



Report on an unannounced inspection of

## **HMP The Mount**

by HM Chief Inspector of Prisons

11–12 and 18–22 November 2024



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# Introduction

The governor had brought greater stability to this large Hertfordshire category C prison by improving the recruitment, retention and capability of his staff. As a result, staff-prisoner relations were good, and inspectors observed many effective officers supporting and managing prisoners serving sentences from just a few months to life imprisonment.

The regime had also improved considerably and was now closer to what we would expect in this category of jail, with well-supervised prisoners moving freely to and from activities. Unfortunately, the quality of education was poor, with a failure to assess the needs of prisoners and deliver a curriculum that was suitable for the population. This meant that while there were vacancies in other activities, there were not enough places in English and maths, nor was there provision for the many men who were only spending a few months at the jail. Leaders were not aware that the quality of teaching was not good enough and they struggled to provide accurate attendance figures. Support for the most and least able was poor, with very inadequate teaching or encouragement of reading, while access to Open University courses had been curtailed so that men who had paid tuition fees were in danger of having to repeat a year because they had missed modules.

Across the jail we saw improvements in the conditions on the wings and although much of the accommodation was showing its age, a well-led team of prisoners was working hard to paint cells, replace flooring and complete other essential maintenance. Conditions on the segregation unit continued to be grim with a cage-like exercise yard and still no electricity supply in the cells. The staff, however, were capable and prisoners were spending less time than previously on the unit.

Care for more vulnerable prisoners had improved and self-harm levels were lower than in similar prisons. There had however, been five suicides at the jail since our 2022 inspection. The well-led incentivised substance-free living wing, in which knowledgeable staff supported the recovery of the many addicts in the jail, was among the best I have seen.

A laptop was now supplied to each prisoner and staff used these to keep men informed about any changes to regimes or new opportunities. The governor produced regular vlogs which, with good levels of visibility by him and his senior team, were appreciated by staff and prisoners alike.

While applications could be made on laptops, it was disappointing that prisoners had to produce handwritten complaints and discrimination incident reporting forms, leading to lower quality responses and management oversight.

The provision for families was also better. The prison had put on lots of day visits and men could earn opportunities for their children to visit the nearby Roald Dahl Museum. The offender management unit had been very stretched by the recent early releases under the SDS40 scheme, so that prisoners were only getting support when they were reaching milestones in their sentences.

Prisoners could attend a course about tenancy at the end of their sentences and there were good links with faith groups in London, putting prisoners in touch with housing organisations as they prepared for release.

The biggest concern for both inspectors and leaders at The Mount was the ingress of contraband into the jail on drones, the scale of which could not be known for certain. As well as some large packages of drugs – two kilograms of cannabis in one case – weapons had also been recently found. I was struck by conversations I had with two experienced prisoners who told me they were frightened by the risks posed by weapons coming into the prison. Without more support from the prison service there is a danger that many of the positives we found on this inspection could be undone. As well as reducing the supply of drugs, it is also incumbent on the leaders at The Mount to make sure that a much higher proportion of prisoners are involved in genuinely purposeful activity. This will both reduce demand for drugs in the jail and give men the skills they need to resettlement successfully on release.

**Charlie Taylor**

HM Chief Inspector of Prisons

January 2025

# What needs to improve at HMP The Mount

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

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

## Priority concerns

1. **The prison was not able to stop the entry of drugs and weapons into the prison by drones.** Traditional security measures were no longer proving effective.
2. **Leaders across many functions, such as behaviour management, fair treatment, education and offender management, did not collate, analyse or use data to plan or monitor improvement.**
3. **There was a lack of support for foreign national prisoners.** Many voiced frustration about their limited access to immigration officers.
4. **Supervision of crowds of prisoners at medicine hatches was poor.** This caused breaches in patient confidentiality, and increased risks of bullying and diversion of medicines.
5. **Leaders had not identified that the quality of education and training was poor and that prisoners were not allocated swiftly to suitable activities.**
6. **Leaders in education had not used up-to-date needs analysis data to plan a curriculum that met the development needs of prisoners.**

## Key concerns

7. **Violence in the prison had been increasing since the last inspection.** Leaders had not sufficiently analysed the drivers of violence and had no plan to reduce it.
8. **Leaders had lost oversight of self-isolating prisoners, and too many were left for long periods with limited support.** Some were living in unsanitary cells with an impoverished regime, and had no one to speak to about their fears and frustrations.
9. **There was high use of unfurnished accommodation.** Oversight and scrutiny arrangements were not sufficiently robust.
10. **Prisoners did not have confidence in processes for handling complaints, including those about discrimination.** Complaint forms were not readily available on all wings, most wings did not have

confidential boxes to post complaints about discrimination, and staff were often not aware of the processes.

11. **Patients under the care of PPG and Forward Trust waited too long to access high-intensity therapy.**
12. **Medicine administration was inefficient and the storage of medicines was unsatisfactory.** These presented risks to patient safety, and wasted time for clinical staff and prisoners.
13. **Leaders had been too slow to implement a prison-wide reading strategy.** Reading was not sufficiently promoted across the prison and too many prisoners did not receive appropriate support to develop these skills.
14. **Not all prisoners had sufficient support to demonstrate reduction in their risk and progress through their sentence.**
15. **Delays in some key offender management processes, such as home detention curfew, categorisation and adding personal phone numbers, were frustrating prisoners.**

# About HMP The Mount

## Task of the prison

Male adult category C training and 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: 1,022

Baseline certified normal capacity: 1,010

In-use certified normal capacity: 1,007

Operational capacity: 1,032

## Population of the prison

- 1,350 new prisoners received each year (around 112 per month).
- 232 foreign national prisoners (22.7%).
- About 72 prisoners released into the community each month.
- 65 prisoners receiving structured support for substance misuse.
- 60 prisoners referred for mental health assessment each month.

## Prison status and key providers

Public

Physical health provider: Practice Plus Group

Mental health provider: Practice Plus Group

Substance misuse treatment providers: Practice Plus Group, Forward Trust

Dental health provider: Community Dental Services

Prison education framework provider: PeoplePlus

Escort contractor: Serco

## Prison group

Hertfordshire, Essex and Suffolk

## Prison Group Director

Simon Cartwright

## Brief history

Situated in Bovingdon near Hemel Hempstead on the site of a former RAF station, The Mount opened in 1987 as a young offender institution and has since been converted to a category C training and resettlement prison.

## Short description of residential units

### Lower site (older units)

Annexe – pre-release wing for 48 prisoners

Brister – induction wing on two spurs, 88 prisoners

Ellis – general population, 117 prisoners

Fowler – general population, 115 prisoners

Incentivised substance free living (ISFL), the 'Wellbeing unit' – drug support wing, 115 prisoners

Care and separation (segregation) unit – 18 prisoners.

Top site (newer units)

Dixon – Creating Future Opportunities wing and general population, 120 prisoners

Howard – general population, 120 prisoners

Narey – wing for older prisoners (over-50s), 48 prisoners

Nash A – general population, 124 prisoners

Nash B – general population, 124 prisoners

**Name of governor and date in post**

John Gormley, December 2022

**Changes of governor since the last inspection**

Katie Price, 2019–2022

**Independent Monitoring Board chair**

Simon Clarke

**Date of last inspection**

March 2022

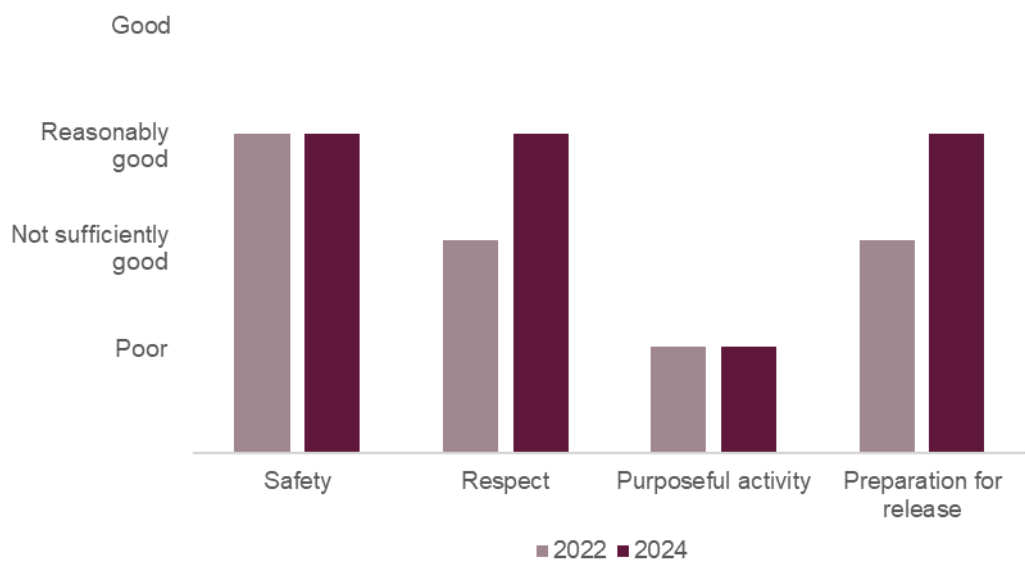


# Section 1 Summary of key findings

## Outcomes for prisoners

- 1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.2 At this inspection of HMP The Mount, we found that outcomes for prisoners were:
- reasonably good for safety
  - reasonably good for respect
  - poor for purposeful activity
  - reasonably good for preparation for release.
- 1.3 We last inspected HMP The Mount in 2022. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

**Figure 1: HMP The Mount healthy prison outcomes 2022 and 2024**



## Progress on key concerns and recommendations

- 1.4 At our last inspection in 2022 we made 14 recommendations, 11 of which were about areas of key concern. The prison fully accepted 12 of the recommendations and partially (or subject to resources) accepted two.
- 1.5 At this inspection we found that six of our recommendations about areas of key concern had been achieved, two had been partially achieved and three had not been achieved. One of the two leadership concerns had been achieved and the other had not. The one safety

concern and two in respect had been achieved, but only one of the four concerns in purposeful activity had been achieved. In rehabilitation and release planning, one concern had been achieved but the other had not. 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 eight 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)	There was a wide range of local incentives to promote and encourage positive behaviour, including an extra social visit, 'sofa' visits, enhanced clothing parcels and additional gym sessions. A variety of specialist wings also provided incentives, including the Annexe pre-release wing, Narey over-50s unit, incentivised substance free living (ISFL) unit and the newly created Creating Future Opportunities wing (CFO) where prisoners had access to additional incentives, such as self-cook facilities, more time out of cell and additional support from staff.	See paragraphs 3.17, 6.19
b)	Following periods of segregation, a weekly focus meeting, led by the segregation manager, involved relevant departments to make sure that prisoners were safely reintegrated.	See paragraph 3.31
c)	The involvement of family members in assessment, care in custody and teamwork (ACCT) case management to support at-risk prisoners was positive. Case coordinators actively asked prisoners if they would like their family to be involved, and relatives could participate in case reviews.	See paragraph 3.42
d)	The prison used prisoners' existing skills and trades, such as plastering and floor-laying, to help maintain the prison.	See paragraph 4.7
e)	A group of prisoners met with the governor and other leaders each month to discuss a relevant issue, such	See paragraph 4.17

	as debt or drugs, and these conversations were recorded as vlogs and available to all prisoners via their laptops.	
f)	There was imaginative provision for some of the smaller religious groups, such as Orthodox, including regular services and materials for some foreign national groups in their own languages.	See paragraph 4.30
g)	A peer-led 'renting ready' course provided prisoners nearing release with helpful information about subjects such as tenants' rights and cooking on a budget.	See paragraph 6.38
h)	Prisoners were able to join a scheduled telephone call with external accommodation support services, through a number added to their personal phone account.	See paragraph 6.41

## Section 2 Leadership

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

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 The governor had been in post since 2022, and many of the improvements which we observed at this inspection had resulted from resolving the staff shortfalls seen at the previous inspection. This had brought greater diversity and capability to the staff group; staff sickness absence had also reduced.
- 2.3 The governor had prioritised staff-prisoner relationships, which had substantially improved. He had also focused on increasing time out of cell, with reasonable success.
- 2.4 The key weakness was in education, skills and work, where the oversight by leaders was poor. As a result, the offer did not meet the needs of the population and too many prisoners were not employed at the time of our inspection, even though there was enough activity for everyone to work at least part-time.
- 2.5 The governor and his leadership team were visible around the prison, and he communicated his priorities well to staff and prisoners. He was supported by some good functional leaders, especially in safety, residential units, the incentivised substance free living (ISFL) unit, segregation unit and chaplaincy.
- 2.6 Leaders were acutely aware that the entry of drugs into the prison through drones was by far the most serious problem it currently faced. They believed that current security measures were not sufficiently effective, in the face of the use of sophisticated technology by organised crime groups.
- 2.7 Prison and PACT (Prison Advice and Care Trust) leaders had improved the support on offer to help prisoners maintain contact with children and family, including increasing the number of social visit slots and running regular family days.
- 2.8 Leaders across many functions, such as behaviour management, fair treatment, education and offender management, were not collating, analysing and using data to plan or monitor improvement.

## Section 3 Safety

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

### Early days in custody

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

- 3.1 The number of new arrivals had been increasing in recent months, with 158 new receptions in October 2024. Reception staff were managing this increase well and prisoners were not held for too long. In our survey, 58% of respondents said they spent less than two hours, against the comparator of 36%. The reception area was small, but staff were skilled at making good use of the space to process several prisoners at once.
- 3.2 Reception staff were friendly and engaged well with prisoners to identify their needs. Although a trained Listener (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) was based in reception, there was a lack of private space and support was often provided in the kitchen or communal holding room, which was inappropriate.
- 3.3 All prisoners were offered a hot drink, shower and hot food on their first night. They had an initial safety screening in reception to identify immediate vulnerabilities, as well as a face-to-face health care screening in a private room.
- 3.4 New arrivals were offered packs containing vapes and basic supplies and, for those arriving after the weekly deadline for prison shop orders, there was the opportunity to order an additional grocery or smoker's pack during induction. This was a positive addition to address the risk of debt in prisoners' early days.
- 3.5 The communal reception holding room had access to toilets. There were appropriate books, but the television was broken. Some of the information displayed was not up to date, failed to publicise the progression pathways available, and lacked resources for non-English speaking prisoners, despite the number of foreign nationals.



**Reception holding room for new arrivals**

- 3.6 New prisoners were located on Brister, the induction unit, where they received their first night interview, although in a room which was insufficiently private. They were checked regularly throughout their first night. The cells were bleak; many had broken furniture and lacked curtains and chairs. Three prisoners who arrived during the inspection had no pillow for their first night.
- 3.7 The induction passport was a well-designed booklet to track completion of all elements of the programme, including the first night interview, but some factors were missing from the risk assessment, such as whether prisoners had substance misuse issues, lacked family support and their sentence type. Overnight checks, induction and follow-up checks were well documented. Prisoners on induction had less than an hour a day out of their cell.
- 3.8 The three-day induction started the day after arrival and was led by a team of prisoner induction reps using PowerPoint. It included a skills centre session and a workshop tour. In our survey, 69% of respondents said induction covered everything they needed to know, against the comparator of 57%. As at our last inspection, departments such as the offender management unit (OMU) were only represented by prisoners, which was a missed opportunity for staff to answer key questions and build relationships with prisoners.





Induction room, Brister

## 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

- 3.9 Rates of violence, including serious assaults, were lower than at similar prisons, but 19% higher than at the last inspection. The increase had been driven by prisoner-on-prisoner assaults, which had risen by 64% over this period, while assaults on staff had decreased by 31%. There had been 130 assaults on prisoners in the 12 months to October 2024, of which 18 were recorded as serious, and 57 assaults on staff, four of them serious.
- 3.10 Leaders had a multidisciplinary approach to reducing violence, but this was undermined by poor staff recording and limited data on the drivers of violence. In consequence, leaders were not always sighted on the root causes of violence and there was no longer-term strategy to address the rising rates. The safety action plan focused on sharing and gathering data rather than action to address the causes of the violence.
- 3.11 Not all incidents of violence were investigated thoroughly. Challenge, support and intervention plans (CSIPs, see Glossary) investigations did not always evidence interviews with perpetrators, CSIP targets were not always bespoke or meaningful, and they did not always address the

concerns identified. For example, one prisoner on a CSIP said his key issues were family, debt and drug use, but the only target included was to obtain employment. CSIP reviews were not always multidisciplinary.

- 3.12 Support for victims of violence was poor and investigations into serious injuries lacked depth. There was no record of any follow-up contact and too many prisoners had not been interviewed or supported promptly following an assault. Although leaders had reported debt as a key safety issue, there was insufficient support for those in debt.
- 3.13 During our inspection, 11 prisoners were self-isolating for extended periods, one for 18 months. Oversight of these prisoners was inadequate, and several were living in insanitary and bleak conditions with limited access to showers. In one cell the floor and some walls had been painted in black gloss paint. The daily routine for these prisoners was depressingly limited with little to alleviate boredom.
- 3.14 Well-being reviews for self-isolators were conducted monthly, which was not frequent enough, and without multidisciplinary input. Many self-isolating prisoners expressed fear, frustration and a belief that senior leaders did not take their concerns seriously. Weekly safety team checks were sometimes conducted via telephone, which gave inadequate support. Some prisoners also said they could not speak to senior leaders, despite several requests and applications.
- 3.15 'Belong', a restorative justice charity, continued to provide mediation, one-to-one support and conflict resolution work with both prisoners and staff. It also supported the delivery of 'Facing up to conflict', an in-cell course addressing conflict resolution, problem solving and communication (see paragraph 6.35). However, Belong had too few resources to work with all those in need. Leaders had plans to reintroduce prisoner restorative justice reps to support this work.
- 3.16 There was a range of incentives for prisoners to reach enhanced status. These included an extra social visit, 'sofa' visits (see paragraph 6.3), enhanced clothing parcels and additional gym sessions. The prison had various enhanced or specialist wings, including the Annexe pre-release wing, Narey over-50s unit, incentivised substance free living (ISFL) unit and the newly created Creating Future Opportunities wing (CFO) where prisoners had access to additional incentives, such as self-cook facilities, more time out of cell and additional support from staff (see paragraph 6.19).
- 3.17 'Celebrating success' was a recent new initiative where staff could nominate prisoners for good work or behaviour, and reward them with a small pack from the shop provider. This was a positive addition but underused by staff, and tended to focus on enhanced prisoners as a group rather than recognising individual improvements in behaviour.
- 3.18 About 5% of the population were on the basic level of the incentives scheme. Prisoners were downgraded appropriately and did not spend excessive time at this level, but their incentive reviews did not include specific targets or evidence of personal support.



## **Adjudications**

- 3.19 The number of disciplinary hearings had increased each year since 2021 rising to over 3,800 in the previous 12 months, compared with 2,500 at the last inspection. Most charges were for the possession of illicit items. Leaders attributed this in part to greater staff confidence in challenging prisoners and the increase in searching (see paragraphs 2.2 and 3.34).
- 3.20 In the sample that we reviewed, punishments were proportionate and not overly punitive. Cellular confinement was used as a deterrent to tackle the increasing use of illicit drugs.
- 3.21 Despite quality assurance by leaders, adjudication hearing records were not always detailed enough to understand the prisoner's experience, and conduct reports were routinely absent. However, in our observations prisoners were given opportunity to present their case and challenge evidence.
- 3.22 There were 50 remanded hearings at the time of the inspection, less than we often find at similar prisons. Referrals to the police for more serious offences were subject to more lengthy delays; there had been 117 such referrals for serious offences in the previous 12 months, of which 70 remained adjourned.

## **Use of force**

- 3.23 The use of force had increased considerably since the last inspection, even though at a lower rate than at similar prisons. This was reflected in our survey in which 25% of prisoners said that they had been restrained compared with just 9% at the previous inspection. However, over 90% of incidents in the previous 12 months had been spontaneous, often to ensure the safety of the individual, and most incidents (65%) were low-level guiding holds used to return prisoners to their cells.
- 3.24 Staff made reasonable use of body-worn video cameras to capture incidents, although sometimes they switched them on late or not at all. There had been one use of PAVA incapacitant spray in the previous 12 months, and a baton had been drawn but not used in this period. Both uses were proportionate to prevent further harm to others.
- 3.25 Governance and oversight of force to address immediate concerns remained a strength. All incidents were triaged by leaders and a dedicated use of force manager, with appropriate action taken where concerns were identified. However, despite this oversight, staff statements following incidents were not always sufficiently detailed. A quarterly use of force meeting also considered a wide range of data, but it was not clear how this was used to drive improvement and reduce incidents.
- 3.26 Unfurnished accommodation had been used 10 times in the previous 12 months and often included the use of anti-ligature clothing.

Documentation on use of these cells was poor and we could not always be assured that the use of either was justified. Although the quarterly segregation monitoring and review group (SMARG, see paragraph 3.31) discussed the use of the unfurnished accommodation, it was not clear whether it had adequately reviewed the footage or associated documentation to identify learning points and take appropriate action.

## **Segregation**

- 3.27 The use of segregation had increased with 544 instances in the previous 12 months, compared with 316 at the previous inspection. The commonest reason was cellular confinement following an adjudication (around 74% of cases). Most stays were short and very few prisoners were segregated for lengthy periods. During the previous 12 months, only one prisoner, who had been segregated for good order, had stayed beyond 42 days.
- 3.28 Living conditions on the segregation unit were inadequate and needed refurbishment. There was no in-cell electricity, and while cells were clean and mostly free from graffiti, they were stark. The exercise yard remained grim, and flooring in the showers was poor.



**Segregation cell**

- 3.29 The regime was poor, with just 30 minutes of open-air exercise, access to a radio, a selection of books and a daily shower. This limited regime was somewhat offset by the provision to attend dedicated gym sessions and some off-unit activities, subject to individual risk assessment.
- 3.30 In addition to the mandatory individual review boards and daily segregation visits by managers, leaders had introduced a weekly

meeting involving key managers from departments such as security, offender management and residential. This enabled leaders to focus on the reintegration of segregated prisoners back to normal location. This approach contributed to the short stays in segregation and enabled leaders to use cellular confinement as an appropriate deterrent.

- 3.31 The SMARG meeting reviewed a useful range of data to identify trends and address any disproportionate outcomes. Despite this, leaders had not identified some critical weaknesses in the oversight of segregation, such as the management of unfurnished accommodation (see paragraph 3.26).

## Security

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

- 3.32 By far the most serious security issue was the delivery of contraband, mainly drugs but also weapons, by means of drones. Cell windows were vulnerable in the older wings especially, and the prison buildings were spread out over a relatively large area. Managers were clear that it was very difficult to stop drones by using the established methods of physical and procedural security. Large packages were arriving and their contents swiftly distributed throughout the prison. Although prompt action had led to the interception of several packages with drugs, including cannabis up to 2kg in weight, it was clear that a great deal was coming in. For example, during the inspection there was intelligence that a package had been delivered at the top end of the prison, and managers could trace a wave of incidents involving prisoners under the influence of drugs spreading through the residential units.
- 3.33 The prison had taken some useful measures to counter the entry of drugs by other routes: the body-scanner was now used for every prisoner arriving at the establishment; mail was photocopied; searching and surveillance in the visits area had been tightened up; and the use of passive drug dogs was available with a locally based team. Nevertheless, random drug testing showed a positive rate of 36%.
- 3.34 In our survey, 46% of respondents said that it was easy to get drugs in the prison, compared with 29% at the previous inspection, and 23% of those who disclosed mental health problems said that they had developed a drug problem at The Mount, compared with 3% of those without such problems. The number of incidents by prisoners under the influence of drugs had been rising for the last year, as had the number of drug finds. Illicitly brewed alcohol had become less of a problem than before, while drugs remained dominant in the illegal economy.

- 3.35 There was a steady flow of intelligence into the well-managed security team, who analysed and acted on it efficiently, setting monthly intelligence objectives which were well designed to deepen understanding of key issues. Staff submitted 1,000 security information reports each month, and a skilled team of collectors and analysts made good use of the intelligence received. The governor and deputy governor were routinely and energetically engaged in supporting and guiding the team's work.
- 3.36 Despite these moves, limited resources for random drug testing had meant that only 24% of drug tests requested on the basis of specific intelligence had been carried out, so that valuable information was not acted on to bear down on drug use. The tests that took place showed an 88% positive rate, illustrating the value of the intelligence received.
- 3.37 There was very good and improving collaboration with the police across many areas of security, and especially in the detection and prevention of staff corruption. In an establishment where a third of prisoners were registered as having links to organised crime groups, the joint work with the police was a high priority for both services, and had yielded some good results.

## Safeguarding

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

## Suicide and self-harm prevention

- 3.38 There had been five self-inflicted deaths since the previous inspection, including one in the previous week, and leaders had undertaken quick-time learning from them. The death-in-custody action plan had been recently reviewed and was up to date; there was evidence of analysis of key risk factors and actions to improve outcomes in these areas. There had also been five drug-related deaths since the last inspection.
- 3.39 Self-harm rates had reduced and were around 7% lower than at the last inspection and below similar prisons. However, in the 12 months to October 2024, rates had been rising and there had been 358 incidents, involving 109 prisoners, of which 22 were recorded as serious. Fifteen prisoners were supported by assessment, care in custody and teamwork (ACCT) case management at the time of the inspection.
- 3.40 While there was good knowledge of prisoners' individual risks and triggers, leaders had not been using data well to understand drivers of self-harm across the prison. The monthly safety meeting reviewed useful data, but had not sought to understand the issues influencing the rise in self-harm in the last 12 months. Although there was an action

plan, it was not clear how these actions were identified, and many had not been completed by set deadlines.

- 3.41 Prisoners with the most complex needs received multidisciplinary support to reduce their self-harm. This included complex case meetings for individual cases alongside a weekly safety intervention meeting, which was well attended by departments across the prison. Leaders and wing staff demonstrated good knowledge of prisoners of concern and their needs. Case coordinators actively involved family members in the ACCT process; they asked prisoners if they would like their family to be involved, and relatives could participate in case reviews. There were creative approaches to addressing risk factors.
- 3.42 Some staff were not confident in recording identified risks and triggers, and only 74% of operational staff had received suicide and self-harm training. These issues were reflected in the quality of some ACCT documentation in which risks, triggers and care plans lacked detail or were incomplete. Leaders had identified upskilling opportunities for staff to improve their knowledge and confidence in providing support to prisoners, including prisoners talking to them about their own experience.
- 3.43 Constant supervision had been used 19 times in the past six months, generally for one to two days at a time; the longest duration was four days. There were no prisoners on constant supervision during the inspection. The three constant supervision cells were clean but bleak. Anti-tear clothing had been used several times, but leaders were not sure how often and oversight was poor.



**Constant supervision cell, Ellis wing**



- 3.44 Prisoners had limited access to Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), particularly overnight, and conversations with them often took place through the door, which was not conducive to providing help and support to prisoners in crisis. The Listener suite was not used often, and we were told that there were often delays in responding to requests for support.



Listeners Suite, ISFL

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

- 3.45 The safeguarding policy was up to date; leaders maintained links with the local safeguarding adults board and participated regularly in local authority safeguarding meetings. At the operational level, however, staff had not received sufficient training to identify vulnerable individuals effectively or to make well-informed safeguarding referrals. Most staff did not know who the prison safeguarding lead was, and their name and role were not effectively promoted across the establishment.

## Section 4 Respect

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

### **Staff-prisoner relationships**

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

- 4.1 Staff-prisoner relationships had improved since the last inspection and were generally good. In our survey, 80% of prisoners said that staff treated them with respect, compared with 65% last time.
- 4.2 Wing officers understood the individual needs of the prisoners in their care, and we observed mostly friendly, supportive interactions. Although the layout of wings on the bottom site made supervision difficult, at this inspection, in contrast to the previous one, we did not see many examples of staff clustered in offices. Both officers and managers were visible and approachable on the landings.
- 4.3 Key work (see Glossary) was not delivered effectively. Fewer than a quarter of planned sessions took place, as staff were often deployed to other areas at short notice, and it was clear from the records that prisoners did not always see the same key worker and that sessions were unstructured (see paragraph 6.16). Leaders recognised this and had credible plans to improve provision.
- 4.4 Peer work was underused, which was a missed opportunity to encourage prisoners to support one another and develop valuable skills. Peer workers told us that they had not received training for their roles, and many struggled to articulate what their jobs entailed. It was also disappointing that leaders planned to scale back the work of the more substantial peer worker roles in the Prison Unity Team (see paragraph 4.17) by reducing the number of trusted 'red band' roles, which had enabled these risk-assessed prisoners to move freely between different units.

## 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 Living conditions had improved and were reasonably good. Cells we inspected were generally clean and free of graffiti, and many had been personalised and decorated by occupants. Most were equipped and furnished appropriately, although some double cells had only one chair, and many toilets needed deep cleaning. There were ongoing programmes to replace broken furniture, with over 500 items ordered in the previous three months, and to install courtesy locks to enable prisoners to secure their own cells during association periods.



Double cell (left) and single cell

- 4.6 Communal areas were generally kept clean, although some areas – in particular, showers – displayed notable wear and tear, and required refurbishment or deep cleaning.





**Paint stained toilet with no lid in a double cell (left) and showers (right)**

- 4.7 A full-time painter was based on each unit. The prison used prisoners' existing skills and trades, such as plastering, painting and floor laying, which was a positive and effective initiative to help maintain and repair the ageing facilities.
- 4.8 Communal areas on most units were not used imaginatively or creatively; many were sparsely furnished and equipped, with too few seats for prisoners to dine together, although most had a pool or table tennis table. Side rooms contained only very limited cooking equipment (see paragraph 4.14). Facilities on smaller units were better; for example, there were comfortable sofas, a kitchen and a library on Narey (the unit for older prisoners).



**Dixon unit (left) and Narey unit library and association area (right)**

- 4.9 Prisoners commonly complained about a lack of appropriate clothing, especially underwear and socks: several prisoners on different units told us they did not have enough to change them each day. This issue had also been raised in an HMPPS audit three months previously. Although there was plenty of clothing in the central stores that staff could order, many prisoners told us they did not feel comfortable or hygienic wearing prison-issue underwear but could not afford to buy

their own. Only those on the enhanced level of the incentives scheme were able to have an annual clothing parcel sent in.

## **Residential services**

- 4.10 Prisoners' perceptions of the food had improved, with 43% in our survey saying the food was good, compared with 29% last time. Almost all prisoners we asked were positive about the food, and they particularly appreciated the portion sizes, fresh salad available every day, and the ability to buy fresh fruit and vegetables from the prison shop.
- 4.11 The menu offered a variety of options to cater for different diets, and new meals had been added as a result of prisoner consultation. However, at the time of the inspection the menu had not changed for three weeks because of a technical issue, since resolved.
- 4.12 Meals were served far too early, with lunch at 11am and the evening meal at 4pm. Breakfast packs were small, and were given out the previous afternoon. Serveries were clean and queues were well supervised by staff, but very few servery workers wore appropriate clothing. Some prisoners chose to sit and eat their meals together on units, but there were too few tables and chairs for most to do so.
- 4.13 The main kitchen was more than able to cater for the population, but all of its fridges and freezers had been broken and out of service for over a year. Temporary replacements were functioning, but located in portable cabins outside the kitchen, which was not the best option.
- 4.14 Most wings had toasters and microwaves, and some had a grill. These were very popular, but food preparation areas and equipment were often left messy or dirty. Older prisoners on Narey unit and those on the ISFL had access to full kitchens, which was positive.



**Cooking on Dixon unit (left) and full kitchen on Narey unit (right)**

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

- 4.15 Consultation with prisoners was reasonably good. In our survey, more prisoners than last time and more than at other category C prisons said that things sometimes changed as a result of consultation.
- 4.16 Wing representatives met monthly with the heads of residence to discuss day-to-day issues affecting prisoners on their units, such as maintenance, clothing and food. These meetings were action-focused and provided meaningful responses to the topics raised. Outcomes were shared to all prisoners through a newsletter, which they could access on their laptops.
- 4.17 The Prison Unity Team, a small group of prisoner representatives from across the establishment, also supported consultation by helping individual departments devise and issue surveys to gather prisoners' views. It also met monthly with the governor and other relevant leaders and managers to discuss specific topics. These meetings were recorded through a vlog, which all prisoners could access through their laptops. Recent vlogs had focused on debt, drugs and the support available following a recent death in custody.
- 4.18 Since the last inspection, prisoners had been issued with laptops, through which they could submit applications. They appreciated the facility, but many said that their applications often did not get a response. Prison data partly supported this, showing that some departments had significant backlogs of applications waiting to be answered. There were, for example, over 200 awaiting response for the public protection team to add new numbers to their telephone account (see paragraph 6.26). However, this data was not monitored centrally and so no action was taken.
- 4.19 Prisoners did not have faith in the complaints system. Many told us there was 'no point' in submitting a complaint because they felt it would not be acted on. Complaint forms, including those about discrimination, were not always easily available on wings (see paragraph 4.26). Data about complaints were no longer analysed to identify and address root causes. However, in the sample we reviewed, responses were generally prompt, polite and resolution-focused, although a minority did not substantively address the issues raised.
- 4.20 Prisoners could communicate with their legal representatives using in-cell phones or in person. However, in-person visits were held in the main visits area rather than in individual booths, which could compromise privacy. The library contained an up-to-date range of legal texts.

## Fair treatment and inclusion

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

- 4.21 The small diversity and inclusion team, comprising just one prison officer and a manager, faced significant staffing challenges, with uncertainty about the replacement of the current equality manager, who was due to leave. While the team provided commendable one-on-one support to prisoners and successfully organised several engaging activities – such as motivational talks by community members and group events for prisoners – strategic oversight was lacking. There was insufficient analysis of data to address emerging issues, such as the rising disproportionality in complaints submitted by Muslim prisoners.
- 4.22 Nearly half of the prison population were from black or minority ethnic backgrounds, and 23% were foreign nationals. Support for these groups was inconsistent. There were regular forums and information meetings for protected groups including black prisoners, members of the Gypsy, Roma and Traveller community, older, younger and LGBT prisoners. However, these meetings were poorly attended by both prisoners and key staff responsible for implementing change. Consequently, few actionable outcomes emerged from the discussions.
- 4.23 Senior leaders' absence from forums further limited their effectiveness. For example, many black prisoners expressed frustration with the lack of access to suitable hair and skin products, and in our survey only 45% of black and minority ethnic prisoners said the prison shop sold things they needed, compared with 70% of white prisoners.
- 4.24 There was a lack of support for foreign national prisoners. Many voiced frustration about their limited access to immigration officers. Leaders had overlooked the specific needs of this group in many areas. The minimal use of official translation services was concerning, particularly as we encountered several prisoners with very limited English. The practice of relying on staff or prisoners to interpret in confidential situations – using a signed waiver from the prisoner for authority – was wholly inappropriate. After we raised this issue, leaders committed to discontinuing the practice.
- 4.25 Approximately 30% of prisoners were recorded as Muslim. Some expressed concerns about access to the self-cook facilities on certain wings, saying that cross-contamination with non-halal food prevented them from using the facilities.

- 4.26 Prisoners had little trust in the discrimination incident reporting form (DIRF) process. Some prisoners and staff did not know what they were, and the forms were not readily accessible on the wings. Some equality representative peers held a stock of forms in their cells, which was inappropriate. While investigations were mostly completed on time, they were often insufficiently thorough.
- 4.27 In our survey, older prisoners were more favourable than those under 50 on being able to lead a healthy lifestyle (59% compared with 27%), which was positive and reflected the support they received on Narey unit, designated for those over 50. Many older prisoners told us that suitable gym sessions and wing-based activities met their needs. There was very good oversight of prisoners requiring personal emergency evacuation plans, and the two adapted cells were well-maintained and fit for purpose.

### **Faith and religion**

- 4.28 The full range of services, classes and faith-based activities had been restored since the previous inspection; this was reflected in our survey, in which 85% said that they could attend religious services if they wished, compared with 32% in 2022, and the number of respondents saying that their religious beliefs were respected had risen from 51% to 71%. Friday prayer was currently available to each Muslim prisoner only every other week, but recruitment of an additional Muslim chaplain was under way.
- 4.29 The sizeable chaplaincy was well established and included provision for all the main faith groups represented in the population. It also benefited from the energetic leadership of a new managing chaplain, who had brought improvements in the six months since she arrived. The chaplaincy complex was well cared for and had a positive atmosphere.
- 4.30 There was imaginative provision for some of the smaller religious groups. In particular, a Romanian community group led regular sessions, and a chaplain provided weekly worship and faith-based materials in their own languages for a variety of prisoners belonging to specific national Orthodox traditions. In our survey, foreign nationals had strikingly positive perceptions, with 93% saying their religious beliefs were respected, compared with 65% of British prisoners.
- 4.31 A growing number of outside faith-based groups were developing links with the chaplaincy and adding value, while the chaplaincy was further developing practical resettlement support linking those being released to faith communities and support networks, which had been a strength for some time.

## Health, well-being and social care

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

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

### Strategy, clinical governance and partnerships

- 4.33 NHS England (NHSE) commissioned Practice Plus Group (PPG) to provide integrated health care services, Forward Trust to provide psychosocial substance misuse services and NHS talking therapies (formerly improving access to psychological therapies, IAPT), and Community Dental Services to provide dental services.
- 4.34 Regional prison partnership boards met quarterly, and commissioners received quality schedules and made regular quality visits to monitor the contract. Local delivery and local quality groups were held.
- 4.35 PPG and Forward Trust had separate governance structures, which presented some risks. Unlike PPG, Forward Trust did not use SystemOne (the electronic clinical record) to record all health interventions (see paragraphs 4.67 and 4.79), which restricted communication and risked key information not being shared between health professionals.
- 4.36 Within PPG governance arrangements, Datix (the NHS incident reporting system) was used to record clinical incidents. They were not reviewed promptly to identify lessons learned and offset similar events recurring. We noted 48 incidents, mostly medicine-related, dating back to September 2023.
- 4.37 A comprehensive clinical audit programme was in place, informing the service of areas for improvement.
- 4.38 The local risk register did not capture all risks accurately, and risks had not been reviewed.
- 4.39 There was a safeguarding policy and a lead was diligently overseeing referrals. However, safeguarding training compliance for staff was low.
- 4.40 The practice manager coordinated a confidential process for patients' complaints. The responses we sampled were appropriate and within agreed timescales. However, there was no quality assurance, complaint forms were not readily available to patients on residential units, and some health complaint post boxes were not clearly labelled.



- 4.41 In our survey, only 26% of prisoners said that the overall quality of health services was good. There was no health care patient forum and many prisoners we spoke to were unhappy about aspects of the health care they received. Only Forward Trust used peer mentors (see paragraph 4.80).
- 4.42 Forward Trust's governance arrangements were acceptable, with a separate complaints process, risk register, incident reporting system and quality meetings.
- 4.43 The health needs analysis had been completed in the summer of 2022 and was planned for review in 2025.
- 4.44 Staff we spoke to felt supported, and we found supervision, appraisal arrangements and most mandatory training compliance to be reasonable. Clinical notes we reviewed generally met professional standards. Clinical staff were easily identifiable. We observed professional, compassionate and respectful interactions with patients.
- 4.45 Most clinical rooms were clean. The patient waiting area was bleak and unwelcoming.
- 4.46 Emergency resuscitation equipment was in good condition, well organised and daily equipment checks were completed. We were advised that an ambulance was called promptly in an emergency.

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

- 4.47 PPG had its own health promotion strategy for the prison, but not all recommendations had been fully implemented. Despite this, an enthusiastic health promotion lead ran targeted campaigns across the prison on areas such as prostate cancer, obesity, diabetes and self-harm. Health promotion information was included in a monthly health newsletter for prisoners and was also visible across the prison.
- 4.48 NHS age-related health checks and screening programmes for bowel cancer and abdominal aortic aneurysm were delivered appropriately.
- 4.49 All new arrivals were offered screening for blood-borne viruses such as HIV and hepatitis and uptake rates were good. A consultant-led service visited monthly to provide sexual health services to patients. Condoms could be requested confidentially by prisoners via an application to health care.

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

- 4.50 A registered nurse saw new arrivals and conducted initial health screenings to identify any immediate health care needs or long-term medical conditions that needed support, and made any necessary referrals. First and second reception screens had been completed within the required timescales, as had all medicine reconciliations.

- 4.51 Nursing staff were available seven days a week, on Monday to Friday from 7.45am to 6.30pm, and at weekends from 8.30am to 6pm. A GP clinic ran four days a week.
- 4.52 Prisoners had access to a range of primary care services, such as podiatry and optometry, and there were regular nurse-led clinics for wound care, long-term condition management and blood tests. Patients could make health care appointments via their laptops or by submitting a paper application, and all were clinically triaged each day. Waiting times for most health services were reasonable, apart from physiotherapy which had a waiting time of 11 weeks, with 71 patients on the list during our inspection.
- 4.53 Health care records demonstrated that patients received regular, appropriate and good-quality health care interventions. Long-term medical conditions were managed well and there was robust oversight of when health checks and reviews were due. However, not all patients had a care plan outlining the care and support they required, and how it would be provided. We had raised this same issue at our previous inspection.
- 4.54 Patients requiring more intensive health care support were discussed at a fortnightly multidisciplinary meeting to make sure their complex needs were reviewed.
- 4.55 Patient referrals to secondary care services were monitored closely, and the number of external appointments missed due to prison operational reasons had reduced significantly since our previous visit.
- 4.56 There was a weekly clinic to make sure that patients due for release were signed up with local health services. All received a health check on the day of their departure and were given one week's supply of their medicines.

## **Social care**

- 4.57 The prison had social care arrangements with Hertfordshire County Council. There was a memorandum of understanding but it did not include an information-sharing agreement, which was a gap. No prisoners were in receipt of a social care package at the time of inspection. Only two patients had been referred through the referral process since January 2024. Prisoners were unable to self-refer, and we found that frontline staff were not well-versed in social care systems and there was very little information or promotion at wing level.
- 4.58 There was a newly established database to enable prison managers to monitor social care referrals. However, there was no escalation process if assessments did not take place within agreed timescales.
- 4.59 Equipment to assist prisoners with daily living could be sourced via the county council, and the prison had some equipment available. Prisoners with disabilities could be provided with portable alarms in



their cells to summon emergency assistance if required. There were two accessible cells in the establishment.

- 4.60 One prisoner had a designated prisoner carer to support him day to day. He spoke positively about his carer and had a good relationship with them. The carer told us he had signed a compact, understood the carer role and knew that it did not involve any personal care.
- 4.61 There were processes for continuity of care of prisoners needing social care following release or transfer.

## **Mental health**

- 4.62 PPG delivered a seven-day-a-week mental health service and worked effectively alongside Forward Trust's five-days-a-week IAPT service. Patients had access to a comprehensive range of treatments and therapies in line with evidence-based practice, including psychological therapies and NHS talking therapies. The PPG service was particularly well led, demonstrated good clinical governance and was responsive to patient need.
- 4.63 The high levels of substance misuse in the prison impacted on prisoners' mental health, disproportionately so for those with mental illness. Mental health services prioritised support for patients who were at greater risk as a consequence of illicit drug misuse. This included welfare checks and reviews of prescribed medicines when patients were found or reported to be 'under the influence'. An enhanced IAPT service was delivered on the ISFL wing by the Forward Trust to support prisoners addressing their addictions.
- 4.64 A registered clinician assessed new arrivals' immediate mental health needs. Patients could refer themselves to the mental health service or be referred by staff at any time. Access to IAPT was through self-referral. All referrals were discussed at twice-weekly meetings with PPG psychologists. Forward Trust peer mentors delivered an induction to new arrivals to the prison to raise awareness of the service.
- 4.65 An appropriate skill mix in both teams made sure that patients were signposted to the most appropriate treatment pathway. Waiting times were good across most pathways in both services, except those needing high-intensity interventions. At the time of our inspection, approximately 80 patients were waiting to commence treatment, some for up to one year, which was too long.
- 4.66 The mental health service received 60 patient referrals a month. Urgent assessments were conducted within 24 hours and non-urgent ones within five days. Access to the psychiatrist was prompt.
- 4.67 Forward Trust held documentation on IAPTUS (an electronic records system for psychological therapies), and entered limited information onto SystmOne.
- 4.68 There was a neurodiversity pathway and the team worked collaboratively with the prison's neurodiversity support manager.

Despite continued efforts, PPG had been unable to recruit a registered learning disability nurse. In the interim, a bespoke pathway led by the psychology service prioritised access for patients.

- 4.69 Patients on antipsychotic or mood-stabilising medication did not always access the available annual physical health check. The provider was sighted on, and had advanced plans to address, this.
- 4.70 The clinical records we looked at were acceptable and contained up-to-date risk assessments and care plans that were patient-centred and reviewed regularly.
- 4.71 Disappointingly, the provider was not delivering any mental health awareness or training to prison officers, which needed to be addressed.
- 4.72 In the previous six months, two patients had been transferred to hospital under the Mental Health Act, both within the required 28-day timescale.

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

- 4.73 PPG delivered clinical substance misuse services alongside psychosocial services provided by Forward Trust. The teams were well embedded and contributed effectively to prison drugs strategy and oversight meetings. There was an up-to-date drug strategy and action plan. However, drug misuse continued to negatively affect the safety of patients. In our survey, 46% of prisoners said it was easy to get illicit drugs, compared with 29% last time.
- 4.74 Forward Trust had faced a long period of staffing shortages, limiting the structured interventions delivered to patients. We were assured that the remaining staff vacancies had been filled and practitioners were awaiting start dates.
- 4.75 All new referrals were triaged by psychosocial workers and seen for an assessment within three to five working days. There was an open referral system and patients could self-refer, which was good.
- 4.76 Forward Trust's psychosocial team held a caseload of 62 patients receiving structured interventions. It also saw a high number of patients referred for suspicion of being 'under the influence': there had been 455 such referrals in the last six months. Thirty-four prison officers had been trained to deliver nasal naloxone (to reverse the effects of opiate overdose) to prisoners found to be under the influence when health staff were not on site. There was appropriate governance to support this.
- 4.77 All patients referred were encouraged to work with the team and offered in-cell packs aimed at harm minimisation, risk reduction and relapse prevention work. Groupwork was limited in the main prison, but a Stepping Stones 12-session programme (a low-medium intensity

intervention) had been delivered and there were plans for future groups (see paragraph 6.36).

- 4.78 There were 86 patients (approximately 8% of the population) accessing opiate-substitution therapy (OST). Clinical support was very good, and prescribers had the necessary skills and experience. Those in receipt of OST were subject to regular reviews in line with evidence-based practice, jointly undertaken with the Forward Trust psychosocial team.
- 4.79 Documentation by Forward Trust was held on the Nebula electronic records system and on paper files. Limited information was entered onto SystmOne, which potentially compromised information-sharing between teams.
- 4.80 There were seven health and well-being champions peer supporters working throughout the establishment. They all had job descriptions and compacts, and those we spoke to understood their roles and said they were well supported by Forward Trust.
- 4.81 An incentivised substance free living (ISFL) unit was established; 120 prisoners resided there, with a waiting list of 18. The unit offered opportunities for prisoners with no substance misuse history or prolific users who wanted to reduce their exposure to substances. Everyone on the unit signed a compact and was expected to work, attend education or participate fully in the ISFL activities. They were also subject to regular drug testing. Forward Trust held weekly groups, and there were also regular mutual aid and health and well-being champions peer-led groups. The patients we spoke to were all very positive about the unit.
- 4.82 All prisoners being released were seen within three months before returning to the community, and there were arrangements to ensure continuity of care. They were all given naloxone training and harm-minimisation advice before release.

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

- 4.83 Medicines were dispensed outside of the prison as patient-named items and staff reported a good service. Two part-time pharmacists and two pharmacy technicians were based on site. Pharmacy-led clinics were not delivered due to staff shortages. The pharmacy was addressing the shortages by using some agency pharmacy technicians, and recruitment was ongoing.
- 4.84 Approximately 60% of patients received their medicines in possession, following a risk assessment. Most prisoners did not have lockable storage boxes for their medicines. In-possession risk assessments were not always reviewed annually. Supervised medicines were administered twice a day. There were limited provisions for night-time administration, which was either given in possession or at 4pm, which negated therapeutic benefit.

- 4.85 The treatment rooms were not fit for purpose and the storage of medicines, including in-possession medicines ready for collection, was unsatisfactory. Medicine processes were inefficient, wasting time for clinical staff and prisoners. Officer supervision of medicines administration was inadequate. We observed crowding around the medicines hatches, which compromised patient confidentiality and created opportunities for bullying and diversion of medicines. ID cards were checked when patients presented for their medicines.
- 4.86 Medicines were transported securely, but cold chain medicines were not always kept in fridges. Fridges were only monitored intermittently. A range of emergency medicines was available out of hours. Controlled drugs were generally well managed and audited regularly. There were non-medical prescribers on site, and a range of patient group directions to allow the supply of prescription-only medicines without the need to see a prescriber. The prescribing of tradeable medicines was well controlled. However, approximately 50% of all patients prescribed medicines received mirtazapine (an anti-depressant).
- 4.87 Arrangements to supply medication or a prescription for patients being discharged or transferred were good.
- 4.88 Multidisciplinary team meetings and drug and therapeutic meetings were held, with regular contributions from the pharmacy team.

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

- 4.89 Community Dental Services were contracted to provide the full range of NHS dental health services in the prison, and a dentist was available three days a week.
- 4.90 The number of patients waiting for a routine appointment had reduced significantly since our previous visit from about 400 to 126, and the waiting time from 40 weeks to nine weeks. A 'sit and wait' service was available for patients in severe dental pain or with facial swelling.
- 4.91 Dental care records were detailed and evidenced that patients received appropriate assessment, treatment and oral health instruction. The dental nurse ran oral health education sessions with prisoners, and provided dental packs to help them maintain their oral hygiene.
- 4.92 The dental suite was well designed and met all best-practice guidance. Key areas of safety such as infection control, decontamination procedures and radiography were managed well. Records showed that dental equipment had been maintained and serviced to make sure it was safe for use.

## Section 5 Purposeful activity

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

### Time out of cell

Expected outcomes: All prisoners have sufficient time out of cell (see Glossary) and are encouraged to engage in recreational and social activities which support their well-being and promote effective rehabilitation.

- 5.1 Prisoners spent far more time out of their cell than at our last inspection. Those in full-time purposeful activity spent up to 8.5 hours a day unlocked, those in part-time activity around seven hours and those waiting to be allocated spaces around 5.5 hours. The regime for new arrivals on the induction wing was, however, notably poorer (see paragraph 3.8). Prisoners residing on the Annexe unit were never locked in their cells.
- 5.2 In our roll checks, we found 14% of prisoners locked up during the core day, down from 38% last time. Only around half were in purposeful activity, which was not good enough for a category C training prison.
- 5.3 The regime at weekends was better than we usually see, with most prisoners able to spend up to 5.5 hours a day out of their cell. In our survey, 13% said they spent less than two hours unlocked at weekends, compared with 27% in other category C prisons.
- 5.4 There was no evening association and prisoners were locked up by 6pm. This meant that those in full-time, off-wing activity faced competing priorities at the end of day, having only around 1.5 hours after returning from work for their evening meal, domestic duties, socialising with peers, and visiting the gym or library.
- 5.5 There was too little to occupy prisoner during association, with most wings only containing limited basic equipment like a pool table, and few social or recreational groups across the prison. However, leaders had plans to introduce additional structured activities on residential units and had recently consulted with prisoners to see what would be popular.



**Association area on bottom site**

- 5.6 The library, run by Suffolk Libraries, was a warm and welcoming space with a suitable range of facilities. There was a wide of range of books, audiobooks, graphic novels and jigsaw puzzles for prisoners to borrow, as well as a computer area used primarily by those studying Open University courses.
- 5.7 However, the library was severely underused with only around 110 prisoners a month attending and only half the population registered users. It was not open at weekends and prisoners were not able to visit while on free flow movement, but only during their allocated wing slot, which made it difficult for full-time, off-wing workers to go. As a result, the two evenings on which the library opened a little later were often busy and oversubscribed.
- 5.8 Prisoners on Narey unit ran their own satellite library using official library stock, but other wings only had small collections of books of ex-library stock, which were not often replenished and rarely picked up by prisoners.
- 5.9 The prison offered some initiatives to support literacy, such as Storybook Dads (allowing fathers to record stories for their children), but promotion and take-up of these was very low.
- 5.10 There was a gym at either end of the site, and both had good facilities. The gym timetable provided a range of activities, such as crossfit-style sessions run by an external organisation, and team sports such as volleyball and rugby. However, much of this provision was aimed at prisoners with an already high level of fitness and there was too little in the timetable to suit casual users or beginners and too few targeted interventions such as for weight loss or diabetes. Only 54% of the

prison were active gym users, and data were not used well to target new users or hard-to-reach groups.

- 5.11 Prisoners complained that gym sessions were often cancelled, and prison data showed that around half a day a week (three or four sessions) had been cancelled over the past three months because of staff shortages. Access to the gym at weekends was limited; only the top-site gym was open and gym sessions were only available on Saturdays if no rugby or volleyball match was being played.



Bottom site gym (left) and library (right)

## 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.

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

Overall effectiveness: inadequate

Quality of education: inadequate

Behaviour and attitudes: requires improvement

Personal development: inadequate

Leadership and management: inadequate.

- 5.13 Leaders and managers had not met the recommendations from the previous inspection and the quality of education, skills and work (ESW) had declined. They had not introduced effective quality assurance arrangements. Too many prisoners were not engaged in purposeful activity despite the fact that there were sufficient full- and part-time activities available. However, the activities offered did not meet the skills development needs of prisoners, such as those preparing for release and those who needed to learn English as speakers of other languages or to improve their English and/or mathematics to enable them to make progress.
- 5.14 The process of allocating prisoners to education, skills and work was ineffective. Leaders and managers had not ensured that spaces in education were used effectively to maximise access to the courses available. Too many prisoners waited too long to be allocated to activities. Consequently, they did not gain many of the essential skills required for employment and release.
- 5.15 The prisoner local pay policy was fair and equitable across education, skills and work activities. However, the requirement for prisoners to have achieved qualifications in English and mathematics up to level 1 before being allocated to prison work had not been effective owing to the lack of sufficient spaces on these courses and ineffective allocations.
- 5.16 Leaders and managers had not planned an ambitious enough curriculum for vocational training and work based on an up-to-date analysis of prisoners' needs. They had not considered the needs of around 10% of the population who were serving long or life sentences. The curriculum offer was too narrow and did not provide prisoners with an appropriate range of options that supported their progression into employment or further education. There were no opportunities to study above level 2 apart from open and distance learning courses. The small proportion of prisoners who had accessed higher levels of training through the Open University and other distance learning had received poor support. This had adversely impacted on their progress and achievements, as prisoners missed assignment submission deadlines. As a result, they had to repeat learning, which increased their debt from student loans.
- 5.17 Leaders had not planned an appropriate curriculum to support approximately a third of the prison population who were eligible for release on temporary licence.



- 5.18 Leaders and managers had been too slow to introduce accreditation into the workshops. There were plans to provide qualifications for training in waste management, coffee roasting, metal recycling, bike recycling and industrial cleaning. However, leaders did not have an implementation plan with timescales. Prisoners could receive accreditation and gain construction skills certification scheme cards, but the availability of training and assessment was intermittent and as a result not available to all those preparing for release.
- 5.19 Leaders had very recently introduced employment-focused courses such as rail track maintenance in partnership with a local college. However, they had not carefully planned the sequencing of the theory and practical sessions. As a result, prisoners completed the theory lessons months before they were able to apply their knowledge in a practical lesson.
- 5.20 Prison leaders did not have an effective oversight of the quality of the education, skills and work provision. They were unable to provide accurate attendance lists for education, skills and work activities during the inspection. Managers could not confirm how many prisoners had a personal learning plan (PLP) or how long prisoners waited for one after induction.
- 5.21 The education and training offer was provided by PeoplePlus. In most subjects, curriculums were sequenced appropriately, but in too many lessons, tutors did not sequence learning to enable prisoners to build on the skills they had learned previously. Too much teaching in education, particularly in functional skills English and mathematics, was weak. Tutors did not routinely mark prisoners' work accurately or correct their mistakes. Feedback to prisoners was not developmental or accurate enough. Tutors did not routinely monitor and record prisoners' development of employability-related skills. Achievement rates, particularly in functional skills English and mathematics courses, were too low.
- 5.22 Leaders had used local and regional labour market information effectively to inform the vocational offer. Courses included construction skills, vehicle maintenance, warehousing and storage, and barbering; however, the highest level of qualification available was at level 2.
- 5.23 Leaders' quality assurance arrangements for the courses provided by the education provider were ineffective. Managers had been too slow to recognise the significant issues in the quality of teaching in education and skills. Managers had recently taken remedial actions to provide training for tutors based on their development needs. However, it was too soon to judge the impact.
- 5.24 In most workshops, trainers supported prisoners to develop their vocational knowledge and employment skills. In barbering, prisoners used technical vocabulary well when explaining the difference in hair cuticles and follicles for different ethnicities. In plastering, prisoners were able to discuss how clear communication when working in pairs resulted in better and more efficient outcomes. Prisoners demonstrated

a keen sense of pride in their practical work, particularly those completing the level 2 diploma in bricklaying, who produced complex decorative features. Prisoners were able to talk about how they had increased their confidence and resilience because of their learning. Prisoners also engaged in the work of maintaining the prison as members of the 'clean, rehabilitative, enabling and decent' team and they demonstrated a keenness to improve the condition of the prison estate for the benefit of others. They also recognised the importance of the skills learned and how these would help them progress with their next steps.

- 5.25 Leaders had not ensured that prisoners received effective, impartial careers information, advice and guidance when they arrived at the prison or during their stay. Information about the education, skills and work activities available to them often lacked sufficient detail to allow them to make appropriate choices to meet their needs and interests. The goals set for prisoners were too vague. They did not support prisoners to make progress towards their goals, or to have a clear understanding of what they were working towards.
- 5.26 Leaders had been too slow in introducing an appropriate reading strategy. The strategy was underdeveloped and lacked a suitable implementation plan with clearly defined targets and timescales. Leaders had not ensured that there was sufficient focus on supporting prisoners to engage in reading. They had arrangements in place with the Shannon Trust literacy programme to support early readers, but only a small minority of prisoners had benefited from this. Staff did not encourage prisoners to maximise opportunities to read, for example during their breaks, to develop their reading skills. Most education staff were not appropriately trained in the use of phonics to support reading. Managers' actions, such as the introduction of reading areas, had improved the availability of books, but these were underused.
- 5.27 Leaders did not effectively monitor the progress that prisoners made or track achievements and destinations. Too many prisoners passed their planned end dates for the achievement of their qualifications. Information on destinations was not kept up to date, so managers could not use reliable data to inform future curriculum planning.
- 5.28 Most teaching staff in education, skills and work were qualified and experienced. Most instructors in industries routinely updated their subject knowledge by attending training in the subjects that they taught. However, trainers did not receive sufficient training to help them understand how to support prisoners who had additional needs, or how to improve their training and teaching practices. The recently appointed neurodiversity support manager had issued a useful support guide to assist staff in supporting prisoners' needs. Managers had appropriate plans for staff training, but the training was yet to take place.
- 5.29 Most prisoners completed activities to assess what they already knew and could do on arrival at the prison. These included initial screening to identify any special educational needs and/or disabilities and their reading ability. Tutors identified a range of effective support strategies

for those prisoners with learning difficulties, such as dyslexia, and learning disabilities. These helped them to make at least the same progress as their peers. However, prisoners in vocational training did not always receive the support that they needed to make the progress expected of them.

- 5.30 Leaders had implemented a good range of enrichment activities that took into account the diverse prison population. Prisoners developed their art and needlework skills through activities such as those provided by Fine Cell Work. However, leaders did not track or analyse attendance to evaluate if prisoners were participating in the activities that were offered.
- 5.31 Prisoners were allocated in-cell laptops which provided them with access to a good range of information and resources, including from the virtual campus (internet access to community education, training and employment opportunities). Mentors supported prisoners to develop their digital skills, preparing them well to use digital technologies when released.
- 5.32 Prisoners in education, skills and work were well behaved, polite, and had respectful relationships with peers and staff. Workshops and classrooms were calm, well ordered, and conducive to learning and work.
- 5.33 Staff had created environments where bullying, harassment or discrimination were not accepted. Prisoners were confident that staff would deal with any issues quickly, consistently and effectively.

## 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 social visits are supported in other ways to establish or maintain family support.

- 6.1 In our survey, 32% of prisoners now said that staff encouraged them to keep in touch with family and friends, compared with only 15% in 2022. The contracted Prison Advice and Care Trust (PACT) family services team was well led, energetic and committed.
- 6.2 PACT permanent staff and students on year-long placements gave individual support to prisoners, including structured work using the PACT series of workbooks. PACT staff and prison managers worked closely together, for example in enriching the reading strategy by involving specialist local community groups in story-reading sessions with prisoners and their families, and provision of 'paired' books for the prisoner and their child to share.
- 6.3 There had been many improvements in visits provision, especially within the last year. Sessions had been added on Monday, Wednesday and Saturday mornings, while the café had more choice and had started to offer some hot food - this was in response to biannual visitor surveys by PACT. Three 'sofa visit' stations had been placed in the visits hall, making the visit more relaxed for the families of some enhanced-level prisoners.
- 6.4 Managers were more visible in the visits area, with a first-line manager always present, and active in ensuring that visits ran on time. This improved supervision gave better assurance of a safe and positive visiting experience. The visitors' centre also provided a bright and welcoming first contact for visitors, even though the small building needed some refurbishment.
- 6.5 A real strength was the increased number of family visits, which had not been happening at the previous inspection. In addition to six family days a year, events in the visits area had included one focusing on children with special educational needs and disabilities (SEND), and

others for partners who were pregnant or brought in children under three. Sessions for prisoners who did not receive external visits were now monthly and fully subscribed: these were particularly useful in lowering anxieties that many prisoners had about their families or friends coming in.

- 6.6 There were 10 video-call booths in the visits area, with a limited degree of privacy, and they were consistently used. The Official Prison Visiting Scheme was in operation, and the chaplaincy was reaching out into the community to increase the number of visitors for prisoners who did not receive social visits.

## Reducing reoffending

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

- 6.7 The two main functions of The Mount were to support long-sentenced prisoners to progress through their sentence by reducing their risk, and helping to address their resettlement needs before they returned to the community. Some prisoners received reasonable support to progress, but opportunities overall, such as work places, remained too limited. Support for resettlement was reasonably good.
- 6.8 There were about 112 new arrivals a month and a similar number released or transferred. This turnover meant that only about half of the population had been at the prison for more than six months.
- 6.9 The high-level coordination of work to help prisoners to progress and prepare for release had improved. The agenda for the regular reducing reoffending meeting now included all the resettlement pathways. It had a supporting action plan, although many of the actions recorded were in response to events that had happened or were just about to happen, rather than longer-term proactive initiatives to improve outcomes for all prisoners over time.
- 6.10 Minutes for the meeting also included the available information on some areas, such as the drug testing rate (see paragraph 3.37) and accommodation on release (see paragraphs 6.41–6.43). The meeting was well attended by leads from a wide range of departments and partners, including the offender management unit (OMU) who made sure participants understood the high-level work that was ongoing.
- 6.11 The OMU was now reasonably well staffed to support reducing reoffending work, although the contribution of the unit was negatively affected by some weaknesses in leadership and management. An OMU strategy listed long-term, high-level aims for the department, but managers did not have a specific plan for how to achieve these, such as introducing the use of release on temporary licence.
- 6.12 Managers in the OMU generally did not use data well to understand how well their team was carrying out key processes that affected

prisoners, such as monitoring the effectiveness of home detention curfew (HDC) applications to make sure prisoners were released on time.

- 6.13 Leaders also did not have a clear understanding of how many prisoners had an up-to-date offender assessment (OASys) setting out the targets for them to progress through their sentence. At the time of the inspection, 77 prisoners had not had such an assessment more than 10 weeks after being sentenced. Most of these (65) had been at The Mount for more than a month and several for more than six months. These assessments should be reviewed regularly to make sure that the targets remain current and to update them. The prison did not track whether such reviews were completed, and data indicated that 94 prisoners had not had their assessment reviewed in the previous three years, which was far too long.
- 6.14 We examined a selection of the assessments completed by prison offender managers (POMs) and found them to be generally of a good standard with well-formulated sentence plan targets. Many targets related to the completion of structured offence-related work, such as accredited offending behaviour programmes or securing and maintaining work or education, as well as complying with prison rules and improving the prisoner's level on the incentives scheme.
- 6.15 POMs' contact with and support for prisoners largely focused on time-bound tasks, such as parole reviews. One-to-one work on risk reduction was limited, although we saw some very good examples of this when it took place.
- 6.16 Many prisoners still experienced periods with little or no meaningful support from their POM. At the previous inspection, we reported that this was partly mitigated by some positive support from key workers (see Glossary and paragraph 4.3), but the prison was no longer made sure that this support was delivered regularly and effectively.
- 6.17 In our case studies, we found that prisoners had generally been able to make progress against targets that related to education, training and work, despite the shortcomings in allocation of activity spaces (see paragraph 5.14). Prisoners had generally been able to progress against targets related to custodial behaviour, such as increasing their level on the incentives scheme. However, prisoners made less progress against targets relating to offence-focused, risk-reduction work.
- 6.18 There was some additional focus on supporting prisoners on indeterminate sentence for public protection (IPP). OMU managers had resumed monthly IPP panels with input from POMs and the psychology team to consider options to help progress those who had repeatedly failed at parole, or had been recalled. We saw one very good example of a prisoner who had completed weekly one-to-one risk-focused work with his POM over several months. This was taken into account by the Parole Board, which directed his release to specialist approved premises with additional psychological support in the community when he moved on.



- 6.19 The Creating Future Opportunities wing was due to open in the week following the inspection. Staffed by specially trained officers and with dedicated psychology input, its role was to support prisoners whose release was dependent on parole. In the previous year, 24 prisoners had been released following a direction from the Parole Board.
- 6.20 We saw several examples of a prisoner's regular security categorisation review where a POM had recorded that they were not deemed suitable for a transfer to open conditions because they had not completed sufficient risk-reduction work. In many of these instances, the prisoner had not been subsequently given specific guidance on areas to focus on during the period to their next review to increase their likelihood of being able to progress.
- 6.21 Despite this, out of the 1,300 categorisation reviews completed in the previous 12 months, about 120 prisoners had been recommended as suitable for open conditions and were usually transferred promptly to a suitable prison to complete their sentence. However, many categorisation decisions were completed late. At the time of the inspection, 82 reviews were overdue, with many far more than a month late, which led to frustration for some prisoners. There was also some confusion among OMU managers and staff about the impact of recent early-release schemes on categorisation review dates.
- 6.22 Some of the prisoners deemed suitable for a transfer to open conditions were able to move to the small Annexe unit before transfer; here the better time out of cell and lower levels of staff supervision helped them prepare for the move (see paragraphs 3.17 and 5.1).
- 6.23 Most of the population were not currently eligible for open conditions, either because they had not served enough of their sentence or the potential risk they posed to the public remained too high.

## Public protection

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

- 6.24 At the time of the inspection, more than half of prisoners were assessed as presenting a high risk of serious harm, and a similar number were eligible for management on release under Multi-Agency Public Protection Arrangements (MAPPA). There were over 300 prisoners with a history of being a domestic abuse perpetrator, and 240 had an active restraining order from the courts.
- 6.25 The prison had a dedicated public protection officer who screened all new arrivals for such risks and placed warning markers that limited the potential for the prisoner to cause harm, such as restricting visits and phone contact with children until a full risk-to-children assessment had been completed with social services.

- 6.26 Other public protection measures included a restriction on adding a new telephone number to a prisoner's personal phone account (PIN) until there had been checks with the owner of the number. However, there had been insufficient staff to complete these checks and prisoners had to wait over a month for any new numbers to be approved. This caused frustration and complaints from prisoners, especially when the contact with a family member or loved one was eventually approved. At the time of the inspection, 200 new numbers were waiting to be processed and the backlog had been at a similar level for several months, without intervention from managers.
- 6.27 POMs reviewed cases where initial screening of public protection risk suggested monitoring of telephone calls could be warranted. At the time of the inspection, five prisoners had their phone calls monitored for public protection reasons. Staff carrying out this monitoring had been given guidance about what to listen for and the reviews were generally kept up to date. POMs told us that they had discounted the need for monitoring in other cases, but did not routinely record this decision. OMU managers held a weekly public protection meeting that reviewed the progress of risk-to-children assessments and prisoners subject to offence-related monitoring, but this did not scrutinise or endorse decisions not to implement phone monitoring.
- 6.28 The prison also held a monthly inter-departmental risk management meeting (IRMM). Minutes showed that it was seldom attended by staff from departments other than psychology and substance misuse services. It only gave routine consideration to prisoners assessed as high risk of serious harm and who had less than four weeks left to serve. There was no systematic review of the release plans of prisoners assessed as medium risk, even though this included some domestic violence perpetrators and some with an active restraining order.
- 6.29 OMU managers told us that they scrutinised risk management plans for all prisoners as part of the monthly supervision with POMs. The plans we reviewed were generally good, and we saw evidence of effective information-sharing between POMs and community offender managers (COMs) as prisoners neared release. POMs also attended MAPPA meetings with partners in the community who would be managing the prisoner on release, and their written contributions to inform the meetings were reasonably good.

## **Interventions and support**

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

- 6.30 A programme needs analysis had been used to inform decisions on the range of offending behaviour programmes (OBPs) on offer, which were appropriate for the population. The take up of accredited OBPs had improved since the previous inspection.

- 6.31 The prison no longer limited attendance on such a course to prisoners living on the 'top site', which had previously led to some declining a place rather than move there. It was positive that prisoners were also supported in completing programmes when they were living in the segregation unit. The programmes team had also been proactive in promoting the benefits of OBPs via the in-cell technology, although the team did not have a regular session on the induction programme.
- 6.32 Prisoners could self-refer for programmes and could also be referred by their POMs. The programmes team reviewed all referrals and scheduled them on to courses according to their need and earliest release date. The waiting lists appeared achievable and were scrutinised at the monthly accredited interventions meeting. The meeting was also attended by OMU and psychology services, and considered prisoners who had complex need and might require individualised delivery.
- 6.33 However, in the previous 12 months many prisoners had been released without having self-referred or been referred by their POM, so that their suitability for an OBP had never been assessed. We saw some examples where prisoners who did not have sufficient time to complete an OBP while in custody had it added to their sentence plan to complete in the community while on licence.
- 6.34 Many prisoners had completed non-accredited, offence-related work using in-cell workbooks provided by their POM, covering areas such as the negative impact of drug supply as well as victim awareness. Some prisoners had completed the victim-awareness Sycamore Tree course facilitated by the chaplaincy.
- 6.35 Several prisoners had completed the 'Facing up to conflict' course, aimed at helping them understand their emotions better, usually after a referral from the safety team (see paragraph 3.16).
- 6.36 There was also a range of interventions available from the substance misuse team and on the incentivised substance free living unit (see paragraph 4.77). A few prisoners had also completed the Family Links course delivered by the education department, which helped improve parenting skills and family ties.
- 6.37 Prisoners were supported to open bank accounts and obtain identity documents to make sure they were ready to take up employment on release. The new prison employment lead had developed links with local employers, and several prisoners had recently received job offers ahead of their release. A job coach from the Department for Work and Pensions (DWP) worked on site and was available to give advice on benefits for those who might not have employment on release.
- 6.38 About 40 prisoners had recently completed the impressive peer-led 'renting ready' course that helped prepare them for release. The course, overseen by the strategic housing specialist, included advice about tenants' rights, getting on with flatmates, cooking on a budget, and paying regular household bills.

## 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.

- 6.39 Work to prepare prisoners to return to the community had improved and was reasonably good. On average, about 80 a month were released to the community. In our survey, 60% of those respondents who expected to be released in the next three months said that someone was helping them to get ready for this.
- 6.40 Two probation staff met low- and medium-risk prisoners 12 weeks before release to develop a plan for their return to the community. Release plans for high-risk prisoners were the responsibility of COMs. Most high-risk prisoners initially went to probation-approved premises on their release as part of their licence conditions.
- 6.41 In all instances where prisoners were identified as having a need for accommodation on release, their COM made a referral to a housing support service. For prisoners returning to the local area, this service was provided by Interventions Alliance, who had two staff working at the prison able to meet prisoners to complete a housing support plan. However, about 40% of releases each month were to London, and the accommodation services provider for that area did not visit The Mount; these prisoners were often released without completion of an assessment of their needs. The strategic housing specialist had introduced a scheme in which prisoners to be released out of area had a number added to their PIN account that allowed them to join a scheduled call with the relevant housing service.
- 6.42 Prisoners who had still not identified an address to go to on release could receive support from a community accommodation service scheme that provided emergency accommodation for up to 84 days (CAS3). However, this was often only confirmed on the day of release and was not always in the area where they had previously resided. For example, of the 36 housed in the East of England under this provision, only four had lived there before being sentenced. The prison had produced helpful release packs that gave information about the services available in the areas to which most prisoners were released.
- 6.43 Since the start of 2024, over 100 prisoners had been released at sentence-end date, and so had no ongoing probation support in the community or eligibility for some emergency housing schemes.
- 6.44 The prison had introduced a useful weekly resettlement clinic. Prisoners of all risk levels with 12 weeks until release were invited to attend and could meet a range of resettlement agencies, such as accommodation support and DWP. Records of the support requested by prisoners who attended indicated that most needs were addressed before release. However, over 300 receptions in the previous year

(22% of all new prisoners) had less than three months to serve on arrival, which limited the time for the prison to offer support.

- 6.45 In the previous 12 months, 160 prisoners had been released on HDC. About 44% of these had been released after their eligibility date, some by several weeks. In the cases we examined, the reason for the delay was often a wait for community checks, although we did not always find evidence that these had been chased up by the prison, and management oversight of the process was not robust.

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

### Recommendations from the last full inspection

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

#### Leadership

##### Key recommendations

Leaders should improve staff retention and significantly reduce the proportion of officers not deployable to operational duties to provide prisoners with far more time out of cell and better access to activities and support.

**Achieved**

The focus on continuous improvement should be strengthened by having detailed strategies and action plans where appropriate, against which progress can be monitored. Such strategies and plans should be subject to rigorous oversight.

**Not achieved**

#### Safety

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

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

##### Key recommendation

Prisoners at risk of self-harm or suicide should have access to a broad range of support, interventions and activities, which are delivered through well-coordinated care plans.

**Achieved**

##### Recommendation

The prison should develop and introduce a comprehensive model of rewards and incentives to motivate prisoners' good behaviour and give them a clear pathway for progression while there.

**Achieved**



## Respect

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

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

### Key recommendations

There should be significant refurbishment of the residential units on the bottom site to make sure that all prisoners live in cells that are fully equipped and decent.

**Achieved**

Leaders from the prison and the health partnership board should make sure that the dental needs of prisoners are addressed immediately.

**Achieved**

### Recommendations

Professional interpreting services should be used more frequently, particularly where disclosure and confidentiality are central considerations.

**Not achieved**

All transfers under the Mental Health Act should be completed within the current NHS England and NHS Improvement guidelines.

**Achieved**

## Purposeful activity

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

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

### Key recommendations

Prisoners should have far more time out of their cell each day and be able to engage in a meaningful range of constructive activities to promote their well-being.

**Achieved**

Leaders and managers should provide enough purposeful activity places to engage all prisoners and keep them fully occupied. Allocation arrangements should include effective scrutiny of decisions and minimise any delay in prisoners starting activities.

**Partially achieved**

Leaders should review and develop the curriculum so that it meets the needs of the prison population, including an effective literacy, numeracy and digital skills strategy. They need to make sure that arrangements to record and recognise prisoners' skills and knowledge development is subject to effective quality assurance and improvement processes.

**Not achieved**

Leaders and managers should make sure that prisoners receive suitable and effective pre-release preparation, including use of the virtual campus, where relevant.

**Partially achieved**

## **Rehabilitation and release planning**

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

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

### **Key recommendations**

Leaders should encourage prisoners to maintain relationships with their family and friends and make sure they have easy access to regular visits.

**Achieved**

Prisoners should have a range of opportunities to demonstrate a reduction in their risk of harm and likelihood of reoffending and progress through their sentence, including structured contact with prison offender managers.

**Not 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:

Charlie Taylor	Chief inspector
Angus Jones	Team leader
Rachel Badman	Inspector
Ian Dickens	Inspector
Martyn Griffiths	Inspector
Lindsay Jones	Inspector
Martin Kettle	Inspector
David Owens	Inspector
Esra Sari	Inspector
Samantha Moses	Researcher
Adeoluwa Okufuwa	Researcher
Helen Ranns	Researcher
Sophie Riley	Researcher
Lynn Glassup	Lead health and social care inspector
Simon Newman	Health and social care inspector
Noor Mohamed	Pharmacist
Janie Buchanan	Care Quality Commission inspector
Carolyn Brownsea	Ofsted inspector
Diane Koppit	Ofsted inspector
Vicki Locke	Ofsted inspector
Rob Mottram	Ofsted inspector
Saul Pope	Ofsted inspector

## Appendix II Glossary

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

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

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

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

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

### **Challenge, support and intervention plan (CSIP)**

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

### **Family days**

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

### **Key worker scheme**

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

### **Leader**

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

### **MAPPA**

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



**Offender management in custody (OMiC)**

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

**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).

**Social care package**

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

**Time out of cell**

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

## **Appendix III 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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