



Report on an unannounced inspection of

## **HMP/YOI Stanford Hill**

by HM Chief Inspector of Prisons

8–9 and 20–24 October 2024



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# Introduction

Standford Hill, an open prison for adult men on the Isle of Sheppey in Kent, is situated next to HMP Swaleside and HMP Elmley and has room for up to 464 men. The early release schemes, introduced by the Ministry of Justice in late 2024 to manage the prison population crisis, had a marked impact on the number of men held. On one single day, for example, the population had fallen by 75.

We last inspected Stanford Hill in 2019, when outcomes in three of our healthy prison tests – safety, purposeful activity, and preparation for release – were good, and outcomes in respect were reasonably good. As an excellent inspection back then, it was pleasing to see, that despite the challenges of recent years, the governor and his team had maintained that level of performance as well as addressing nearly all the concerns and recommendations we raised five years ago.

Standford Hill is a very safe prison. Prisoners were inducted well into the jail and received help to settle in and make a good start. Self-harm and violence were rare and all other safety outcome indicators were low or compared favourably with findings at similar establishments. Prisoners were motivated and incentivised by the quality of life at the prison, the clear opportunities for progression, and in particular, the employment and resettlement opportunities release on temporary licence could provide. The positive staff-prisoner relationships we saw, as well as the new modular accommodation that made up C wing, were similarly important contributors to this incentivising culture. The exception to this was the disappointing standards in some of the communal areas of the older accommodation.

In our survey, most prisoners told us that their experiences at Stanford Hill would make them less likely to reoffend. The meaningful regime meant the prison had a tangible sense of purpose, with education (some of which had been enhanced further by an additional partnership with a local college), work within the prison, and a very significant offer in terms of employment in the community available. Our partners in Ofsted assessed provision as ‘good’ against all their assessments. Work to support offender management, risk of harm reduction and public protection were similarly very good, as was the support offered to help prisoners maintain good family ties.

The prison was well-led, innovative and creative, with a relatively small criticism being that some prisoners were perhaps not quite as aware of what was on offer as they could have been. Leaders, in particular the governor, were visible, approachable, and enthusiastic yet realistic about what could be achieved at Stanford Hill. We hope that the impressive work continues and that the few priorities we identified can further improve outcomes for prisoners housed here.

**Charlie Taylor**

HM Chief Inspector of Prisons

November 2024

# What needs to improve at HMP/YOI Stanford Hill

During this inspection we identified five key concerns, of which two 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. **Communal residential areas were not clean enough.** Leaders did not set and reinforce high enough standards of cleanliness in showers, toilets and food preparation areas.
2. **Too many prisoners were allocated to wing work, such as cleaning and servery work, and were therefore underemployed. They were also poorly supervised.**

## Key concerns

3. **Leaders did not ensure that prisoners arrived punctually to education, skills and work activities.** This limited the development of important employability skills.
4. **Some prisoners experienced long delays before accessing release on temporary licence (ROTL).** Communication about delays and action being taken to progress the ROTL application was not always clear.
5. **Some prisoners were released from the prison without their multi-agency public protection arrangements (MAPPA) management levels being confirmed.** Processes to identify these levels were not sufficiently robust.

# About HMP/YOI Stanford Hill

## Task of the prison/establishment

HMP/YOI Stanford Hill is a category D men's open resettlement prison.

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

Prisoners held at the time of inspection: 412

Baseline certified normal capacity: 464

In-use certified normal capacity: 464

Operational capacity: 464

## Population of the prison

- 470 new prisoners received in the last 12 months.
- An average of 3,000 prisoners released each month into the community on ROTL for the purpose of maintaining family ties and working out in the community.
- 121 prisoners receiving support for substance misuse.
- An average of 20 prisoners referred for mental health assessment each month.

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

Public

Physical health provider: Oxleas NHS Foundation Trust

Mental health provider: Oxleas NHS Foundation Trust

Substance misuse treatment provider: Change Grow Live

Dental health provider: Kent Community Health NHS Foundation Trust

Prison education framework provider: Milton Keynes College

Escort contractor: Serco

## Prison group/Department

Kent/Surrey/Sussex

## Prison Group Director

James Lucas

## Brief history

HMP/YOI Stanford Hill is an open resettlement prison on the Isle of Sheppey. The buildings were redeveloped in 1986 and are on the site of a World War 1 Royal Air Force station.

## Short description of residential units

A wing – 192-bed unit for general population (including the induction unit).

B wing – 192-bed unit for general population.

C wing – 80-bed unit consisting of individual self-contained pods for prisoners working in the community.

**Name of governor and date in post**

Gary Price, August 2021

**Changes of governor since the last inspection**

Dawn Mauldon, November 2018 – August 2021

**Independent Monitoring Board chair**

David Lightowler

**Date of last inspection**

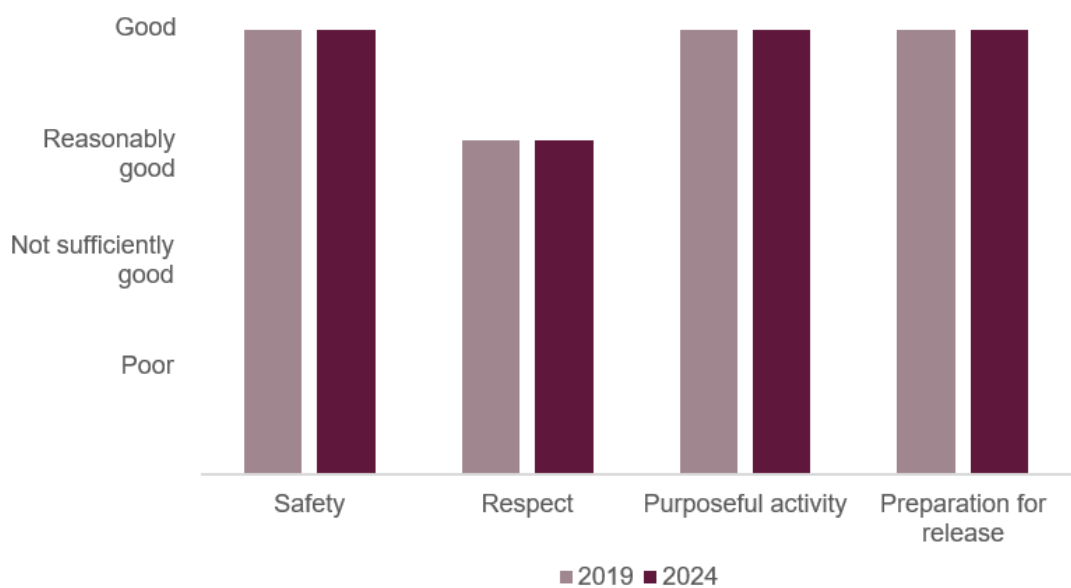
19 August – 5 September 2019

# 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/YOI Stanford Hill, we found that outcomes for prisoners were:
- good for safety
  - reasonably good for respect
  - good for purposeful activity
  - good for preparation for release.
- 1.3 We last inspected HMP/YOI Stanford Hill in 2019. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP/YOI Stanford Hill healthy prison outcomes 2019 and 2024



## Progress on key concerns and recommendations

- 1.4 At our last inspection, in 2019, we made 24 recommendations, six of which were about areas of key concern. The prison fully accepted 21 of the recommendations and partially (or subject to resources) accepted three.
- 1.5 At this inspection we found that five of our recommendations about areas of key concern had been achieved and one 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 nine 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)	Leaders had appointed two senior officers to devise and lead a schedule of enrichment activities, including a wide and varied timetable of games, hobbies and other activities. This not only alleviated boredom, but also provided prisoners with opportunities for personal development outside of formal education and work, and strengthened relationships within the prison community.	See paragraph 3.11
b)	Leaders had opened a shop within the grounds of the prison. Prisoners could browse and buy their own groceries seven days a week, which alleviated the problems associated with the former weekly wing delivery service.	See paragraph 4.15
c)	The prison was well prepared for medical emergencies. Most prisoners had received some first-aid training, and prison officers had access to automated external defibrillators and naloxone on the wings.	See paragraph 4.38
d)	Patients at Stanford Hill had access to well led, effective and efficient primary care services underpinned by strong partnership working and comprehensive governance which led us to conclude that the leadership and management of the health services was exemplary.	See paragraph 4.45
e)	Prisoners with a history of drug or alcohol misuse could access an extensive variety of innovative and bespoke individual and group therapies.	See paragraph 4.65
f)	The pharmacy service was provided by highly competent staff and gave patients unusually good access to informed advice on their medications and treatment, especially for those taking mental health medicines.	See paragraph 4.69



g)	There was no waiting list for the dentist. This meant that patients needing urgent dental assessment or triage were seen on the day, or at the next clinic, so that treatment could start promptly.	See paragraph 4.75
h)	Leaders had developed highly effective partnerships with other local further education and training providers. This collaboration provided prisoners with access to funded education and training through the college and training provider's own funding. As a result, leaders had been able to implement a complementary curriculum that broadened the skills that prisoners developed.	See paragraph 5.12
i)	The prison reading strategy was highly effective, with collaborative partnership working across the prison focused on the promotion of a prison-wide culture of reading for pleasure and personal development.	See paragraph 5.26

## 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 prison was well led and was fulfilling its core purpose to rehabilitate prisoners by enabling them to rebuild family ties and develop real work skills that could lead to employment on release.
- 2.3 The inspection took place during a week of unprecedented upheaval for the prison, with 75 prisoners being released on one day in tranche two of the standard determinate sentence 40 early release scheme (see Glossary); the work was well planned and executed.
- 2.4 Leaders had worked collaboratively across functions and with many other partners and stakeholders working in the prison and in the community. This had led to good outcomes, particularly in health care, education and work skills. The governor had been instrumental in developing a productive relationship with neighbouring East Kent College, which provided valuable vocational training for prisoners on release on temporary licence, supplementing the good offer available from the contracted education and skills provider, Milton Keynes College. The Blitz café, run by the prisoners on the outskirts of the prison grounds, was another example of good work in the local community.
- 2.5 The governor and most leaders were visible around the prison and staff described them as being very approachable. Bright, eye-catching publications, including *The Hill* magazine, were used effectively to communicate some key information and celebrate success. However, weaknesses in formal consultation and other forms of communication left some prisoners ill-informed about matters that affected their daily lives; this contributed to a degree of disengagement among some.
- 2.6 Although leaders formally engaged with prisoners on induction, they had not successfully reinforced their expectations for those living and working in a category D community; cleaners were not always held to account and punctuality was not consistently good. The Prison Group Director had highlighted this on several visits to the prison.
- 2.7 Officer staffing levels were appropriate, but vacancies and staff absences at other grades had affected the delivery of work in the offender management unit (OMU). Despite this, over 100 prisoners went out to work in local towns and cities every day, and many more were granted temporary release to rebuild their lives in the community.

Staff were well supported by their managers and colleagues. Leaders had used their limited resources creatively with the appointment of two 'enrichment' senior officers, who were facilitating a growing schedule of activities to occupy prisoners, encouraging them to engage with the regime.

- 2.8 Many of the buildings on the site were dilapidated or not fit for purpose, including the OMU and the health care unit. The prison also relied on a food service from nearby HMP Swaleside, and needed its own kitchen. Funding had been secured to expand the prison, which would address some of the building deficiencies. Contracts had been awarded on two occasions, but both successful companies had gone into administration before work had started, which was prolonging poor outcomes for staff and prisoners.
- 2.9 The introduction of 'pod' accommodation, fitted with internal toilets and showers, provided a valuable incentive to the outworkers who lived on C wing. There had been some investment to improve the two main accommodation blocks, but communal areas were not equipped with appropriate self-catering facilities and many telephones were broken. Leaders were in the process of addressing both issues, but progress was slow.
- 2.10 There had been notable improvements at the establishment and most of the recommendations made at the last inspection had been achieved. There was a clear drive from senior leaders, but much of their ambition would only be realised with ongoing financial support from HM Prison and Probation Service.

## 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 Leaders had recently introduced a comprehensive and well-presented prospectus about life at Stanford Hill for prisoners interested in coming to the prison. This publication contained useful information about the opportunities available, including how to gain release on temporary licence (ROTL) for education, work or family visits.
- 3.2 In our survey, 88% of respondents said that they had been treated well by reception staff, and our observations supported this. The reception area was small, but bright and welcoming and with relevant information. Reception procedures, such as property checks, were completed promptly.
- 3.3 Peer supporters held a private one-to-one meeting with new prisoners to explain basic rules, such as how roll checks were conducted and how to buy from the prison shop (see paragraph 4.15). The induction officer also held a private meeting to explore potential safety risks and answer queries. In addition to this, safer custody staff completed an assessment of each new prisoner to explore how vulnerable they were to being targeted by other prisoners to hold illicit items, known as 'cuckooing' (see also paragraph 3.8 and Glossary). Each assessment produced a red, amber or green rating and those identified as at risk (red/amber) had a support plan, which was monitored at the weekly safety intervention meeting (SIM). All prisoners were screened by health care staff on arrival and then received a comprehensive secondary health assessment within seven days (see also paragraph 4.48).
- 3.4 New prisoners were located on the induction wing. All rooms were single occupancy and had the necessary amenities. However, the communal areas of the wing were dirty, with poor standards of hygiene in the shower rooms and food preparation areas (see also paragraph 4.7). There was also a strong smell of cannabis and cigarette smoke on the wing (see also paragraph 3.26), suggesting a lack of supervision for prisoners in their early days.



**A wing food preparation area**

- 3.5 A comprehensive induction programme started on the first working day after arrival and was delivered within a couple of weeks. A wide range of departments from across the prison contributed to the programme, clearly setting out the sequence of progression, eventually to paid work in the community.

## **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**

- 3.6 The prison was safe, with little violence, even when compared with other open prisons for men. There had been only two prisoner assaults in the previous 12 months, neither of which had been classed as serious, and no assaults on staff. In our survey, only 5% of respondents said that they currently felt unsafe, and this was reflected in our conversations with prisoners.
- 3.7 Despite low levels of violence, leaders had retained a focus on keeping prisoners safe; this included the introduction of a cuckooing policy which aimed to protect prisoners who were vulnerable to being targeted to hold illicit items in their cells (see also paragraph 3.3).

- 3.8 The Safety Intervention Meeting (SIM) was used effectively to ensure that prisoners with various needs and vulnerabilities had appropriate interventions in place to keep them safe. The meeting was well attended by representatives from all departments in the prison.
- 3.9 The ability to progress including eventual access to ROTL was a significant contributor motivating many prisoners to behave and engage with their sentence. They also appreciated having their own room and more freedom to move around the prison site than in closed conditions.
- 3.10 There were sufficient education and workplaces for most prisoners to develop employability skills (see paragraph 5.17) with more than 100 being released on licence to attend paid work in the community (see paragraph 6.26). Those working outside the prison also benefited from being able to live in the newer and sought-after 'pod' accommodation on C wing (see paragraph 4.5).
- 3.11 Outside the working day, there was an impressive range of games, hobbies and personal development opportunities, including a debating group, quizzes and film nights. These not only alleviated boredom, but also provided prisoners with opportunities for personal development outside of formal education and work, and strengthened relationships within the prison community (see also paragraph 5.2). The prison had invested in two full-time senior officers, who were responsible for devising and assisting with a published timetable of enrichment activities (see also paragraph 5.2). Various departments and staff across the prison, including the substance misuse service Change, Grow, Live (CGL), and the neurodiversity manager contributed to these activities.
- 3.12 The prison also ran a traditional incentives scheme, which offered meaningful rewards for prisoners on the highest level, including additional hours on each period of ROTL.
- 3.13 Despite all of this, in our survey far fewer respondents than at similar prisons said that there were opportunities and rewards to motivate them (19% versus 34%), and some prisoners we spoke to struggled to list the opportunities that we had seen. Leaders acknowledged that they needed to do more to promote the wide range of opportunities and rewards available.
- 3.14 While most prisoners behaved well, we saw some minor rule breaking, such as smoking in communal areas, that was not being challenged. Officers often gathered around the office on the ground floor of the main residential units and were much less visible on the upper landings. This meant that supervision was lacking and the opportunity to reinforce boundaries was lost (see also paragraph 4.2).

## **Adjudications**

- 3.15 There had been 435 adjudications in the previous 12 months, which was a slight reduction on the year before that, and the rate per thousand was below the average for similar prisons. Most charges were

for possession of mobile phones, failed drug tests and failing to comply with ROTL conditions.

- 3.16 Proceedings were conducted fairly, without undue delay. The deputy governor carried out quality assurance of a selection of charges. In the sample of cases we reviewed, the decisions and awards made had been justified and proportionate.
- 3.17 Prisoners were not routinely returned to closed conditions following a proven adjudication. The outcome of the hearing was shared with the prisoner's prison offender manager to assess if ROTL was still appropriate.

### **Use of force**

- 3.18 The level of use of force was very low, with only four recorded incidents in the previous 12 months. All incidents were reviewed by managers within a reasonable timeframe. As a result of a clerical error, not all video footage of restraints had been retained, so we were able to view only two of these incidents. Justification for the use of force had been sound on both occasions, but there were some weaknesses in how it was applied.
- 3.19 In one of the two incidents we reviewed, staff had not used an approved restraint technique when moving the prisoner downstairs. Body-worn video cameras were also not used effectively; they were either turned on too late to capture the lead-up to the incident or were not switched on at all. Neither finding had been used by leaders to refresh and develop officers' skills.
- 3.20 In accordance with open prison protocols, staff only carried PAVA (see Glossary) on night duty; it had never been deployed.

### **Segregation**

- 3.21 There was no segregation unit. Prisoners waiting to be returned to closed conditions were held in the secure waiting area in reception, which could be staffed 24 hours a day if needed.

### **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.

- 3.22 Security measures were proportionate for an open prison. Records of the SIM showed that prisoners were often given a second chance to stay in open conditions after a rule breach or bad behaviour, rather than being returned to closed conditions. Many had been provided with additional support to help them stay at the prison. In the previous 12



months, about nine prisoners a month had been returned to a category C establishment, which was lower than the average rate for men's open prisons. In the sample we reviewed, the decision to return prisoners to closed conditions had been proportionate.

- 3.23 The prison had invested in training for staff to recognise and respond to indicators of possible abscond risk, and the level of absconds was below the average for similar prisons.
- 3.24 Security risks were discussed at a monthly meeting attended by representatives from departments across the prison. The security team had good links with the local police and with other departments in the prison. Information was shared effectively with the offender management unit to support risk management procedures for ROTL, although there had been some delays in sending up-to-date security information to POMs in advance of multi-agency public protection arrangements (MAPPA) meetings (see also paragraph 6.24).
- 3.25 Data analysed for the security meeting indicated that drugs and mobile phones had presented the greatest threat over the previous 12 months.
- 3.26 In our survey, far fewer respondents than at the time of the previous inspection said that it was easy to get illicit drugs at the prison (20% versus 36%), although we smelt cannabis on the wings several times (see also paragraph 3.4). Prisoners told us that the greatest deterrent to taking drugs was the fear of losing the opportunity for ROTL, but leaders had also invested in a range of activities for prisoners outside the normal working day to alleviate boredom, which was a known contributor to illicit drug use (see paragraph 3.11).
- 3.27 The random drug testing positive rate in the previous 12 months was 7.02%, which was average for men's open prisons, and this had been reducing. Most positive tests indicated the use of cannabis. The prison also used risk-based testing for prisoners on ROTL in specific jobs, such as those involving driving or operating machinery. Intelligence-led testing took place for prisoners suspected of using illicit drugs (an average of 46.4% of suspicion tests had been positive over the last 12 months).
- 3.28 The written strategy to reduce the supply and demand for drugs incorporated some general aims, and ad-hoc actions were set at the monthly drug strategy meeting. However, there was no detailed plan with specific actions, owners and timescales to drive delivery of the strategy.
- 3.29 Intelligence in relation to drugs was processed promptly and the prison had carried out almost 200 targeted searches during 2024 to date. The prison had also benefited from resources and technology from nearby HMP Swaleside to search the perimeter of the 123-acre site.
- 3.30 All prisoners who failed a drug test were referred to the substance misuse service, which provided excellent support and a range of interventions to help prisoners who were struggling with abstinence.

Prisoners who engaged with CGL following a positive drug test were not routinely returned to closed conditions (see also paragraphs 3.17 and 3.22), which enabled them to focus on their resettlement at the establishment. This strategy also reduced the risk of prisoners absconding if they believed their drug test would come back positive.

## **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**

- 3.31 There had been no self-inflicted deaths since the previous inspection, although there was a suspected self-inflicted death a week after the inspection. There had been three reported incidents of self-harm in the last 12 months. Substantial time out of rooms, a purposeful regime and opportunities to progress through ROTL gave most prisoners hope and promoted well-being.
- 3.32 There had been three assessment, care in custody and teamwork (ACCT) case management documents opened for prisoners at risk of suicide or self-harm in the previous 12 months. All had been open for only around 24 hours, to set up appropriate safeguards and provide support to prisoners.
- 3.33 Support for prisoners on ACCTs was good. Case reviews involved staff from several disciplines and the care maps produced were appropriate. The ACCT documents had been quality assured by a senior manager.
- 3.34 Leaders maintained oversight of prisoners who might struggle to cope or be susceptible to manipulation from other prisoners, and this was regularly discussed at the SIM (see paragraph 3.8).
- 3.35 Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) were located on each wing. A Listener suite was available in the chapel building, but conversations could also be held privately in prisoners' single occupancy rooms. Listeners had monthly online meetings with the local Samaritans.
- 3.36 Leaders told us that demand for their service was low, but only 25% of respondents to our survey said that it was easy to see a Listener, which indicated that the service was not sufficiently well promoted.

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

- 3.37 Adult safeguarding procedures were appropriate. The structure included an initial assessment to identify vulnerability, a daily safety meeting and the SIM (see paragraphs 3.3 and 3.8).

- 3.38 A local safeguarding strategy provided easy-to-follow guidance on how to support a prisoner at risk of abuse and neglect, and the governor was the establishment lead for all safeguarding matters.

## Section 4 Respect

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

### Staff-prisoner relationships

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

- 4.1 In our survey, 89% of respondents said that staff treated them with respect, which was higher than at the time of the last inspection and at similar prisons. Prisoners we spoke to often described wing officers as 'fair', a quality which they appreciated. Interactions we observed between staff and prisoners were mostly friendly, helpful and mutually respectful.
- 4.2 However, at various times during the inspection, we found officers clustered in offices, and they were not sufficiently visible on the higher landings of A and B wings. In addition, prisoners were not always challenged for breaching minor rules, or for their poor standards of cleanliness in communal areas (see also paragraphs 3.14 and 4.7).
- 4.3 In our survey, 85% of respondents said that they had a personal officer, which was higher than in similar prisons, although only 64% said that this individual was helpful, which was lower than elsewhere. Case notes indicated that that most contact from personal officers consisted of light-touch check-ins, but they added more valuable and detailed contributions to offender management unit (OMU) assessments and reports.
- 4.4 Several peer work positions were available across the prison. Some roles, particularly the diversity and inclusion representatives, were clearly defined and their work was effective. Others were less developed; many peer supporters did not have job descriptions and their roles were neither known of nor understood by other prisoners, which was a missed opportunity (see also paragraph 2.5).

### 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.

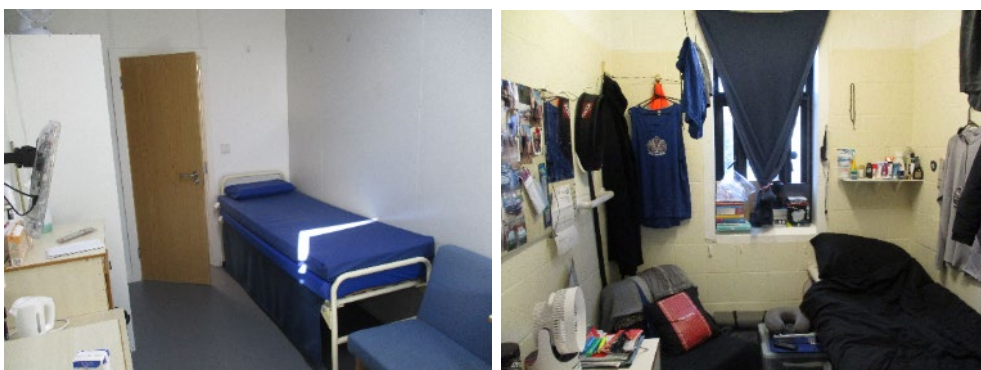
## Living conditions

- 4.5 Leaders had made several improvements to residential units since the last inspection. This included the introduction of 80 ensuite pods to replace the former C-wing building, thoughtful improvements to brighten and soften the A and B wing environments and an ongoing programme to replace room furniture.



**C wing pods (left) and association area on B wing**

- 4.6 All prisoners had their own rooms (compared with only 76% of prisoners at other open prisons we have visited), which were clean and appropriately furnished. Prisoners and staff alike reported that minor damage and equipment faults were usually repaired promptly by the facilities management contractor.



**C wing ensuite pods (left) and A wing room**

- 4.7 In our survey, respondents reported more negatively than at similar establishments about the cleanliness of association areas, landings and serveries. Only 25% said that the showers were clean, compared with 62% elsewhere. Our observations supported this and we found showers, toilets and food preparation areas on A and B wings that were dirty. There were many paid wing cleaners and access to cleaning materials was good, but staff and leaders did not set and reinforce appropriate standards. The appearance of bathrooms, in particular, was made worse by substantial limescale deposits due the area's hard water.



**Well-stocked cleaning cupboard (left) and cigarette butts on A wing landing**



**Toilet on B wing**

- 4.8 Ageing infrastructure across the site resulted in regular electrical outages and prisoners could plug in only two electrical items in their rooms at any one time. There was a supply of cooking equipment that had been bought for residential units, but this had had to be locked away until the electrical system was upgraded. There were also several broken items around the prison that were waiting for external repair, such as telephones and tumble driers. Around 160 new telephones were due to arrive at the prison shortly after the inspection (see also paragraph 6.6) and an upgrade of the electrical system was planned by the regional HM Prison and Probation Service team in the near future.



4.9 Outside areas were generally attractive and well maintained.

### **Residential services**

4.10 Food remained one of the most common sources of frustration for prisoners. In our survey, only 36% said that the quality of the food was good, and only 43% that they got enough to eat at mealtimes.

4.11 The establishment still did not have an on-site kitchen, with planned construction delayed by several years because of two successive contractors going into bankruptcy. Therefore, meals were still being prepared by the kitchen at HMP Swaleside, although since the last inspection some improvements had been made to the transportation of the food, which meant that there were now fewer complaints about its temperature at the point of service. The meals we saw being served were generally of a reasonable quantity and variety, but we saw fresh food arriving from Swaleside with mould on it. Leaders at HMP Swaleside took steps to address this when we raised it during the inspection.

4.12 Serveries were poorly supervised; we observed prisoners jumping the queue or taking meals they had not pre-selected and some servery workers were not wearing the correct personal protective equipment. The servery on B wing was particularly dirty, with oil left unchanged in the fryer and mouldy fruit in the fridge.



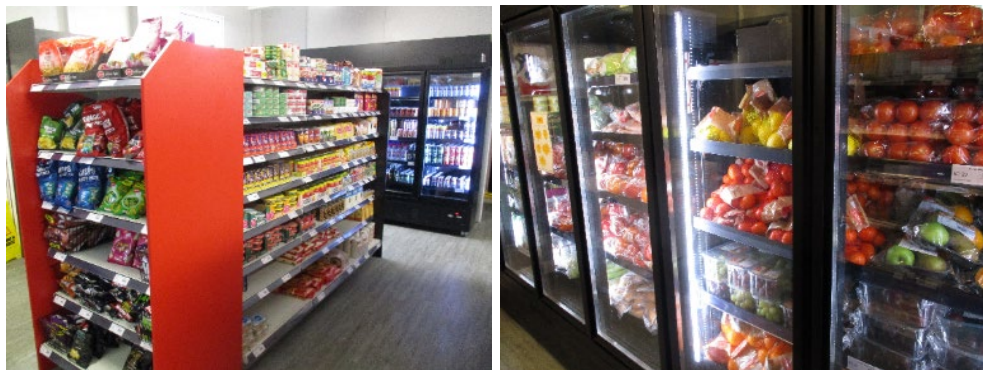
**Refrigerator in B wing servery**

4.13 The self-catering facilities on A and B wings were inadequate. Prisoners had access only to microwave ovens and toasters, some of which were broken but still in use, posing undue risk. There was insufficient space in the refrigerators for prisoners to keep their food, and many of those



we saw were filthy. We were also concerned at the poor hygiene and contamination risk posed by prisoners storing frozen chicken in refrigerators.

- 4.14 More positively, throughout the year, food and communal dining were used to build relationships; for example, the events involving children baking with dad (see paragraph 6.1) were popular. By application, a small number of individual prisoners were able to use the chaplaincy kitchen to cook proper meals, and some used this opportunity to celebrate key events like Black History Month (see also paragraph 4.28).
- 4.15 Leaders had opened a shop within the grounds of the prison – a positive initiative which allowed prisoners to browse and buy groceries themselves, seven days a week. This eradicated the problems associated with the former weekly shop delivery, as well as introducing an element of normality for those approaching release.



**Prison shop**

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

- 4.16 Application and complaint systems were generally sound. Complaints data were used well to identify emerging issues and to monitor the impact of leaders' responses; for example, frequent complaints about the pick and pack delivery service had led to the introduction of the physical shop (see 4.15). However, staffing and workload pressures in the OMU had resulted in some late responses to complaints from this department.
- 4.17 Leaders were visible, approachable and well known across the site, which gave prisoners the opportunity to discuss their experiences at the prison in person.
- 4.18 Structures for formal consultation with prisoners about general prison matters were in place, but a lack of resulting action and gaps in communication meant that they were not always as effective as they could have been. A prisoner council was held on alternate months, and records showed that prisoners raised several important residential issues there, such as poor cleanliness, the lack of refrigerator space and broken telephones. However, action, follow up and delivery were

difficult to discern. Wing forums were held on A and B wings in between these meetings, and similar issues emerged there.

- 4.19 Leaders told us that the meetings were open to all prisoners, but this was not communicated well. In our survey, only 39% said that prisoners were consulted about residential issues. Some we spoke to had never heard of the meetings, and some said that they had heard of them but thought that only those in peer support roles could attend.

## Fair treatment and inclusion

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

- 4.20 The culture of the prison was inclusive and respectful. Work to promote fair treatment was well-led by a proactive diversity and inclusion (D&I) lead. Both the D&I and neurodiversity leads were visible on the wings and held in high regard by prisoners.
- 4.21 Leaders had assessed a wide range of data over the last 12 months, which indicated that there were few disproportionate outcomes for prisoners from protected groups. Every two months, a meeting was held to respond to issues raised by D&I peer supporters, and to track progress against the prison's D&I action plan.
- 4.22 An enthusiastic team of peer supporters represented each protected group. They had received some informal training and clearly understood their role, which enabled them to give advice and support across the prison. Although there were no formal consultation meetings with prisoners from protected groups, peer supporters were generally effective in consulting their peers informally and communicating their needs to the D&I lead for action. The D&I lead met the whole team at least weekly to discuss their progress and offer support.
- 4.23 Both the D&I and neurodiversity leads had developed training to raise awareness of diversity among staff. The D&I lead attended all functional meetings to make sure that fair treatment was promoted, and the neurodiversity lead worked effectively with several departments to ensure that individualised support was available for neurodivergent prisoners. An informative prison newsletter, *The Hill*, was also an effective platform for raising awareness among the prison community.
- 4.24 The prison held regular celebratory and educational events to promote a mutual understanding of the diverse backgrounds and experiences of people at the prison. One recent event had been delivered by a local community organisation as part of attention-deficit hyperactivity

awareness month. Prisoners had also worked with staff to produce several plays, including one to celebrate Black History Month.

- 4.25 Several external organisations attended the prison regularly to support different groups of prisoners. These included Kinetic Youth, a charity working with younger people in the justice system, and Intervention Alliance, a group aiming to transform provision for older prisoners across the justice and social care sectors. The charities 'Care after Combat' and 'Soldiers, Sailors & Airmen's Families Association (SSAFA)' also provided support for military veterans. Similar links had not yet been established to support gay and bisexual prisoners.
- 4.26 There had been only six discrimination incident reporting forms (DIRFs) submitted in the previous 12 months, which, as a rate per 1,000 prisoners, was below the average for men's open prisons. There was no indication that prisoners lacked confidence in the DIRF system. The quality assurance process showed that investigations into allegations were conducted appropriately, and responses to complaints were reasonably good.

### **Faith and religion**

- 4.27 The chaplaincy consisted of one full-time managing chaplain and a team of part-time and sessional ministers who led worship and faith-based classes throughout the week. Leaders had been unable to provide a minister to lead prayer for two religions, but this affected only a few prisoners. The timetable provided for a weekly peer-led service for these religions, but this had not been implemented.
- 4.28 The chaplaincy had good facilities for corporate and individual worship. The chapel was used for Christian services and the multi-faith room provided a good space for Muslim prayers and for smaller groups of other religions. There was also a separate reading room for religious study and quiet contemplation, a music room and a well-fitted kitchen, which was occasionally open to prisoners to prepare meals (see also paragraph 4.14). In our survey, 91% of respondents said that they were able to attend religious services.



**Chapel (top), contemplation room in the chapel (bottom left), music room in chapel (bottom right)**

- 4.29 A wide range of religious festivals were celebrated throughout the year, often well supported by other functions in the prison.

## **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.

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

## Strategy, clinical governance and partnerships

- 4.31 Strong partnership working underpinned the oversight and governance of health services. Oxleas NHS Foundation Trust ('Oxleas') and its partner organisations provided well-led services attuned to the needs of category D prisoners. During the inspection, leaders received a new health and social care needs assessment for consideration.
- 4.32 In our survey, 81% of respondents said that the overall quality of the health services was very or quite good, which was better than at comparator prisons (67%).
- 4.33 Health services benefited from almost full staffing, although recruitment to psychology staff vacancies was challenging. Staff members were appropriately qualified and supervised, and those we spoke to were content in their work.
- 4.34 Prisoners appointed as health representatives met staff regularly to discuss the delivery of health services. Discussions and decisions were recorded and the health manager maintained a log of the actions taken.
- 4.35 Oxleas had good systems for learning from adverse incidents. Learning needing quick action was shared at daily formal staff meetings between the health departments. There had been only one serious incident in the last year – a natural death in custody. Recommendations from deaths in custody reports had been followed up. Complaints were considered to be a source of learning, and external safety advisory notices were displayed for staff to see.
- 4.36 We saw professional and good working relationships between nurses and patients. Prisoners usually arrived promptly for appointments and were seen in private, ensuring confidentiality and dignity. All health care and addictions staff used SystemOne (the electronic clinical record), which minimised the risk of miscommunication. Care plans were audited to ensure compliance with expected standards.
- 4.37 There was a plan to replace the health centre, which was necessary as the range of clinical activities had outgrown the dated building. However, the building was clean and complied with infection prevention standards.
- 4.38 The prison was well prepared for medical emergencies. All working prisoners undertook some first-aid training appropriate to their jobs. Medical emergency resuscitation kit, including an automated external defibrillator (AED) and oxygen, was checked regularly and staff understood how to use it. The prison had its own AEDs and nasal naloxone (an opiate reversal agent) sited strategically in the prison; there had been no drug-related collapses in 2024.
- 4.39 There had been less than one complaint a month since April 2024, and over half concerned waiting times for general hospital appointments. Oxleas had attempted to use telemedicine to reduce hospital waiting times for some patients, but, disappointingly, it had not shortened

waiting times for key specialisms, and the quality of the technology used was not always good enough.

- 4.40 Complaint responses were timely and focused on the issue raised.

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

- 4.41 Oxleas shared in a whole-prison well-being strategy that was supported by a calendar of events which reflected national programmes. Themed and highly visible health information posters and leaflets were placed in the health centre, as well as on the wings.
- 4.42 Relevant national health screening programmes took place, such as retinal and bowel cancer screening, with data recorded and monitored. Patients had timely access to immunisations and vaccinations via regular clinics.
- 4.43 Kent Community NHS Foundation Trust ('the Trust') provided appropriate sexual health services; monthly appointments were available on-site and could be accessed in the community between these times. Patients with urgent or emergency needs could also access specific services using the local accident and emergency department.
- 4.44 The health care team offered a smoking cessation service and nicotine replacement, and these clinics were regularly accessed by prisoners. Prisoners could also buy vapes on-site to reduce the use of more harmful cigarettes.

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

- 4.45 The Oxleas primary care services were well led, effectively organised and efficient in delivery, providing an exemplary service to patients.
- 4.46 Nurse-led clinics were available from Monday to Friday and a more streamlined appointment system was now available at weekends for those who were unable to attend appointments during the week, which increased access to services.
- 4.47 There was accessible GP provision on Mondays, Wednesdays and Fridays, and nursing staff could seek advice from GPs outside of these times. Out of hours, prison officers or prisoners could dial the 111 telephone helpline, or 999 in the event of an emergency.
- 4.48 Nursing staff screened new arrivals in reception. Screening was thorough and nursing staff made referrals to other services, including GP, nursing, mental health and substance misuse services, as necessary. A comprehensive secondary health assessment took place within seven days.
- 4.49 Patients were seen promptly for urgent GP or nurse appointments, and routine waiting times were equivalent to those in the community. There was clinical oversight of triage, to make sure that patients were directed to the most appropriate clinical professional. There was a relevant



range of visiting practitioners and allied health care professionals, including a physiotherapist, podiatrist and optician. The service had achieved a large reduction in the overall non-attendance rate (now at 7.8%, compared with 20% in April 2024) following implementation of a new reminder system for patients.

- 4.50 The service was inclusive and took account of patients' individual needs and preferences. Care was coordinated with other services and providers within a positive staff culture, with teams working well together.
- 4.51 There was an effective system to monitor and support patients attending external hospital appointments. Depending on their status and length of time at the prison, patients were either transported to hospital appointments or to an accident and emergency department, or travelled to external appointments themselves.
- 4.52 The service carefully monitored and treated patients with long-term conditions. Care plans and other care records were of an exceptional standard.
- 4.53 All patients were seen and assessed by health care staff before being released into the community, and this worked well. The early release scheme (see paragraph 6.9) meant that higher numbers of patients were being released in tranches. Lessons had been learned from the first trial, and the subsequent discharge of 75 patients on a single day had run smoothly, with all patients receiving a health care review (see also paragraph 6.32).

## **Social care**

- 4.54 A memorandum of understanding provided an effective operational framework for social care between the prison and Kent County Council (KCC), which conducted assessments for social care. KCC then subcontracted personal care support to a domiciliary care agency.
- 4.55 Social care needs were usually identified at reception, with referrals sent to KCC shortly afterwards. KCC assessed referrals promptly.
- 4.56 A number of prisoners were in receipt of equipment to support their needs, although none were in receipt of a social care package (see Glossary) at the time of the inspection. Peer supporters also helped some prisoners with collecting meals and/or tidying their rooms, which was valued.
- 4.57 If continuation of social care was needed on transfer or release, KCC, along with the domiciliary care agency, would liaise with the receiving local authority in advance to ensure a safe transition.

## **Mental health**

- 4.58 Oxleas provided a modern mental health service. Since the last inspection, this had improved, with regular input established from a counsellor, learning disability and mental health nurses, clinical



psychologists and assistants, and a consultant psychiatrist. The team was well managed, and suitably trained and supervised.

- 4.59 Bespoke training was available from Oxleas clinicians, including locally produced expert videos for training prison officers on trauma-related needs. However, the level of uptake of this training was disappointingly low.
- 4.60 Prisoners were screened for mental health problems at reception and they could easily access services by requesting an appointment from the wings. Caseloads were manageable, although waiting times had been slowly increasing in 2024, suggesting that a review of capacity might be needed. The mix of therapies was suitably titrated to the needs of the population, being cognitively based with an emphasis on anxiety and stress reduction, trauma-informed practices and increasing emotional stability and resilience.
- 4.61 At the time of the inspection, four patients were subject to the care programme approach (mental health services for individuals diagnosed with a critical or enduring mental illness) because of the complexity of their condition, and pre-release coordination with community services was in place. There had been no requirement for transfers under the Mental Health Act since the last inspection.
- 4.62 The 'pathways enhanced resettlement service', which supported those at most risk of not coping with open conditions, liaised with prison safety and offender management teams to offer valued resettlement support to graduates from the national offender personality disorder pathway.

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

- 4.63 Both Change Grow Live (CGL) and Oxleas contributed effectively to the drugs strategy and oversight meetings. CGL addictions services were exemplary, and clients were complimentary about their recovery workers.
- 4.64 New prisoners were assessed for their prescribing needs by Oxleas, and all were seen by CGL during induction. Thereafter, they could access CGL recovery workers via an open referral system.
- 4.65 At the time of the inspection, there were 121 clients in CGL care, who had access to an extensive variety of innovative and bespoke individual and group therapies. Over 20 therapy options were available, designed to maintain abstinence by engaging in living skills activities alongside conventional self-management and recovery training (SMART) and social prescribing. The array of innovative family engagement activities was the widest we have seen. Clients told us that the CGL activity reduced boredom and made them less likely to seek out illicit substances.
- 4.66 CGL contributed to clinical reviews by Oxleas clinicians. At the time of the inspection, two patients were on opiate substitution therapy (OST)

with methadone; other OST was available but neither oromucosal (administration through a wafer on the tongue) nor intramuscular preparations of buprenorphine (an opiate substitution medication) appeared in the Oxleas formulary (the list of medications used to inform prescribing), suggesting inflexibility. However, health care staff were in the process of addressing both issues.

- 4.67 Only one of four peer support workers was in post because of the high number of releases, but recruitment to vacancies was under way. The peer recovery worker tried to maintain a high profile on A and B wings, and during induction. Mutual aid was available from Alcoholics Anonymous, Cocaine Anonymous and Narcotics Anonymous, and most prisoners on the substance misuse caseload attended community meetings during release on temporary licence. There was no commissioned gambling addiction service, although the prison had undertaken some work to identify need.
- 4.68 Pre-release preparation of patients by CGL and Oxleas was smooth. Both had efficient processes in place, with continuity of care 'through the gate' by Connecting Communities (see Glossary), linkage with community addictions teams and prescribers, and an emphasis on harm reduction. Nasal naloxone was appropriately available for patients to take home.

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

- 4.69 Pharmacy services were excellent, provided by an experienced pharmacy technician and supervised by a pharmacist who was on-site one day a week. The pharmacist was a prescriber with a special interest in mental health care; he was easily accessible and recorded outcomes from patient consultations on SystmOne. In our survey, 71% of respondents said that the overall quality of the health service from the pharmacist was very or quite good, which was far better than at comparator prisons (56%).
- 4.70 Patients were routinely invited to have a medicines review with the pharmacist after starting on a new medication or dose. He also helped patients to manage chronic pain, optimising the medicines prescribed to ensure that they were effective.
- 4.71 Dispensed medicines were supplied promptly from HMP Rochester. The management of stock was robust, and among the best we have seen. Regular audits by a medicines management technician ensured compliance with standards. Out-of-hours stock was reviewed regularly. Air conditioning in the pharmacy room kept medicines at a suitable temperature. Room and refrigerator temperatures were checked daily, with records showing that these were consistently within the acceptable range.
- 4.72 Controlled drugs (CDs) were checked and recorded daily. One of the CD cabinets was incorrectly screwed to the wall, but action was in hand to secure it correctly. If urgent, medicines could be obtained from a local community pharmacy, although this was rarely needed. The pharmacy

technician transported medicines through the prison in a locked box, with an officer escort to ensure security.

- 4.73 Prisoners were encouraged to manage their own medicines, with only four currently not having them in-possession (IP). IP risk assessments were regularly updated and available to prescribers. Patients not collecting their medicines were followed up, to check on their well-being. They received their medicines in clear plastic bags, which meant that these might be visible to others, but pharmacy staff agreed to review this potential safety issue.

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

- 4.74 Six dental sessions were provided over a two-week cycle. Staff were well trained and supervised, with lots of relevant policy and practice guidance available to them.
- 4.75 Services had improved since the last inspection, with no waiting list, due to flexible working across the prison cluster. This meant that patients needing urgent dental assessment or dental triage were seen on the same day, or at the next clinic, so that treatment could start promptly. The non-attendance rate (20%) had fallen since April 2024 (35%) and joint work continued between the Trust and Oxleas to drive it down further. The full range of NHS treatments was available. We received no adverse comments from prisoners about the dental service during the inspection.
- 4.76 The dental surgery was of high quality, despite limited floor space. Managers were giving thought to the need for air conditioning, to improve patient comfort during the hot summer months. Effective infection prevention, equipment maintenance and required safety certifications were all in place. The service was compliant with best practice in decontamination, benefiting from external sterile supplies from the Trust.

## 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 As an open establishment, prisoners were not locked up during the core day and had keys to their own rooms, with relatively free movement around the prison throughout the day. However, they were subject to rules on access to the communal parts of their unit at night, with a curfew from 8pm, when night staff came on duty. At that point, they were locked in their accommodation areas (landings) and could associate with peers until 10pm, when they were expected to return to their rooms. They were mostly content with these rules, apart from having very limited access to working telephones from 8pm, as many landing telephones were broken (see also paragraph 6.6).
- 5.2 Leaders had appointed two senior officers to lead enrichment activities. They organised an impressive range of recreational activities to occupy prisoners outside of formal education and work activities (see also paragraph 3.11).
- 5.3 There were several areas on the wings where prisoners could congregate socially, with access to well-equipped recreation areas.
- 5.4 The senior team had promoted and driven the reading strategy well and there was a positive reading culture at the prison (see paragraphs 5.26 and 0). The library provision was very good. Prisoners could visit seven days a week, including up to 7pm on weekdays. There were additional reading rooms on A and B wings. Several boxes located across the site contained books for prisoners to borrow, and they were encouraged to take part in various literacy initiatives, including Reading Ahead (see glossary) and Raising Readers (see Glossary).



**Reading lounge (left) and reading cabin**

- 5.5 The library was small, but prisoners had access to a well-considered range of books, magazines, films and activities such as colouring to promote mindfulness. They could also order books using a request form, and these would be provided by Kent County Council, which meant that many prisoners' personal tastes could be catered for. The prison's data suggested that a large number of prisoners accessed the library, with over 10,000 visits from January to August 2024. However, records were not sufficiently detailed to inform leaders about who was visiting it, so that they could target non-attenders.



**The library**

- 5.6 Prisoners could expect a minimum of three sessions per week at the gym. Facilities included a weights room and two rooms with resistance and cardiovascular training equipment. The indoor sports hall was occasionally used for structured classes, such as circuit training.

- 5.7 The outdoor football pitch was not available for use all year round and, because of health and safety concerns, was rarely used, which limited prisoners' ability to play team sports.
- 5.8 The prison no longer offered accredited fitness courses and there was no collaborative working with outside organisations to drive healthy lifestyles.
- 5.9 Prisoners and staff told us that some prisoners were abusing steroids, but there were no targeted educational sessions to raise awareness of the long-term dangers of steroid use.

## Education, skills and work activities



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

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

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

Overall effectiveness: good

Quality of education: good

Behaviour and attitudes: good

Personal development: good

Leadership and management: good

- 5.11 Leaders and managers had implemented an aspirational strategy for the education, skills and work (ESW) curriculum to support prisoners into sustainable employment on release. They prioritised the development of prisoners' confidence, self-esteem and their mathematics, English and employability skills through the 'steps to the



gate' programme. Most prisoners progressed to, and remained in, sustained work or further study on release.

- 5.12 Leaders had ensured that most prisoners benefited from meaningful work experience with established, and often very large, national employers relevant to the curriculum being studied. Many prisoners gained employment during their time on release on temporary licence (ROTL). Some were promoted or undertook more complex tasks or gained responsibilities during this time.
- 5.13 Leaders had an accurate and up-to-date assessment of the education needs of prisoners. The induction programme, 'working out,' enabled prisoners to complete their initial assessments. They also completed qualifications identified by employers that prepared them for their next steps, such as health and safety and first aid. Where applicable, they completed their English and mathematics qualifications. Prisoners worked with careers advisers to complete well-informed learning plans and their CVs in readiness for work and ROTL.
- 5.14 Leaders and managers had structured a curriculum that was ambitious and met local and regional skills needs effectively. For example, they provided training in construction, road works and delivery driving. Leaders had developed highly effective partnerships with other local further education (East Kent College Group) and training (Mainstream Group) providers. This collaboration provided prisoners with access to funded education and training through the college and training provider's own funding. As a result, they had been able to implement a complementary curriculum that broadened the skills that prisoners developed. For example, in the prison carpentry workshop, prisoners learned to improve their design skills. They paid attention to detail when making benches, seasonal decorations and bird boxes from recycled timber. These items were sold to the public by prisoners who were released on temporary licence to manage 'The Emporium', a shop situated on the outskirts of the prison. Prisoners attending carpentry courses at the college learned how to install building components such as floor joists and how to use and maintain power and hand tools essential for these jobs. Those working at the Blitz café prepared a varied menu plus daily nutritional specials, while offering bespoke catering facilities for buffets and afternoon teas. However, for a small minority of prisoners with health restrictions or for those who had ambitions to undertake office-based work, the offer was restricted.
- 5.15 Staff completed a thorough assessment of prisoners' learning support needs. They used the results to put in place appropriate support. As a result, prisoners overcame barriers to learning and work, and most achieved their qualifications. For example, prisoners were provided with coloured overlays, reading rulers and fidget tools. These improved their focus and concentration while working on tasks and/or reading. Leaders had introduced a neurodiversity forum for prisoners to contribute ideas on how best to support them. As a result, they developed the resilience needed fully to access learning and work.

- 5.16 Prisoners' attendance at ESW was high. Leaders rightly recognised that, while strategies to improve punctuality had been impactful, there was still work to do to improve further the punctuality of all prisoners.
- 5.17 Leaders and staff supported prisoners well to develop their digital skills through a range of high-quality activities. For example, they prepared images and layouts for the publications they were working on. Leaders supplied laptop computers to a small number of prisoners. For example, prisoners working towards level 6 health and safety completed their studies alongside working. Prisoners used the virtual campus (see Glossary) confidently to update their CVs and undertake independent job search activities.
- 5.18 Prison leaders and managers promoted a positive environment, enabling prisoners to become responsible and active citizens, taking part in prison life and in the community through ROTL. Prisoners were well behaved, polite and courteous to staff, peers and visitors. On the wings, relationships between officers and prisoners were respectful and calm (see also paragraph 4.1). In learning sessions, prisoners showed respect to their tutors and their peers. Classrooms and workshops were left clean and tidy at the end of each session.
- 5.19 Leaders and managers had ensured that there were sufficient activity spaces for the prison population. No prisoners were unemployed. However, leaders and managers rightly recognised that there were too many prisoners allocated to wing roles such as cleaning and serverly work. These prisoners were not purposefully engaged in full-time work activities or adequately supervised by staff.
- 5.20 Leaders had implemented a local pay policy that was equitable across all activities within ESW and did not disincentivise prisoners to attend education. Prisoners in jobs that were critical to the running of the prison, such as the Blitz café and shop, were appropriately paid enhanced rates.
- 5.21 Milton Keynes College provided education and vocational training in the prison. Tutors and instructors had relevant experience and qualifications in the subjects they taught. They planned their curriculums well, carefully considering prisoners' starting points and support needs. They sequenced the curriculum well to help prisoners develop foundation skills quickly at the start of their course or workshop activity. Tutors in mathematics covered a range of topics in the first sessions, such as the correct order in which to solve mathematical problems. Tutors revisited topics in future sessions to embed knowledge. In art, prisoners learning enamelling quickly learned key skills, such as design, layering and grinding, first. They used these techniques to build the design of their pieces incrementally before using the glazing and enamelling machine to set and add finer details.
- 5.22 Instructors used their industry knowledge well to bring learning to life and to encourage prisoners to complete tasks to the very best of their ability. They clearly explained new concepts and topics. Prisoners were able to describe the tasks they were undertaking clearly, using

appropriate technical and vocational language. They identified health and safety requirements and why they had chosen the tools they were using. Most tutors and instructors gave prisoners helpful and developmental feedback. This motivated prisoners when they did well, encouraged them to practise their skills and identified where they needed to improve their work.

- 5.23 Leaders and managers effectively monitored the quality of education delivered by Milton Keynes College, external partners and industries. They used their findings to share good practice and inform training for staff. However, they rightly recognised that the processes they used to assess the quality of training in wing work needed to improve and had robust plans to tackle this.
- 5.24 Prisoners accessed a range of workshop and prison-based job roles to develop their employability skills. For example, in the print workshop they started on the hand bench, sorting and organising pages. As they developed their digital skills, they progressed to the development of images and layouts. They gained competence and confidence, enabling them to follow job specifications, and they adhered to quality standards that prevented costly reprints and wastage.
- 5.25 Prisoners had access to purposeful careers advice and guidance. Staff held frequent reviews with prisoners. These enabled them to reflect on their progress in ESW and their long-term goals and future plans. Prisoners were supported well to research employment opportunities in the locality where they would be sited on release, to ensure that employment was sustainable. However, for a minority of prisoners, the targets did not take into consideration the timescales required for completion of necessary checks to access ROTL. As a result, a small number of prisoners were frustrated not to access ROTL earlier.
- 5.26 Leaders had implemented a good range of enrichment activities across the prison to enhance the opportunities for prisoners to participate in cultural and recreational activities, such as writing, performing plays and quizzes. Prisoner participation in enrichment activities was high. However, managers had not monitored attendance, to ensure that all prisoners were accessing and benefiting from the opportunities available to them (see also paragraphs 3.11 and 5.2).
- 5.27 Leaders and managers had implemented an effective reading strategy. Highly collaborative partnership working across the prison focused on the promotion of a prison-wide culture of reading for pleasure and personal development. Leaders and managers had developed a comprehensive reading plan linked to festivals and important inclusion and diversity dates. In addition to reading the book, prisoners had the opportunity to watch the film adaptation and participate in discussions about the content of both to improve comprehension.
- 5.28 There were lots of enrichment activities to promote and encourage reading. For example, library staff promoted Storybook Dads (see Glossary). They attended family visits, where they read to the children and encouraged prisoners to do likewise within their family group.

Leaders and managers effectively utilised neurodiversity managers, library staff and Shannon Trust (see Glossary) mentors to support the small number of prisoners with low-level reading skills.

- 5.29 Prison leaders and managers promoted fundamental British values, including tolerance and respect, resulting in prisoners demonstrating these values when dealing with their peers. Managers had appointed staff champions for each of the values, and these individuals worked effectively with staff, mentors and prisoners to promote these throughout the prison. For example, in English, tutors and prisoners respectfully discussed democracy and freedom of speech. They were able to link these discussions to topical news items, such as Britain's exit from the European Union.

## Section 6 Preparation for release

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

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

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

- 6.1 Prisoners could access good family support services and innovative visits sessions. These were provided by the Prison Advice and Care Trust (PACT), the contracted family service provider, and a family support worker from Change Grow Live (CGL), the onsite substance misuse service. Options included families baking with dad (see paragraph 4.14) and, more recently, eating an evening meal as a family. Agencies worked together well to deliver nine family days (see Glossary) each year, which were often themed and held during school holidays. Other visit options included baby bonding sessions and activity sessions for school-age children, and extended visits for prisoners without children, as an alternative to family days.
- 6.2 Two-hour social visits took place four afternoons a week, in a welcoming environment. There was a well-equipped outside area which prisoners and their visitors could use in good weather. The atmosphere during visits was relaxed. The prisoner-staffed café offered a wide range of hot and cold food and drink options, with table service. The play area, supervised by a PACT worker, enabled prisoners to play or complete activities with their child visitors.



**Visits area**

- 6.3 Release on temporary licence (ROTL) was used well to rebuild family relationships.
- 6.4 The provision of secure video calls (see Glossary) was meeting demand. These took place in the visits room at the same time as social visits and we were told that there could be flexibility for prisoners to make calls to other time zones. The three laptop computers used for video calls were in a discrete part of the visits room, where conversations could not be overheard, and headphones were provided.
- 6.5 Families could send an email to a prisoner through the email-a-prisoner scheme and pay for them to send a reply.
- 6.6 The only gap in the otherwise good provision for prisoners to maintain relationships with families and significant others was the absence of in-cell telephony and the limited number of working communal telephones. To remedy this, the prison was taking part in a trial of PIN mobile phones, with 160 handsets due to be delivered by the end of October 2024.

## Reducing reoffending

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

- 6.7 There was good partnership working between agencies across the prison, with a shared aim of helping prisoners to prepare for release. In our survey, 71% of respondents said that their experiences at the prison



made them less likely to reoffend, and most prisoners we interviewed said that the prison provided a rehabilitative environment for those who were proactive and engaged with the activities on offer.

- 6.8 Leaders were clear about the purpose of the prison and had a current reducing reoffending strategy to progress this. The linked action plan was kept under regular review. A formal reducing reoffending meeting was held for the various agencies on alternate months, but much of the work to progress action plans took place between these meetings – for example, at the monthly family committee meeting.
- 6.9 The head of reducing reoffending had good oversight of work to address the needs of the current population. They also planned to conduct a new needs analysis following the planned early release of around a quarter of the population to meet the requirements of the standard determinate sentence 40 (SDS40) early release scheme (see Glossary) and further releases under the revised home detention curfew (HDC) policy.
- 6.10 Staff vacancies in the offender management unit (OMU) had led to an increase in the workloads for both prison- and probation-employed prison offender managers (POMs). Leaders had taken steps to mitigate staffing problems – for example, through temporary promotion and better use of non-operational POMs – but, coupled with the work required to prepare for national early release schemes, the department had been under pressure.
- 6.11 New prisoners described an informative OMU induction followed by an introductory one-to-one meeting with their allocated POM. In our case sample, recorded case notes showed that most prisoners presenting a medium risk of serious harm met their POM with sufficient frequency, but those presenting a high risk of serious harm did not. However, most prisoners we interviewed said that they had in-person contact with their POM either monthly or every other month, which suggested some under-recording on electronic case notes. We saw evidence of POMs coming into the prison on Sundays to see prisoners who were working in the community during the week, and using regular written contacts to compensate for lower levels of in-person contact.
- 6.12 OMU managers had introduced a fortnightly OMU surgery, which was a helpful way for prisoners to speak in person to their POM or another member of the OMU; over 70 prisoners attended each session.
- 6.13 Prison Offender Managers routinely completed offender assessment system (OASys) reviews within eight weeks of prisoners arriving at the prison which informed subsequent decisions about ROTL. Where cases were the responsibility of an outside probation practitioner at this point, and the POM had assumed a supporting role, this 8 week target was not always met, due to factors outside of the prison's control. Reviews thereafter took place in line with HM Prison and Probation Service guidelines, or earlier if there was a significant change in circumstances.

- 6.14 Most of the OASys assessments we reviewed were good or reasonably good. The minority of weaker assessments highlighted a need for more consistent quality assurance and supervision from the two senior probation officers. Sentence plans were generally focused on resettlement, with ROTL objectives, and followed logically from the OASys assessment. However, some prisoners were not aware of their sentence plan objectives.
- 6.15 ROTL was the main priority for most prisoners. Case administrators started work on processing this as soon as prisoners arrived. The ROTL board process demonstrated strong assessment and appropriately staged decisions. Prison data indicated that 68% of the current population were approved to have some form of ROTL, with the remainder still being assessed. In the previous 12 months, over 36,000 ROTL events had taken place for a variety of purposes, including attendance at work and resettlement activities.
- 6.16 A minority of prisoners experienced long waits before being able to start ROTL, usually for legitimate reasons outside the control of the prison. These prisoners told us that they did not feel sufficiently informed about progress during this period.
- 6.17 Most prisoners were serving determinate sentences and the number eligible for release on HDC had increased following changes to the rules of the scheme. To address this, leaders had increased the resources allocated to HDC work, and processes were managed efficiently. Some prisoners were released after their eligibility date because of factors beyond the prison's control.
- 6.18 The number of prisoners returned to closed conditions had increased since the previous inspection but remained lower than at many similar prisons. Decisions to re-categorise prisoners were prompt and defensible and were informed by a multidisciplinary discussion. Transfers took place on the day the decision was made, and prisoners were now given a letter that briefly set out the reasons for their return to a closed prison.

## Public protection

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

- 6.19 Thirty-five per cent of prisoners were assessed as presenting a high risk of serious harm and 45% were eligible for multi-agency public protection arrangements (MAPPA; see Glossary) management. Staffing for public protection work had recently been increased and an interdepartmental risk management team meeting was held regularly to give oversight to release plans for these prisoners.
- 6.20 We found three prisoners due to be released as part of the second tranche of SDS40 who had not had their MAPPA management levels confirmed before release. There was evidence of OMU managers

chasing community partners for MAPPA management levels, but they were not always alerted to the need to do so by the case administrator.

- 6.21 The identification and oversight of prisoners who posed a potential risk to children were given suitable attention, with regular boards. We were told that mail or telephone monitoring was rarely needed. A public protection steering group had been reconvened and met for the first time during the inspection, which was a positive step forward in making sure that good information sharing was in place.
- 6.22 Of the 12 risk management plans we looked at in detail, two were particularly robust, two were weak and the other eight were of reasonable quality. In the two weaker plans, completed by the OMU, risk had not been considered in sufficiently broad terms. One did not adequately consider an allegation of child abuse made by a previous partner. In another case we identified a potential child wellbeing concern that was not adequately addressed in the plan.
- 6.23 Some contributions to MAPPA meetings were excellent and constituted best practice. There was scope to use this expertise within the team to train other POMs whose contributions were less analytical.
- 6.24 POMs were not always provided with up-to-date security information, which they needed to complete their assessment for the MAPPA meeting (see also paragraph 3.24). We were told that this was often because information was requested at short notice, and was provided directly to this meeting, which POMs and the senior probation officers attended, but the process needed to be more robust.

## Interventions and support

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

- 6.25 The establishment was not commissioned to provide accredited offending behaviour programmes, as most prisoners should have completed any risk reduction work at previous prisons. However, it offered a wide range of non-accredited interventions and support, including some impressive work by the substance misuse service, CGL, and the neurodiversity lead (see also paragraph 4.65).
- 6.26 The 'working out' scheme helped prisoners to secure paid work while on ROTL, and the prison employment lead (PEL) supported them to be job-ready for release and matched them with vacancies. A PEL-organised event to encourage companies to offer work to prisoners was held during the inspection. Leaders encouraged prisoners, where possible, to have paid ROTL employment in the area they were being released to, so that this could be maintained on release. Just over a quarter of prisoners were in paid ROTL work at the time of the inspection. Prison data indicated that, over the past year, 42% of prisoners had been in work six weeks after release, increasing to 64% at the six-month point.

- 6.27 Prisoners could get help from a range of agencies co-located in the resettlement building. As well as the PEL, this included a job coach from the Department for Work and Pensions, help to open bank accounts and obtain identity documents and driving licences, family support, debt and finance advice and help with accommodation.
- 6.28 A small number of complex prisoners were supported through their transition to open conditions and on to ROTL by the pathway enhanced resettlement service team, which was jointly staffed by Oxleas NHS Foundation Trust and the prison. Fourteen prisoners were accessing individualised support at the time of the inspection. The service was trauma informed and responsive to individual needs.

## 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.

- 6.29 A pre-release worker based at the prison identified the needs of all prisoners 12 weeks before release and liaised with relevant agencies, including their community offender manager, to address these needs. She was well known around the prison and was actively supporting prisoners to obtain housing on release.
- 6.30 Around 25 prisoners were released each month, and everyone released in the previous 12 months had had accommodation to go to on their first night. Most had returned to family homes, but prison data indicated that only 69% had had sustainable accommodation (available for longer than three months).
- 6.31 Prisoners were released with travel warrants if they were using public transport and were taken to the train station by minibus. Plain bags were available for prisoners to carry their belongings in and there was provision for mobile phones to be charged in reception.
- 6.32 A large number of prisoners (75) were released on 22 October 2024 as part of the second tranche of SDS40 releases in England and Wales. These releases had been prepared for carefully across the prison. Good team working, which had involved managers and uniformed staff jointly processing prisoners in reception, delivered the plan, releasing them safely and promptly.

## Section 7 Progress on recommendations from the last full inspection

### 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 2019, we found that outcomes for prisoners were good against this healthy prison test.

#### Key recommendations

The prison should ensure that all use of force against prisoners, specifically the application of handcuffs, is recorded in full and justified.

**Achieved**

The prison should promptly conduct all room searches and suspicion drug tests necessary following the receipt of credible security intelligence.

**Achieved**

#### Recommendations

First night rooms should contain adequate furniture, including lockable cupboards, and suitable flooring.

**Achieved**

The prison should work with prisoners to determine the reasons for prisoners' perceptions of threats and intimidation from staff so they can be addressed.

**Achieved**

#### Respect

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

At the last inspection, in 2019, we found that outcomes for prisoners were reasonably good against this healthy prison test.

#### Key recommendations

Food should be served hygienically and at the correct temperature.

**Not achieved**

Managers should demonstrate strong leadership in eliminating all forms of discrimination and promoting equality.

**Achieved**

A wide range of equality monitoring data, including on ROTL, should be analysed regularly. Findings from investigations into unequal outcomes should lead to change initiatives and should be shared widely with prisoners.

**Achieved**

Out-of-hours' access to primary and mental health services, including nurse and GP clinics, should be increased to support the significant number of prisoners who work off site.

**Achieved**

### **Recommendations**

The personal officer scheme should be properly implemented – meetings should take place regularly and case notes should be completed routinely.

**Achieved**

Out-of-hours' access to primary and mental health services, including nurse and GP clinics, should be increased to support the significant number of prisoners who work off site.

**Achieved**

The head of health care should ensure that all incidents and risks are identified and managed through agreed governance processes.

**Achieved**

The head of health care should ensure that all staff communicate with prisoners with respect and should monitor the issue through governance processes.

**Achieved**

The pharmacist or a pharmacy technician should attend the prison regularly to offer face-to-face appointments with prisoners and to support dispensary staff.

**Achieved**

All missed doses of medicine should be monitored, reported as clinical incidents and treated as a service risk until rectified.

**Achieved**

Prisoners should have access to routine dental appointments within six weeks.

**Achieved**



## **Purposeful activity**

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

At the last inspection, in 2019, we found that outcomes for prisoners were good against this healthy prison test.

## **Recommendations**

Prison managers should improve arrangements to assure the quality of the vocational provision delivered by East Kent College.

**Achieved**

Prisoners employed in prison work should be offered qualifications.

**No longer relevant**

The employability skills prisoners develop in prison work should be recorded and recognized.

**Achieved**

Teachers should ensure that they check prisoners' understanding of key concepts and facts before they proceed to the next topic.

**Achieved**

Managers should develop strategies to reduce the proportion of prisoners who arrive late at lessons and activities, and teachers should reinforce the importance of punctuality as a key workplace requirement.

**Achieved**

Leaders, managers and teachers should ensure that prisoners understand the importance of achieving a level 2 qualification in English and mathematics to enhance their employment prospects. They should promote the message in the information, advice and guidance they provide to prisoners.

**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 2019, we found that outcomes for prisoners were good against this healthy prison test.

### Recommendations

Prisoners' transfer checks to inform ROTL board decisions should be completed promptly.

**Achieved**

The IDRMT should consider prisoners approaching release to ensure that risks are properly managed.

**Not achieved**

The reasons for a return to closed conditions should be clearly communicated to prisoners.

**Achieved**

## Appendix I About our inspections and reports

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

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

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

### **Safety**

Prisoners, particularly the most vulnerable, are held safely.

### **Respect**

Prisoners are treated with respect for their human dignity.

### **Purposeful activity**

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

### **Preparation for release**

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

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

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

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

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

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

concerns. Procedures to safeguard outcomes are in place.

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

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

**Outcomes for prisoners are poor.**

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

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

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

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

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

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

## **This report**

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

[of Prisons \(justiceinspectorates.gov.uk\)](https://justiceinspectorates.gov.uk)). Section 7 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), 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
Debora Butler	Team leader
Nadia Syed	Inspector
David Owens	Inspector
Lindsay Jones	Inspector
Angela Johnson	Inspector
Joanna Luck	Inspector
Sam Rasor	Researcher
Alicia Grassom	Researcher
Jasmin Clarke	Researcher
Emma King	Researcher
Paul Tarbuck	Health and social care inspector
Beverley Gray	Care Quality Commission inspector
Jennifer Oliphant	General Pharmaceutical Council pharmacy technician
Carolyn Brownsea	Lead Ofsted inspector
Diane Koppit	Ofsted inspector
Jane Hughes	Ofsted inspector
Viki Faulkner	Ofsted inspector

## Appendix II Glossary

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

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

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

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

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

### **Connecting Communities**

The 2022 Health and Care Act introduced new legislative measures that aim to make it easier for health and care organisations to deliver joined-up care for people who rely on multiple different services. Connecting Communities workers coordinate networks of existing local statutory and non-statutory agencies to support the prison leaver to integrate into the community.

### **Cuckooing**

A tactic where a drug dealer (or network) takes over a vulnerable person's cell to prepare, store or deal drugs. It is commonly associated with exploitation and 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.

### **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.



**PAVA**

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

**Protected characteristics**

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

**Protection of adults at risk**

Safeguarding duties apply to an adult who:

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

**Raising Readers**

A scheme which offers parents in prison the chance to choose a book to be sent home to their child.

**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.

**Shannon Trust**

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

**Reading Ahead**

An initiative inviting individuals to select six books and record their reading in a diary.

**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).

**Standard determinate sentence 40**

A scheme that temporarily reduced the proportion of certain custodial sentences served in prison from 50% to 40%.

**Storybook Dads**

Scheme whereby prisoners record stories for their children.

**Time out of cell**

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

**Virtual campus**

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

## **Appendix III Further resources**

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

### **Prison population profile**

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

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

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

### **Prison staff survey**

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

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England

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