments could be requested through the kiosks on the wings. However, these were not reviewed daily and were not clinically triaged. Patients could see a GP for a routine appointment within 13 days or a nurse on the same day, for urgent clinical needs.

4.55 There were some care pathways and operating procedures to guide staff and inform decision making, for example, relating to reception, urgent and routine care.

4.56 There was a range of primary care clinics and waiting times were not excessive. However, attendance was poor. Between July 2024 and September 2024, 27% of GP appointments and 48% of nurse clinics were not attended. During this inspection it was evident that the restricted prison regime and time taken to complete medicines administration had a significant impact on the delivery of clinics and opportunities to carry out other work.

4.57 The management of secondary care appointments was effective. There were good working relationships with local hospitals regarding scheduling appointments. However, the system used to monitor and maintain oversight was not up to date.

4.58 The management and oversight of patients with long-term conditions was poor and a risk to patient safety. There were no processes to maintain oversight, ensure early identification and provide ongoing monitoring. Not all patients had a care plan and those we sampled were too generic and not all had been reviewed.

4.59 Link nurses were in post and trained in some long-term conditions, however there were gaps. Clinics for long-term conditions were inconsistent and current arrangements relied on GPs to complete opportunistic reviews of patients.

4.60 Regular meetings were in place to discuss patients with complex care and palliative care needs. These meetings were well attended and provided the opportunity to discuss patients within a multi-disciplinary forum.

4.61 Continuity of care was maintained on transfer and release. Prisoners were offered relevant pre-release assessments and interventions.

4.62 At the time of our inspection, there were ten patients in the 19-bed regional inpatient unit. The unit had two constant watch cells, which were being refurbished, and a palliative care suite which accommodated a hospital-style bed and had accessible shower facilities. Decisions on admissions and discharges were based on agreed clinical criteria. Patients were cared for by both officers and health care professionals. There was a pleasant, well equipped day room but this was underutilised, and patients only had access to a very limited day-to-day regime.

4.63 Clinical record keeping was good. The records we reviewed evidenced appropriate assessments, care plans and regular reviews of risk. Discharges were planned in liaison with the mental health in-reach team to provide support and care after the patient had left the unit.

Social care

4.64 A service level agreement was in place between GMMH and Manchester City Council, however this did not reflect the prison's responsibilities in relation to social care, and oversight was poor.

4.65 At the point of reception, prisoners with social care and support needs were identified. Dedicated social care staff, trained in undertaking specialist assessments, completed referrals and delivered care packages and adaptations where required. There were no delays in providing care following referral, and records accurately reflected when the local authority had completed their assessment. Care plans reflected patients' needs, how these could be met, and were

personalised and easy to follow. Prisoners could summon assistance in an emergency through electronic aids.

4.66 Prison officers' lack of supervision of prisoners on the social care landing was of concern. There was a lack of consistency in officers allocated to this role and none were present once the prison entered patrol state during the night and over lunchtimes.

4.67 Peer carers on the unit were appropriately selected and risk assessed. They provided an appropriate range of support but did not receive training for the role or ongoing supervision and support.

Mental health

4.68 GMMH provided patients with a wide range of treatments and therapies in line with evidence-based practice, including psychological therapies and NHS Talking Therapies. "Outspoken", separately commissioned by NHSE, delivered specific trauma counselling.

4.69 The service was well-led, demonstrated good clinical governance and was responsive to patients' needs. Patients we spoke to were positive about the care and treatment they received.

4.70 Prisoners' immediate needs were assessed by a registered clinician on arrival, they could refer themselves or be referred by staff at any time. The team's skill mix was impressive and this ensured patients were signposted to the most appropriate treatment pathway.

4.71 Waiting times were good across most pathways apart from trauma counselling, where patients could wait over a year to commence therapy. Urgent assessments were conducted within 24 hours and non-urgent assessments were completed within five days. Access to a psychiatrist was prompt, and effective administration support ensured appointments were managed effectively.

4.72 There was a neurodiversity pathway including assessment and an external diagnostic service. It was promising that a learning disabilities nurse had recently been appointed.

4.73 Patients on antipsychotic or mood stabilising medication did not always receive an annual physical health check in line with expected standards. The provider was sighted on this gap and had advanced plans in place to address this.

4.74 Clinical records we looked at were comprehensive and contained up-to-date risk assessments and care plans which were patient-centred and reviewed regularly.

4.75 Disappointingly, the provider was not delivering any mental health awareness or training to prison officers. Some mental health staff expressed safety concerns on some of the wings which were impacting on their delivery of care.

4.76 In the last year, 11 patients had been transferred to hospital under the Mental Health Act. But only two were transferred within 28 days. The longest wait had been 167 days, which was unacceptable. During the inspection, six patients were waiting to be transferred and were all residing in the inpatient unit.

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

4.77 Delphi Medical delivered substance misuse and addiction support through an integrated, seven day a week service.

4.78 All new arrivals were screened and, if necessary, referred to the clinical prescriber and recovery practitioner. Clinical assessments took place promptly and opiate substitution treatment was flexible, in line with national guidance.

4.79 Thirty-three patients were in receipt of opiate substitution therapy and 196 patients were being supported by the non-clinical team. Records we looked at demonstrated joint reviews were taking place at the necessary times and all patients had a personalised recovery plan which was reviewed regularly. The team worked closely with mental health services to deliver tailored treatment to those with a dual diagnosis.

4.80 The most concentrated support was delivered on I Wing (the drug recovery unit) which offered support to around 27 residents. Due to the restricted regime across the prison, this was the only wing where groupwork was being facilitated. The incentivised substance-free living on K wing was a good resource and most prisoners we spoke to were genuinely appreciative of the support.

4.81 The service was well embedded within the prison and worked closely with the health care governor and prison staff. Despite the team's regular attendance at the prison's drug strategy meeting and input into the strategy, drug misuse continued to negatively affect the safety and well-being of prisoners across the prison. There were high numbers of prisoners reported as being 'under the influence' and the service saw each prisoner to offer support and harm minimisation.

4.82 Across the prison, 17 trained substance use peer mentors were delivering support. Those we spoke to felt supported in their role, had a job description and received supervision every 6 to 8 weeks. The service was unable to facilitate mutual aid support groups such as Alcoholics Anonymous and Narcotics Anonymous.

4.83 All patients with a history of, or recent, substance misuse were trained in naloxone (to treat overdose) administration and offered this on release. There were good arrangements in place to support patients returning to the community and provide continuity of care. The service continued to provide staff to the recovery hub, which was located just outside of the prison, and provided a range of advice and practical support on release.

Medicines optimisation and pharmacy services

4.84 Medicines were supplied by an on-site pharmacy and the pharmacists clinically screened all prescriptions.

4.85 Medicines were stored securely in treatment rooms where they were administered or supplied by pharmacy technicians and nurses. On average, 77% of medicines were provided in-possession but prisoners did not have anywhere secure to store their medicines. Risk assessments were comprehensive. The frequency of re-assessment varied flexibly according to the patient's in-possession status.

4.86 Not in-possession medicines were administered twice a day at around 8am and 4.30pm. There was little or no supervision by prison officers of patients waiting at the administration hatch. We observed crowding around hatches while administration was taking place. This meant there was little, or no, confidentiality and it increased the risk of bullying and diversion of medicines. In our survey, 52% of prisoners said it was easy or very easy to get hold of medication not prescribed to them.

4.87 There was no provision for night-time medicines. Medicines were generally administered from patient-named packs, which were kept securely in the treatment rooms. There was a focus to move all patients to named patient packs by the end of October 2024 and there was evidence of this being implemented.

4.88 Although not recorded, quantities of stock were reconciled by pharmacy technicians monthly, and pharmacy was informed when items were administered to patients.

4.89 Prisoners on 28-days prescribing ordered their own medicines and there was a system in place to help them if these were not ordered in time. Patients were not routinely provided with patient information leaflets about their medicines. These were available on request, but staff admitted that patients rarely asked for them.

4.90 Errors, near misses and drug alerts were dealt with appropriately. Fridge temperatures were monitored. There was a full range of standard operating procedures and policies in place and there was a system to record that pharmacy team members had read and understood them. However, some of the procedures were overdue for review.

Dental services and oral health

4.91 The Vallance Dental Centre provided a full range of services. A dentist provided six sessions, and a dental therapist provided two sessions. The waiting time for routine care was six weeks. Patients in severe dental pain or with facial swelling could be seen the next day and had access to appropriate pain relief and antibiotics if needed.

4.92 Patients received their care from an experienced dentist who adopted a flexible approach to minimise the impact of the unacceptably high number of patients (35%) who did not attend their appointments.

4.93 Dental care records were detailed and evidenced patients received appropriate assessment, treatment and oral health instruction.

4.94 The dental treatment room was poor. There was flaking paint on walls and a broken air conditioning unit. However, the separate decontamination area had recently been refurbished.

4.95 Governance was good, equipment was serviced and maintained appropriately and key areas of safety in relation to radiography and decontamination were managed well.

4.96 The dentist was in discussion with the commissioner to improve patient access to oral surgery for which waiting times were too long.

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 Time out of cell was poor for far too many prisoners. This was partly due to the restricted regime put in place to manage staffing shortfalls which were often caused by officer absences and frequent escorting of category A prisoners to court appearances.

5.2 The restricted regime meant that each wing was subject to what were termed 'activity only' days for a day and a half each week. During this time, prisoners could leave their cells only to attend work and education or to collect meals and medication. Such days were also meant to facilitate outdoor exercise, but we were told that delivery was inconsistent. Men were denied the opportunity to complete domestic tasks such as showering and anyone not accessing activity could expect to be unlocked from their cell for less than an hour on such days.

5.3 Not surprisingly, prisoners expressed frustration at the limited time they received out of their cells and the inconsistency in their daily routines. We saw evidence of further curtailments in addition to those planned under the restricted regime and in our survey only 32% of prisoners who knew what the unlock and lock-up times were said that they were usually kept to, compared to 49% in similar prisons.

5.4 In our survey, 30% of prisoners also said that they usually spent less than two hours out of their cells each day from Monday to Friday, and 46% said the same for Saturdays and Sundays. Both figures are significantly worse than we have seen at similar prisons. In our own roll checks, we found 38% of men locked in their cells during the working day providing yet further evidence as to the paucity of daily routines at the prison.

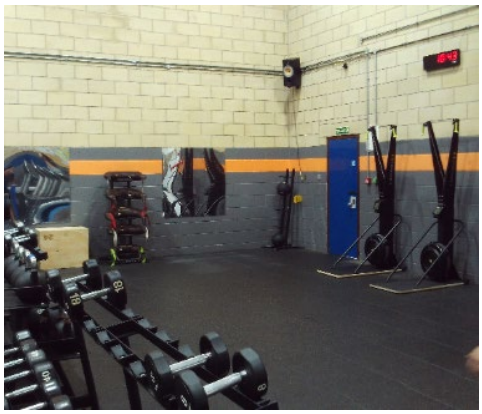
5.5 Around 20% of men were recorded as not being in employment. They were meant to get 3.5 hours out of their cells each day, though they told us that they often received less. All prisoners only received 30 minutes a day for outdoor exercise, which was too little.

5.6 Men held on the category A unit received an even more limited regime, with poor access to purposeful activity. Due to long-running building works taking place on the prison's ventilation tower, these prisoners

had to use the bleak and cramped segregation yards for outdoor exercise. (See paragraph 3.32.)

5.7 Although 80% of men were allocated to some form of purposeful activity, attendance was low – only 58% in the year prior to our inspection (see paragraph 5.21). Access to time unlocked was also impacted by the fact that, for safety reasons, 226 prisoners were designated as needing to be kept apart from one or more of their peers. This limited opportunities for them to attend activities or associate with others. The prison had made some good progress in reducing this number, but it remained high.

5.8 The prison had a main gym and sports hall, and two smaller gyms for Category A prisoners and K wing. The main gym was spacious and equipment was mostly in good condition. But the category A gym was in poor condition and the equipment was old and worn in comparison. There were very few opportunities for social or recreational activities on the wings.



Main gym

Category A gym

5.9 The gym team was operating at around half of its planned number of staff. This meant daily cancellations as staff were unable to keep all three sites open, particularly at the weekend.

5.10 Despite this, local data showed that 48% of prisoners were active users of the gyms. The weekly timetable offered a combined session for older

and younger prisoners, but there were no other specialised sessions. There were also no courses that could enable prisoners to gain qualifications.

5.11 In our survey, 52% of men said they could visit the library at least once a week, and 40% said they could get things delivered to the wing. It was positive that more than half the population were active borrowers.

5.12 The proactive librarian team offered a wide range of services intended to support the reading strategy. The well-stocked library was in the education department and access was good for those in education. For most other men, a timetable allowed escorted moves once each week during the working day. However, category A prisoners, men in the segregation unit, and health care in-patients were not permitted to attend.

5.13 A range of initiatives, including creating writing sessions and Storybook Dads (which enables prisoners to record stories for their children) were available but were only used by a small number of prisoners.

Education, skills and work activities

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

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

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

Overall effectiveness: Inadequate

Quality of education: Inadequate

Behaviour and attitudes: Inadequate

Personal development: Inadequate

Leadership and management: Inadequate

5.15 Leaders and managers did not have high expectations for prisoners, including category A and vulnerable prisoners. The curriculum was not ambitious enough. For example, leaders had set the threshold for progressing to work at entry level 3 for English and mathematics compared to most other prisons who set it at level 1.

5.16 Leaders and managers did not select or plan a curriculum that met prisoners' needs or the function of a training prison. They did not use the information about the prison population, and local and national skills needs, to provide a suitable range of activities for prisoners. The education, vocational courses and workshops on offer were too limited. They did not reflect prisoners' future plans or career goals.

5.17 Leaders and managers were too slow to improve the quality of education, skills and work provision at the prison because of staff shortages and the severely restricted regime that was in place. Although leaders, including those in the prison education framework (PEF) provider, had identified accurately the strengths and weaknesses in the quality of education, training and work across the prison, they had failed to put the remedial actions in place swiftly enough. At the time of the inspection, the actions that leaders had implemented had had little impact.

5.18 Leaders did not effectively use the education, skills and work activity spaces that they had available. They provided enough places for the general prison population, but this was not the case for category A or vulnerable prisoners. Almost one fifth of prisoners were not in education, skills and work activities. There were too many prisoners on waiting lists and unoccupied.

5.19 Leaders did not allocate the majority of prisoners fairly to activities that met their learning, work or skills goals. They did not ensure that prisoners' starting points or goals were considered when allocating activities because around a half of them had not completed a personal development plan. A few prisoners did not know why they had been allocated to activities that they were doing. Leaders did not ensure that prisoners had fair and equal opportunities for promotion into advanced roles in industries and work. The pay for prisoners in education, industry workshops and work activities was equitable.

5.20 Attendance at education, industries and work was low. Prisoners did not attend punctually which meant that they did not develop the work ethic and attitudes expected by employers. Just over half of prisoners reported that wing staff did not encourage them to attend education, skills and work activities.

5.21 The PEF provider, Milton Keynes College, ensured that the majority of prisoners benefitted from a well-planned and well-taught education

curriculum that was sequenced in a logical way. Teachers were suitably qualified and experienced for their roles.

5.22 Most teachers supported prisoners to understand key concepts. Mathematics teachers broke down topics such as percentages into bitesize chunks. Prisoners used their knowledge to successfully calculate a variety of sums. Prisoners developed a range of useful knowledge, skills and behaviours to support them in their next steps. Of those who attended, a high proportion of prisoners studying functional skills in English and mathematics achieve their qualifications. In vocational bakery courses, prisoners learned how to weigh and measure ingredients accurately. They developed their practical skills and produced a range of baked goods for the prison population.

5.23 Feedback to prisoners studying English and mathematics helped them to improve their work. However, this was not the case in bakery and catering where prisoners did not improve their written work because teachers did not provide them with useful feedback. Classroom management in lessons for vulnerable prisoners was weak. Prisoners in the kitchens on accredited qualifications did not develop new knowledge and skills because they had already worked in the kitchens for a lengthy period. Teachers merely accredited prisoners' existing skills.

5.24 The induction process was ineffective. Leaders did not ensure that prisoners consistently received guidance about industry workshops and work activities, although they were well-informed about education courses. This meant that prisoners did not have a full understanding of the options available to them on entry to the prison. Leaders did not provide appropriate careers information, advice and guidance to ensure that prisoners understood how their education, training or work choices fitted into their plans while at the prison or on release. There was an over-reliance on prisoner information desk (PID) workers, who had not received training, to provide advice and guidance to prisoners.

5.25 Managers assessed prisoners' initial support needs effectively but too many prisoners were awaiting in-depth neurodiversity assessments. Where these had been completed, managers identified and shared prisoners' individual support strategies with teachers, instructors and prison officers. However, staff in education, industries and work activities did not consistently implement these support plans. Over a third of prisoners who said that they had a learning difficulty told us that they had not received the help and support that they needed.

5.26 Most prisoners who worked on the wings, in workshops and other work areas took part in low-skilled and unchallenging activities. In about half of industries, the work was mundane and repetitive. Managers did not provide enough training, protective clothing and other necessary equipment for wing workers to do their jobs effectively. Prisoners lacked motivation and pride in their work. Most prisoners did not learn new skills and knowledge. There were few accredited qualifications in industries and work areas.

5.27 A few prisoners studied distance learning courses including degrees in business management with the Open University (OU). Although prisoners had access to laptops to complete their studies, leaders had not ensured that the Virtual Campus was available for prisoners to use.

5.28 In most education, skills and work activities prisoners behaved well and were polite. Workshops and classrooms were generally calm and well-ordered. However, staff did not challenge a small number of prisoners who used inappropriate language or vaped in lessons.

5.29 Leaders had not developed a sufficiently inclusive culture that provided prisoners with a suitable environment in which to work and learn. They did not provide appropriate training to staff and prisoners about fundamental British values or the dangers of radicalisation and extremism. Prisoners did not know how to spot the signs of radicalisation in themselves or others.

5.30 Leaders had not ensured that staff raised awareness of topics such as diversity and mutual respect. Although the majority of prisoners demonstrated respectful relationships with their peers and staff, a few did not respect individual differences. They made inappropriate comments about people of a different race and showed a lack of respect towards their peers.

5.31 Prisoners did not benefit from a broad range of courses and activities that supported their personal skills and interests. A few prisoners attended a very few courses that were taught by charity or subcontractor providers including music and physical fitness activities. These prisoners increased their confidence and resilience. Leaders provided a few opportunities for prisoners to join competitions and activities such as chess and poetry. However, not enough prisoners were able to take part because they were not aware of these options.

5.32 Leaders did not ensure that the few prisoners who were due for release received timely guidance about their next steps on release. They did not engage with employers sufficiently to give prisoners an informed choice about their options for the future. Leaders did not provide a suitable range of work pathways and opportunities for prisoners to develop their skills for employment. Too few prisoners progressed to further education, training and employment on release.

5.33 Although leaders had in place a range of quality assurance arrangements, they had not successfully implemented the improvements needed to raise the standard of education, skills and work provision at the prison. Leaders from the prison and the PEF provider conducted observations of teaching and learning and learning walks. They identified and put in place training for teachers and instructors such as developmental marking and the effective use of ‘progress in work’ booklets in workshops. However, the improvements following the training were inconsistently effective. Leaders had only partially achieved one out of the two recommendations from the previous inspection. They had not resolved the second concern.

5.34 Leaders had been too slow to roll out a strategy to improve reading across the prison. The impact of the strategy on the wider prison population was minimal. Leaders had set up reading corners in the wings and in the workshops, but their use among prisoners was not high enough. Education staff had begun to provide phonics training for wing staff, but it was too early to assess the impact. Leaders had successfully identified the few prisoners with low-level reading skills. They had put a range of activities in place to support them. For example, well-established Shannon Trust mentors helped prisoners learn to read. Prisoners who had been supported to improve their reading skills were proud that they could now read newspapers. However, around half of the prisoners identified as needing help did not engage in the activities to improve their reading skills.

Section 6 Preparation for release

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

Children and families and contact with the outside world

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

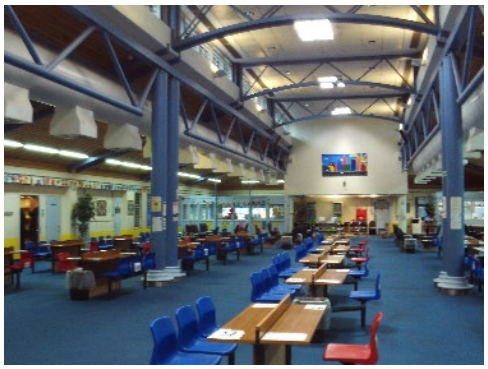
6.1 There was positive work to promote family ties and improve contact with the outside world. The prison now provided six visit sessions a week which was an improvement since our last inspection. Monthly family visits were available and prisoners spoke positively about these. Plans were in place to double the provision to twice a month.

6.2 Partners of Prisoners (POPS, see glossary) staff ran the visitor's centre which was a good facility, and they were also present in the main visits' hall to support children.

Visitor centre

6.3 There were two visit halls, one for general population and one for category A prisoners. The main visiting hall was spacious and well-

equipped, with a pleasant children's play area, tea bar serving some hot food, and a photobooth where visitors could have a photo taken with prisoners. The category A visiting hall was smaller, but still provided a welcoming environment.

Category A visits (left) and main visits hall

6.4 Visitors were positive about their treatment by visits staff, though we were told that some staff could be brusque.

6.5 Leaders were responsive to the specific needs of prisoners, such as providing privacy following bereavements, accessible visits for those with disabilities and access to secure video calls for prisoners with family overseas. Secure video calls were available to other prisoners three times a week, though they were underused and some men told us that they were not sure how to book them.

6.6 Leaders monitored prisoners not receiving visits. A family support worker was active in contacting these men to offer support, which was helpful. Official prison visitors were available through the chaplaincy.

6.7 Consultation arrangements with families and significant others were excellent. Prison leaders regularly surveyed prisoners for their views and held regular forums with family members. Leaders were receptive to suggestions and proactive in dealing with issues when they were raised. We saw evidence of good inter-departmental work to address issues.

6.8 While there was good enablement of family contact, there was no specific support available to help prisoners manage specific events such as childcare proceedings. There were also no courses provided to help prisoners develop their parenting skills.

Reducing reoffending

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

6.9 Most of the prisoners presented a high risk of harm to others and many were serving long sentences, often convicted of serious violence. Over

a third were serving life (31%) or an indeterminate sentence for public protection (5%).

6.10 Since our last inspection, work aimed at reducing reoffending had improved. A meaningful strategy set out the vision and priorities and regular meetings coordinated actions to improve outcomes for prisoners. The offender management unit (OMU) was well led. The culture within the unit was supportive, enabling and committed to helping prisoners. Prisoner offender manager (POM) staffing levels had recently improved following protracted and challenging periods of staff shortage.

6.11 New arrivals often had to wait far too long to see a POM for the first time, in many cases several weeks. This lack of swift initial contact was perhaps a missed opportunity to engage with men at an early stage and had a particularly negative impact on those transitioning from the children's estate. Some expressed feeling overwhelmed by the change and the sudden loss of the support they had previously received to prepare for their move to an adult prison.

6.12 Once established, however, the frequency of contact was reasonably good and better than at the last inspection. Almost all prisoners we spoke to were complimentary about their POM and the support they received. In some instances where poor or offence-related behaviours were noted, prisoners told us their POM visited them to discuss the reasons, demonstrating a proactive approach to case management. However, key work delivery was poor and not at all supportive of progression. (See paragraph 4.3.)

6.13 Most prisoners had an OASys assessment. Our expectation is that they are reviewed annually but we found that this was only achieved in half of all cases.

6.14 The quality of OASys assessments was good and sentence plan objectives were focused on outcomes. Quality assurance took place to ensure standards were upheld and, in the cases we reviewed, most prisoners had made reasonable progress towards their offence-related targets, demonstrating a good understanding of their objectives and how to begin working towards them.

6.15 However, there was notably less evidence of prisoners' achievement towards other important targets such as engagement with education, training, and employment (see paragraphs 5.16 and 5.17). Prisoners we spoke to were frustrated that the unpredictable regime and lack of purposeful activity did not enable them to demonstrate risk reduction. Some men felt that they would make little progress while in prison which would not help them avoid offending in the future.

6.16 Security reviews for category A prisoners were completed annually and those we looked at were supported by comprehensive information.

6.17 Re-categorisation reviews for others were not always completed on time, and prisoners' involvement was variable. We observed instances

of good practice where POMs visited prisoners to discuss reviews in advance. But some men told us they did not know a review had taken place until after the event.

6.18 Some progressive transfers were taking place and, in the last 12 months, 94 prisoners had been moved on. This included 13 men moving to open conditions. However, transfers often took too long, usually because of national population pressures or because other prisons could not cater for the men's health, mobility or behavioural needs. This had resulted in too many category C prisoners unable to move on to a more suitable prison.

6.19 There were 22 prisoners serving indeterminate sentences for public protection (IPP). All were beyond the tariff set when they were sentenced. There was appropriate oversight of these men which included recently established meetings between the OMU and psychology staff to share expertise and discuss complex cases. This aimed to develop an action plan for each prisoner to help them progress by either achieving a transfer to another prison or being granted parole.

6.20 Life-sentenced prisoners could attend monthly forums to discuss their experiences and generate ideas for improvement. The meetings were attended by a range of staff to expand the consultation opportunities and some useful ideas such as the introduction of lifer peer workers had been taken forward. It had also led to the Criminal Cases Review Commission attending the prison to run a popular surgery with the men.

6.21 Prison-led parole arrangements were well managed. Dossiers were usually submitted on time, with a few exceptions due to late responses from community offender managers. Psychology staff contributed appropriately to the reports and hearings. In the last year, 34 parole boards had been held, with 15 prisoners directed for release and one IPP prisoner directed for open conditions.

6.22 Following national changes to the eligibility criteria, OMU staff had started to review those prisoners who might qualify for home detention curfew. Since July 2024, two prisoners had benefited from this.

Public protection

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

6.23 Over three quarters of prisoners (77%) were assessed as presenting a high or very high risk of serious harm to others. Due to the serious nature of their offences, 78% of all prisoners were eligible for MAPPA (see Glossary).

6.24 There was good identification of risks posed by newly arrived prisoners. Where appropriate, restrictions on contact were applied quickly and appropriately, and information was shared with relevant departments.

6.25 Arrangements for prisoners subject to offence related monitoring were managed well. Calls were listened to promptly and reviews were completed on time.

6.26 Since our last inspection, the scope of the interdepartmental risk management meeting had improved. It now considered all prisoners approaching release at regular intervals, to ensure risks could be managed robustly.

6.27 Information sharing between the OMU and community probation teams was mostly good. But the late allocation of community offender managers meant there were delays confirming MAPPA management levels and license conditions, which did not help good release planning.

6.28 Good quality reports were submitted to community MAPPA meetings that clearly reflected the knowledge and understanding POMs had about prisoners. Risk management plans were also robust.

Interventions and support

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

6.29 Managers had developed a clear profile of the prisoners' treatment needs. This included a detailed understanding of risk levels, likelihood of reoffending, level of motivation, offence type, sentence length, and suitability for treatment. There was a database which was continually updated to enable staff to appropriately plan for, and sequence, interventions.

6.30 The programmes team and POMs communicated well with prisoners to set realistic expectations. They explained when programmes would be scheduled in their sentence. Most prisoners we spoke to appreciated this honest and transparent approach.

6.31 An improved range of offending behaviour programmes was in place to meet most of the known risk and needs of the population. This included a programme for high-risk prisoners convicted of violent offences and another for those involved with gangs. Waiting lists were manageable and it was positive some prisoners could complete a programme earlier in their sentence if deemed appropriate. A small number of prisoners convicted of terrorism offences were engaged in a programme to address and prevent extremism.

6.32 In a few cases, where treatment need was identified that could not be met at HMP Manchester, the prison had been able to arrange a transfer to another establishment to support progression. This included a small number of prisoners convicted of a violent offence against an

intimate partner, and some who required a psychologically informed planned environment or therapeutic community.

6.33 The psychology team was well integrated into the prison. We saw many examples of the team working collaboratively with other departments, including the OMU, to manage prisoners with very complex and challenging needs. This included men who lacked motivation to engage, or who were struggling to progress, including some serving IPP sentences.

6.34 We saw evidence of examples where interventions had been adapted in response to individual cognitive and behavioural needs, and some good work undertaken by POMs to challenge prisoners' offence-related attitudes, thinking and behaviour.

6.35 There was limited provision to enhance prisoners' job readiness and employment opportunities upon release. However, despite not being centrally funded for such a resource, leaders had successfully negotiated the recent involvement of an employment lead to develop more support.

6.36 Leaders had also funded some other resettlement support, including help to open bank accounts and obtain a recognised form of personal identification. A worker from the Department for Work and Pensions supported men to set up benefits appointments upon release, but the lack of any specialist debt advice was a gap.

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.

6.37 In the last year, 70 prisoners had been released directly into the community, mostly outside of the Greater Manchester area. However, HMP Manchester was not a designated resettlement prison and therefore not resourced to deliver support aimed at preparation for release.

6.38 Despite this, local leaders had taken some steps to help those due for release. For example, the introduction of the resettlement hub to hold monthly multi-agency pre-release planning meetings was a useful initiative to engage with prisoners and check that outstanding needs had been identified and were being dealt with. Pre-release planning demonstrated good liaison between POMs and community offender managers and contact with the prisoner. The early release of prisoners under the SDS40 arrangements (a scheme which allows some prisoners on fixed term sentences to be released after serving 40% of their sentence) had also been well managed.

6.39 Prison data showed that, in the previous 12 months, most prisoners had somewhere to stay on their first night of release. More than half

(54%) went to an approved probation hostel as a condition of their licence, but only 20% of men went to accommodation that was deemed sustainable.

6.40 On the day of release, there was very little practical support. The reception area had plain holdalls for prisoners to use for their property and there was a small stock of donated coats and clothing for those in need. Travel directions could be provided and, if prisoners were likely to be late for their initial appointment, staff told us they would inform the probation office.

Section 7 Progress on recommendations from the last full inspection report

Recommendations from the last full inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2021, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

Leaders should improve oversight of and accountability for the use of force, including special accommodation, to make sure it is only used when necessary and justified. Body-worn cameras should always be switched on at the beginning of an incident. (To the governor)
Not achieved

The prison should take steps to reduce the level of self-harm. Prisoners should receive proactive, meaningful day-to-day care to reduce their risk of self-harm. Weaknesses in the standard of ACCT documentation should be addressed. (To the governor)
Not achieved

Recommendations

Perpetrators of violence should be managed robustly through individual plans, and proactive support should be given to victims.
Not achieved

The large number of outstanding adjudication cases not yet completed should be addressed to improve confidence in the system and challenge unacceptable behaviour, such as violence and the use of drugs. (To the governor)
Not achieved

More staff should be available to make sure that laboratory test results demonstrating drug use are processed within the required timeframe so that disciplinary action can be taken against the prisoner. (To the governor)
Not achieved

All serious incidents of self-harm should be investigated thoroughly so that lessons can be learned, and action taken to improve care for those in crisis. (To the governor)
Not achieved

The prison should make sure there are enough trained Listeners for the population and prisoners should always have access to the service. (To the governor)
Partially achieved

Training should be provided to make sure that all staff are aware of their duties to safeguard vulnerable adults who are at risk of abuse or neglect. (To the governor
Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2021, we found that outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

Leaders should implement ways of improving and measuring the levels of trust among prisoners to ensure that their perceptions about the prison are more positive. This should be supported by effective processes, such as the management of property and the applications and complaints systems. All prisoners should have a named member of staff who supports them to make positive changes in their lives. (To the governor)
Not achieved

Managers should strengthen oversight of primary care and social care services to make sure patient care is delivered safely. (To the governor)
Not achieved

Recommendations

Information should be available in a range of relevant languages and professional telephone interpretation should always be used when necessary to support prisoners whose first language is not English. (To the governor)
Not achieved

Dedicated mental health awareness training should be available for custody staff. (Repeated recommendation 2.85.) (To the governor)
Not achieved

Patients requiring treatment in hospital under the Mental Health Act should be transferred without delay. (To the governor)
Not achieved

All medicines, except methadone, should be administered from individually labelled patient packs at an appropriate time for maximum clinical effect. (Repeated recommendation 2.104.) (To the governor)
Achieved

Purposeful activity

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

At the last inspection, in 2021, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

Prisoners should have regular and predictable time out of cell that is sufficient to promote rehabilitation and well-being. (To the governor)
Not achieved

The number of education, training and workplaces must be increased significantly, and the allocation process should be well coordinated and equitable to make sure that prisoners undertake activities that meet their short-, medium- and long-term plans. (To the governor)
Partially achieved

Recommendations

Leaders must develop and implement an ambitious and coherent education and training curriculum that meets the needs of the population, including those with identified learning needs. (To the governor)
Not achieved

Rehabilitation and release planning

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

At the last inspection, in 2021, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

Leaders should make sure that services and progression opportunities, such as the range of offence-focused work, meet the needs of a long-term category B population – for example those convicted of violence against a partner. (To the governor)
Achieved

The staff profile and their allocation to tasks should be reviewed to ensure there are enough officers to escort prisoners to their appointments. (To the governor)
Partially achieved

Leaders should make sure that prisoners are easily able to maintain links to their friends and family through regular, longer visits and an effective booking system. (To the governor)
Achieved

Leaders should enable all eligible prisoners to receive structured, face-to-face offender management support that enables them to achieve their targets and progress through their sentence. (To the governor)
Partially achieved

Recommendations

The phone calls of prisoners identified as posing a risk to the public should be monitored promptly. (To the governor)
Achieved

Relevant information about MAPPA level 1 prisoners should be gathered from all departments and shared with the community offender manager to inform risk management planning and determine what multi-agency arrangements are required. (To the governor)
Achieved

Accredited programmes should meet prisoners' needs, and suitability assessments should be completed without delay. (To the governor)
Achieved

Appendix I About our inspections and reports

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

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

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

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

Respect
Prisoners are treated with respect for their human dignity.

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

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

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

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

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

concerns. Procedures to safeguard outcomes are in place.

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

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

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

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

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

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

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

This report

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

of Prisons (justiceinspectorates.gov.uk)). Section 7 lists the recommendations from the previous full inspection, and our assessment of whether they have been achieved.

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

Inspection team

This inspection was carried out by:

Martin Lomas	Deputy Chief inspector
Sandra Fieldhouse	Team leader
Sumayyah Hassam	Inspector
Kellie Reeve	Inspector
Rick Wright	Inspector
Jade Richards	Inspector
Paul Rowlands	Inspector
Samantha Moses	Researcher
Alexander Scragg	Researcher
Emma King	Researcher
Tareek Deacon	Researcher
Adeoluwa Okufuwa	Researcher
Simon Newman	Lead health and social care inspector
Shaun Thomson	Health and social care inspector
Chris Barnes	Pharmacist
Joanne White	Care Quality Commission inspector
Alison Cameron Brandwood	Ofsted inspector
Jonny Wright	Ofsted inspector
Allan Shaw	Ofsted inspector
Ruth Stammers	Ofsted inspector
Dionne Walker	Offender management 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.

ACCT
Assessment, care in custody and teamwork – case management for prisoners at risk of suicide or self-harm.

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

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

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

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

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

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

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

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

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

POPs
A user-led organisation, supporting families through their contact with the criminal justice system as a result of a loved one's conviction.

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

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

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

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

Special accommodation
Unfurnished accommodation – used to manage prisoners who cannot be located safely in normal accommodation. Special accommodation/unfurnished cells are designated when furniture, bedding and/or sanitation are not present or are removed from the cell by staff.

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

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

Appendix III 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 Manchester 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 a request for an action plan following this inspection.

Breach of regulation

Regulation 16

How the regulation was not being met:

The registered person had failed to establish and operate effectively an accessible system for identifying, receiving, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. In particular:

The healthcare complaints process was not confidential.

There were delays in receiving and responding to complaints, in some cases by up to one month. This meant that patients did not receive a timely response to their complaint.

The quality of response to complaints was poor, often without an apology and with a simple factual response.

Not all staff responding to complaints had received the relevant training.

Complaints were not quality assured by managers.

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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