



Report on an unannounced inspection of

## **HMP/YOI Deerbolt**

by HM Chief Inspector of Prisons

3–19 December 2024



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## Introduction

Deerbolt, situated near Barnard Castle in County Durham, is a category C training prison for up to 474 adult men. Dating mostly from the 1970s, the prison is a campus style institution with 9 accommodation units (although one was closed for refurbishment during our visit) and several purpose-built facilities for the intended provision of work and education.

Historically, Deerbolt had specialised as a prison for young adults, but this function changed when the upper age limit was removed three years ago. Despite that, about a third of the population was under 25 and this age group accounted for 45 of the 59 life sentence or long-term prisoners held.

When we last inspected in 2021, we found a prison still emerging from COVID-19 restrictions that needed to improve. We reported on safety outcomes that were insufficient and regime and activity provision that was poor. Outcomes in respect and preparation for release were, however, reasonable.

Although this inspection recognises Deerbolt's potential, our findings remain quite disappointing. In three of our healthy prison tests there had been little improvement, our assessments remaining unchanged; while in the test of respect, there had been a noticeable deterioration.

The prison was still not safe enough. Reception and induction arrangements were generally swift and satisfactory, but risk assessment interviews were sometimes late, and new prisoners were often located in dirty and poorly-equipped first-night cells. Findings with respect to violence and the promotion of positive behaviour were mixed. There was evidence of a downward trajectory in violence, but recorded occurrences remained high when compared to similar prisons.

There were several initiatives in place designed to tackle antisocial behaviour, but frustrations at regime inconsistencies and restrictions, as well as limited incentives, were having a corrosive effect on well-being. This concern was exacerbated by indifferent staff-prisoner relationships, partially explained by the general inexperience of staff.

Use of force, the deployment of incapacitant sprays, and the use of special accommodation were all relatively high; and while governance and oversight were improving, they were not yet robust. There had been some improvements in the segregation unit, but the prevalence of drugs in the prison was a concern, with a mandatory drug testing positive rate that was shockingly almost 40%. The prison's approach to reducing a very high rate of self-harm also needed more application and rigour. Some very troubled men were well supported, but similar support was lacking for the majority.

Living accommodation, communal facilities and the general environment were all reasonably good and there was no overcrowding. Consultation and systems to ensure redress were, however, in need of renewal and focus. Similarly, arrangements to promote fair treatment had begun to improve again, but this

renewed commitment needed to be sustained. Perhaps most importantly, expectations of prisoners were not high enough. The regime was sclerotic.

Prisoners struggled to get around the prison owing to the restrictions in free movement, and provision in education, skills and work was disappointing. Our colleagues in Ofsted judged overall effectiveness to be 'inadequate', their lowest assessment. Work to support preparation for release, public protection, and resettlement was generally more effective.

The governor and her team indicated to us that they understood what was needed to improve Deerbolt, but that improvement needed to speed up. The environment is much better than it was, but the prison needs to be clear about its core purpose and start training prisoners more effectively. Standards and expectations need to be set and enforced by confident middle managers. The capability of staff also requires development, so that they can engage more meaningfully with the prisoners. Underpinning this, there needs to be a resourced, robust, and uncompromising push to confront the drug culture in the prison.

**Charlie Taylor**

HM Chief Inspector of Prisons

March 2025

# What needs to improve at HMP/YOI Deerbolt

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

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

## Priority concerns

1. **Illicit drugs were too easily available and the rate of positive random drug tests was high, but leaders had not put in place a coordinated or effective drug strategy.**
2. **The over-restrictive regime, inexperienced staff and absence of managers on the wings meant that working relationships between staff and prisoners on the residential units were often poor.**
3. **Patients faced unacceptable barriers to receiving health care: there were too few health staff; clinics were often cancelled; patients were not escorted to appointments, including those outside at hospital; and they received medicines late.** The problems were compounded by a high number of medical emergencies caused by substance misuse, a shortage of prison officers and regime restrictions.
4. **The unreliable regime was a huge source of frustration for prisoners.** Many prisoners were locked up during the working day, which was especially unacceptable for a Category C training prison, and prisoners struggled to get to places such as health care or activities on time or at all.
5. **The curriculum for education, skills and work (ESW) was not sufficiently broad to meet the needs of the prison population and did not enable prisoners to develop the knowledge and skills they needed to prepare for release.** In addition, attendance was too low in ESW and prisoners too often arrived late.

## Key concerns

6. **Levels of violence and force were high and governance of use of force was not sufficiently robust.**
7. **Expectations of prisoners were set at too low a level and the controlled regime did not provide enough opportunities for prisoners to demonstrate progression or earn trust.**

8. **The rate of self-harm was higher than other similar prisons and mechanisms to provide support, such as ACCT case management and the Listeners scheme, were not being used effectively.**
9. **The promotion of fair treatment and inclusion was weak.** Leaders had limited insight into the experiences of minority groups and could not be confident that they were treated fairly.
10. **Clinical governance of health services was weak.** Clinical incidents were not always recorded, health care complaints were not confidential and patients did not know how to submit a complaint.
11. **Too much teaching in vocational training was weak.** Leaders and managers had not identified the weaknesses in the quality of teaching and had not taken effective actions to make improvements.
12. **Leaders and managers had not implemented an enrichment curriculum that all prisoners could access.** They had set up a range of useful activities on one residential wing but not on the remainder, so too few prisoners benefited from enrichment.
13. **Staff did not provide sufficiently helpful or timely ongoing careers guidance for prisoners to support them in their next steps.**
14. **There was insufficient contact with the individual prisoner by their prison offender manager (POM).** The introductory meeting was often several weeks late, and subsequent meetings were not frequent enough, especially with prison POMs.
15. **There was insufficient pre-release support to meet the need of the considerable number of prisoners being released from Deerbolt.**

# About HMP/YOI Deerbolt

## Task of the prison/establishment

Category C training prison

## Certified normal accommodation and operational capacity (see Glossary)

Prisoners held at the time of inspection: 403

Baseline certified normal capacity: 490

In-use certified normal capacity: 474

Operational capacity: 474

## Population of the prison

- 711 receptions received in the last 12 months (average of 59 each month)
- 15% from ethnic minority backgrounds
- 211 prisoners released into the community in the last 12 months (average of 18 each month)
- 200 prisoners receiving support for substance misuse
- An average of 28 prisoners referred for mental health assessments each month.

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

Public

Physical health provider: Spectrum Community Health CIC

Mental health provider: Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)

Substance use treatment provider: Waythrough

Dental health provider: Hyder Dental Group

Prison education framework provider: NOVUS

Escort contractor: GeoAmey

## Prison group/Department

North-east Prison Group

## Prison Group Director

Simon Walters

## Brief history

HMP/YOI Deerbolt is a category C men's prison, located in Barnard Castle. The prison was opened in 1973 on the site of a former army camp and initially held young adult prisoners aged 18 to 21 years old. Since 2022 there has been no upper age limit.

## Short description of residential units

A, B, C, D, E, F and K wings - general population (K wing was closed at the time of inspection and E wing re-opened during it).

G wing - first night and induction unit

I wing - substance-free living unit (ISFL)

K wing - transitional unit, closed at time of inspection for refurbishment

Segregation unit

**Name of governor and date in post**

Melanie Stobbart, December 2023

**Changes of governor since the last inspection**

Andy Hudson, June 2018 – November 2022

Aled Edwards, November 2022 – December 2023

**Independent Monitoring Board chair**

Charlie Ing

**Date of last inspection**

Full inspection: 21 June – 9 July 2021

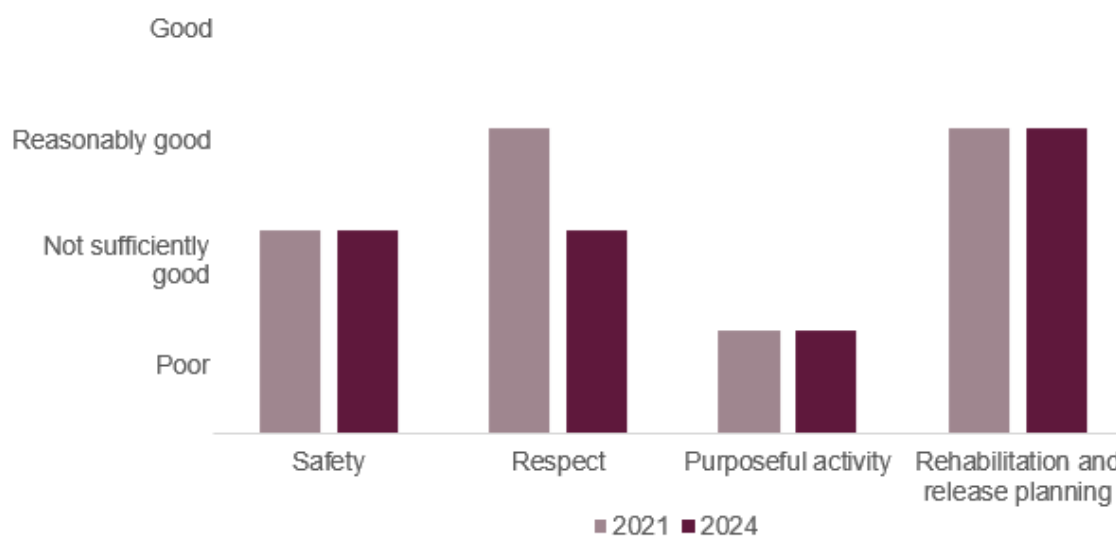
Independent review of progress: 7 – 9 March 2022

## 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 Deerbolt, we found that outcomes for prisoners were:
- not sufficiently good for safety
  - not sufficiently good for respect
  - poor for purposeful activity
  - reasonably good for preparation for release.
- 1.3 We last inspected Deerbolt in 2021. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP/YOI Deerbolt healthy prison outcomes 2021 and 2024



### Progress on key concerns and recommendations

- 1.4 At our last inspection in 2021 we made 16 recommendations, 12 of which were about areas of key concern. The prison fully accepted 13 of the recommendations and partially (or subject to resources) accepted three. It rejected none of the recommendations.
- 1.5 At this inspection we found that four of our recommendations about areas of key concern had been achieved, four had been partially achieved and two had not been achieved. Two recommendations were no longer relevant. In the area of respect where five key recommendations had been made, two had not been achieved. For a

full list of the progress against the recommendations, please see Section 7.

## Notable positive practice

1.6 We define notable positive practice as:

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

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

### Examples of notable positive practice

a)	The safety club was a positive initiative which provided a supportive environment for those in crisis. It ensured regular time out of cell and meaningful engagement between prisoners and the safety team.	See paragraph 3.36
b)	It was positive that community nurses came into the prison to speak to Gypsy, Roma and Traveller (GRT) prisoners, to increase their understanding of and engagement with health services. The nurses had also delivered staff training with the help of some GRT prisoners.	See paragraph 4.25
c)	A group of 'Building Positive Relationships' peer mentors was active on several wings. They introduced their peers to 'community days' for those not receiving visits, helped to restore contact with families and linked prisoners to volunteer visitors.	See paragraph 6.8
d)	Nepacs (See Glossary) workers delivered excellent support to prisoners with experience of care, including a ground-breaking community arts project.	See paragraph 6.25

## 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 A new governor had taken up post a year previously and, together with many other senior leaders who were relatively new to their role, was guiding the prison through a period of significant change. The Prison Group Director and Area Executive Director had strongly supported the governor's efforts to make changes at Deerbolt. While all leaders had a clear understanding of the problems faced by Deerbolt, the rate of progress was slow and the prison was not yet fulfilling its training function effectively.
- 2.3 Leaders had made considerable and necessary efforts to improve staff capability and retention, although success had been limited to date, and a shortage of experienced prison officers was an ongoing problem. The regular redeployment of staff, including induction officers, gym staff and prison offender managers (POMs), was undermining many aspects of the prison's operation and creating frustration with the inconsistent regime and inconsistent application of daily routines. The problem was compounded by a lack of experienced middle managers to provide oversight and visible leadership on the units.
- 2.4 Many staff told us they were exhausted and frustrated, and felt that senior leaders had not addressed the prison's problems with sufficient urgency, although many also told us they agreed with the governor's vision.
- 2.5 Expectations of prisoners were too low, and there was too much focus on control, particularly control of movement around the prison, often at the expense of a prison regime and characteristic of a culture more appropriate for a category C training prison. More positively, there had been recent advances in work to motivate good behaviour, notably through the introduction of an incentivised living unit, and leaders had ambitious and advanced plans to spread this model through the prison.
- 2.6 Despite a substantial problem with illicit drugs, there was no coordinated drug strategy and local leaders had not been given the necessary funding for enhanced gate security. The new head of safety was well aware of current weaknesses across a range of areas and was working hard to address immediate needs. However, this diverted leadership energy away from the creation of a longer-term strategy to take a prison-wide approach to safety that was owned by all staff.

- 2.7 A leadership priority to repair broken equipment had been reasonably successful. The living environment was generally good and there was no overcrowding.
- 2.8 The interim head of health care supported the team well, but the service had not kept pace with the changing population and demand. Combined with a staff shortage and insufficient support from prison staff, this led to a fragile health service.
- 2.9 Leaders had not made sure that prisoners were attending activities on time or receiving an adequate standard of teaching in vocational subjects. For prisoners in part-time activity, leaders had not provided sufficient purposeful activity for the remainder of their working day.
- 2.10 Committed and motivational leadership was helping the offender management unit to deliver much of its core work in a challenging environment, but leaders were not ensuring that POMs had sufficient levels of contact with prisoners. Leaders had recently introduced promising pre-release resettlement provision with the resources available, but investment was not keeping pace with the rising number of releases.
- 2.11 The prison's self-assessment report identified appropriate priorities but was optimistic about the current level of delivery.

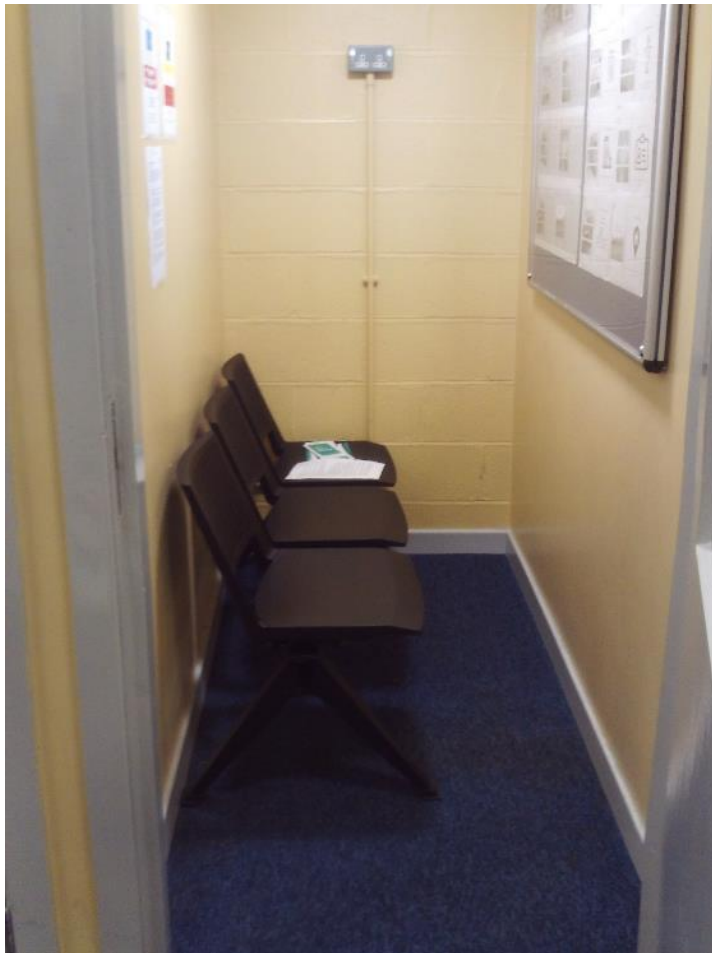
## Section 3 Safety

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

### Early days in custody

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

- 3.1 A small number of prisoners went through the reception facility each week, although numbers had increased over recent months as a result of SDS40 (see Glossary). The reception process was reasonably swift and staff engaged well with prisoners, explaining what was required, and offering grocery and vape packs as well as telephone credit. In our survey, 80% of respondents said they had been treated well in reception. However, there was little focus on emotional support from staff or Listeners (prisoners trained by the Samaritans to offer emotional support to fellow prisoners). The latter introduced themselves to all new arrivals and offered a hot drink and biscuits, but this could be through the locked waiting room door and opportunities for one-to-one support were limited. We met a confused new arrival who would have benefited from a more personal approach.
- 3.2 Prisoners were routinely strip-searched as well as body-scanned before being placed into waiting rooms. Waiting rooms were small and crowded, often holding three prisoners at a time. There was nothing to occupy prisoners and the information provided focused on the searching processes which had been completed before their arrival in the waiting room.



**Waiting room in reception**

- 3.3 The designated induction unit was clean, open and welcoming and we witnessed excellent interactions between staff and prisoners. Those to whom we spoke confirmed access to showers, a phone call and a hot meal on their first night and, in our survey, 84% of prisoners said they felt safe on their first night in the prison.
- 3.4 However, prisoners were sometimes located in dirty cells, while staff redeployment and regime restrictions led to delays in completing important processes. First night interviews were not always completed on the day of arrival; sometimes they took place many days later with no evidence of welfare checks or initial screening in the interim, although checks were consistently carried out on the first night.



**New reception cell on G wing**

- 3.5 There was no structured induction timetable: prisoners received their induction from a dedicated induction officer and orderly the day after arrival, if the regime permitted. The quality of the induction that we monitored was reasonable and included the necessary basic information although, in our survey, only 49% of prisoners said their induction had covered everything they needed to know about the prison.
- 3.6 Induction staff showed new arrivals a video on prisoner debt, which was a good opportunity to raise awareness. Various departments, including the chaplaincy and Waythrough (the substance use treatment provider), visited everyone within the first 24 hours, but this was not always recorded. The chaplaincy gave all new arrivals a welcome pack, which included information on what the chaplaincy offered, toiletries, distraction activities and chocolate. This was a thoughtful and welcome addition for prisoners in their early days.



### Chaplaincy welcome pack for new receptions

- 3.7 The transitions wing, for those being transferred from youth custody into the adult estate, was temporarily closed for refurbishment. Leaders had suspended most such transfers during this period, although six prisoners had been received. These individuals were located on the main induction unit and received the same induction as adult prisoners. Although there was a transitions mentor, little proactive work was being done and these prisoners reported they had received little support or additional intervention over the previous three months.

## Promoting positive behaviour

Expected outcomes: Prisoners live in a safe, well ordered and motivational environment where their positive behaviour is promoted and rewarded. Unacceptable conduct is dealt with in an objective, fair, proportionate and consistent manner.

## Encouraging positive behaviour

- 3.8 Rates of assault had decreased by 8% in the 12 months to October 2024 compared to the previous 12 months, but Deerbolt still had the second highest rate of assault among comparator prisons.
- 3.9 Serious assaults on staff had been on an upward trend over the previous 12 months and Deerbolt had the highest rate of assaults on staff compared to similar prisons. In the 12 months to October 2024, there had been 94 assaults on staff, eight of them serious, and 189 assaults on prisoners, 11 of them serious. In our survey, 23% of prisoners said they currently felt unsafe, while 27% of prisoners said

they had experienced threats or intimidation from staff compared to 16% at similar prisons.

- 3.10 The new head of safety had restructured the well-attended safety intervention meeting (SIM) in June 2024 to allow more in-depth discussion of violence and self-harm. Although all violent incidents resulted in a challenge, support and intervention plan (CSIP, see Glossary) referral, not all serious violence had been investigated thoroughly to identify learning points. There had been 829 CSIP referrals in 2024 (to 4 December), of which 139 had resulted in a plan.
- 3.11 CSIPs varied in quality, although in many cases the targets set did address key risk factors such as mental health and debt. The plans were sometimes developed without the involvement of the prisoner; we found some prisoners unaware that they were subject to a CSIP, and some staff members did not know which prisoners on their wing were on a CSIP.
- 3.12 Victims of assault received limited support and, although debt was highlighted as a concern, there was little evidence of proactive work in this area by key workers (see Glossary) or victim support plan case managers. A small number of identified self-isolators were being offered a basic but regular regime. Leaders had recently strengthened oversight of this group by introducing a daily duty governor check, but in other respects governance was not yet sufficiently effective (see paragraph 3.39).
- 3.13 There were a number of relevant initiatives, such as the Stoic course (See Glossary), mental health gym and a range of therapeutic support for care leavers (see paragraph 6.25). Five staff had been trained in mediation which had been used 33 times in 2024 to resolve conflict and non-associations. These interventions were useful but not sufficiently integrated into CSIPs and key work sessions.
- 3.14 Prisoners said they did not feel that the environment and opportunities motivated them to make progress or adopt positive behaviours, and many reported becoming angry at the inconsistent regime and lack of free movement (see paragraph 5.1).
- 3.15 Many prisoners said that bad behaviour gained attention and, in our survey, only 10% felt that good behaviour was rewarded fairly. The lack of freedom of movement, for enhanced prisoners as well as others, was an issue for many who felt that their good behaviour was being overlooked. They criticised the range of privileges for those on enhanced status: many could not take advantage of additional visits because family lived far away, restrictions to the regime limited opportunities for additional gym sessions, and items such as games consoles were consistently out of stock. Small inroads were being made, for example through 'bistro' breakfast events and extra pin credit for those who were violence-free, but there was scope for much more, such as self-cook opportunities and more red band roles for trusted prisoners who were able to move more freely around the prison.

- 3.16 For those on basic regime, incentive level reviews did not include targets or a progressive approach to behaviour management. They were not always completed on time, and prisoners said they were not consistently told of their right to appeal. Leaders had implemented a new incentives policy from December 2024, which placed a greater focus on rewarding good behaviour, and had used face-to-face briefings to upskill staff. It was too soon to see the impact of these actions.
- 3.17 The incentivised substance free living unit (ISFL), opened in August 2024, provided a good opportunity to engage and motivate prisoners. Incentives included access to self-cook facilities and various on-wing enrichment activities, which were well received. However, there was a more restrictive regime on the ISFL than we normally see in such units and staff said that the enrichment activities sometimes did not run because of regime curtailment. There were not enough spaces for those wanting one, but leaders had plans to open a second unit in January 2025.



**ISFL self-cook and association room (left) and ISFL (right)**

## **Adjudications**

- 3.18 There had been 2,997 adjudications in the previous year, most for unauthorised articles. This reflected the increasing prevalence of drugs and illicit substances. However, we found instances of prisoners being placed on report for minor matters that could have been dealt differently if the prison had a more credible approach to incentives. The prison struggled to manage the high level of adjudications resulting in far too many (46%) that were not proceeded with, greatly undermining their effectiveness as a behaviour management tool.
- 3.19 In the sample of adjudications that we reviewed, the records showed insufficient enquiry and there was little evidence of adjudicators exploring the context and detail of incidents. The deputy governor had completed quality assurance on some adjudications, but this was not yet driving improvements. Similarly, the adjudication standardisation meeting was not used effectively to improve the quality of hearings.
- 3.20 Leaders were in the early stages of introducing rehabilitative adjudications and some men had been given community payback, in the form of practical tasks around the prison, as their punishment.

## Use of force

- 3.21 Force had been used 698 times in the last 12 months, an increase of 7.5% over the previous year and the eighth highest rate nationally. In our survey, 42% of respondents said that they had been restrained in the last six months, compared with 24% in similar establishments. However, there were discrepancies between national figures and the prison's own data, and we could not be confident that leaders were aware of all incidents of use of force. We found examples of staff not recording force in sufficient detail to give a clear picture of what had happened.
- 3.22 However, leaders were improving the governance of force. Every incident was triaged, while any incidents of concern were discussed at weekly and monthly meetings, with lessons identified and actioned. In our sample of incident footage, the force used was justified and we identified some positive examples of staff showing care and de-escalation. However, we also identified examples where staff were not confident or competent in use of force techniques, although we were assured that this had also been identified by prison leaders.
- 3.23 PAVA (incapacitant spray) been drawn 50 times in the last year (1 December 2023 - 1 December 2024) and used in 31 cases. Although this was in line with comparator sites, it had been drawn to a disproportionate extent against ethnic minority prisoners and leaders had not investigated this sufficiently (see paragraph 4.24).
- 3.24 Special accommodation had been used nine times in the previous 12 months, which was high, and not all the relevant paperwork was available for scrutiny. Where we could view it, it was clear that the use of special accommodation had been justified and had lasted for the shortest time possible.

## Segregation

- 3.25 Segregation had been used 321 times in the previous year and the average stay was nine days. In our judgement, this was not excessive, and most prisoners returned to normal location. However, at the time of our inspection, most segregated prisoners we saw were waiting for a transfer, with a further 19 having been transferred out in the previous six months. Prisoners told us that they felt segregation was a way to obtain a transfer to another establishment; leaders were aware of this and were aiming to counter this perception.
- 3.26 Leaders had introduced a more progressive regime in recent months, enabling prisoners to earn privileges in a four-stage process. They could earn a television and access to additional enrichment activities such as joint exercise periods. Prisoners were well engaged with this; they knew which stage they were on and what they needed to do to progress to the next level.
- 3.27 The unit was clean and tidy, the library was pleasant, and the showers had been refurbished since our last inspection. However, the in-cell

furniture fell below an acceptable standard and there were problems with condensation in some cells.

- 3.28 The segregation team was new but working well together to drive improvements. We observed some professional interactions and prisoners told us that they respected the staff who worked on the unit.
- 3.29 Like the adjudication standardisation meeting, the segregation review meeting did not explore themes or trends adequately. Leaders had identified this and were making improvements.

## 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.

- 3.30 Drug use was a serious problem in the prison. In our survey, 23% of prisoners said that they had developed a drug problem at Deerbolt and 55% said it was easy to get illicit drugs. Over the last year, 38% of random drug tests had returned a positive result.
- 3.31 Despite the high levels of illicit substances, there was no strategy to address the problem. Leaders had been too slow to address it, the drug strategy remained inadequate and there was little cohesive working between departments. There was also no enhanced gate security (see paragraph 2.6).
- 3.32 A shortage of staff had prevented suspicion tests from being carried out and the prison relied on regional resources to carry out cell searches. The security team had carried out upskilling sessions with local staff but reported that many still did not have the confidence to carry out cell searches properly.
- 3.33 Some procedural security measures were excessive for a category C prison and reflected a widespread lack of trust in prisoners. Restrictions on free movement were widely complained about and affected the ability of staff to deliver a purposeful regime.
- 3.34 There was a good flow of intelligence, which was triaged promptly and appropriately disseminated. However, there was a backlog of about 100 reports waiting for all actions to be completed.
- 3.35 The security team worked closely with police to address threats to security, and this relationship had seen some positive results. A number of staff were suspended at the time of the inspection, having been identified bringing illicit items into the prison.

## 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

- 3.36 There had been no self-inflicted deaths since the last inspection, but Deerbolt had the highest rate of self-harm among comparator prisons, and there had been a 6% annual increase in the 12 months to October 2024. Around a third of self-harm incidents arose from a small number of complex prisoners, who were well supported by the safety team. The team had developed creative initiatives to facilitate time out of cell, distraction activities and consistent support. These included a safety club run across four sessions a week by the dedicated band 3 safety officer, which offered opportunities for prisoners to undertake craft activities in a small group. Prisoners who attended were very positive about this intervention and told us they felt well supported.
- 3.37 At the time of the inspection, 17 prisoners were supported by ACCTs (assessment, care in custody and treatment case management of prisoners at risk of suicide and self-harm). Apart from the most complex self-harmers, support provided was weak. Many ACCT documents did not consistently include information on prisoner risks and triggers, and many care plans were incomplete. We frequently found gaps in records of observations and meaningful conversations, and some instances of staff failing to follow up on safeguarding concerns raised by prisoners. In our survey, only 25% of those who had been supported by ACCT case management said they felt cared for by staff (see paragraph 4.1).
- 3.38 There were five trained Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), but they were rarely called out and the newly created Listeners suite was under-used. Listeners said they could not visit other wings to access the Listeners' suite and provide support. In our survey, only 28% said it was easy to speak to a Listener if they needed to; the figure was 39% at comparator prisons. Similar concerns had been raised at the last inspection.



#### **Listener suite**

- 3.39 Oversight and governance were not good enough; leaders only established logs during the inspection to capture how many prisoners had self-isolated or been issued with anti-tear clothing. Constant supervision had been used 25 times in the past 12 months, an increase from seven in the equivalent period before the last inspection. However, these prisoners were able to access a full regime, which was positive.
- 3.40 There was regular analysis of data and daily triage of incidents, but there had been less focus on a longer-term strategy to address high rates of self-harm. Investigations into near misses were not completed for all incidents, ACCT quality assurance was not sufficiently robust, and learning identified was not routinely reviewed or fed into any action plan.

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

- 3.41 Adult safeguarding had not been prioritised by leaders and little action had been taken in this area. There was no local adult safeguarding policy and no attendance at local adult safeguarding boards. A notice to staff had been issued about adult safeguarding, but prison officers had limited knowledge and understanding of it or of what was required.

## Section 4 Respect

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

### Staff-prisoner relationships

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

- 4.1 In our survey, only 54% of prisoners said that staff treated them with respect, which was much lower than at our last inspection (79%) and in similar prisons (74%). We saw little positive interaction between staff and prisoners on the residential units, where the focus was largely on regulating movement of prisoners, frequently leading to heated exchanges (see paragraphs 3.15 and 5.4).
- 4.2 Many of the uniformed staff had been recruited in the last few years and lacked experience in dealing with prisoners, and there was only a very limited presence of managers on the wings. Prisoners told us that wing staff were slow to address their requests, which increased the use of a poorly functioning application system (see paragraph 4.19).
- 4.3 We observed many instances of low-level poor behaviour by prisoners, such as vaping outside cells or wearing inappropriate clothing, that went unchallenged by wing staff who were often busy opening or closing gates.
- 4.4 Leaders were giving priority to key work and the number of sessions had nearly doubled since the beginning of the year. Friday afternoons were set aside for key work sessions and one dedicated staff member was conducting key work sessions throughout the week. Despite this effort, only 34% of prisoners in our survey said that they considered their key worker helpful, compared with 55% at our last inspection and 61% at similar prisons. Prisoners told us that sessions were sometimes brief, or conducted while the officer was undertaking another task. In some instances, prisoners were not even aware that a short conversation with a staff member was being recorded as a key work session. Database entries were often formulaic and lacked sufficient focus on progression.
- 4.5 Peer working was taking place, but it was not being used in some important areas such as fair treatment and inclusion. There were only five red band prisoners who were able to move around the prison to undertake their assigned tasks more freely. A decision had been taken to limit the proportion of such prisoners to 1% of the population, which was over cautious.

## Daily life

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

### Living conditions

- 4.6 Leaders prioritised the provision of a decent living environment. All prisoners lived in single cells, most of which were properly equipped. In-cell toilets had been screened since our last inspection, which was positive.
- 4.7 Communal areas were generally in a good state of repair, though the showers on some units needed refurbishment. This work was scheduled to take place within a few months of the inspection.



**Showers on B wing**

- 4.8 The boilers on some of the units and in some other parts of the prison were not reliable and were prone to frequent breakdowns that led to loss of heating and hot water. Leaders had recently secured the funds to replace the faulty boilers.

- 4.9 Although most communal areas of the residential units were clean, the serveries on some were dirty (see paragraph 4.14). Leaders had taken an innovative approach to keeping the prison clean and had purchased a machine that produced both cleaning fluid and disinfectant by electrolysing a salt solution. A prisoner cleaning team had been trained to use these products and were carrying out deep cleaning across the prison. Cleaners on the residential units were also expected to use these products but many were reluctant because they were not convinced of their efficacy. Leaders had identified that this scepticism was mainly because the products were colourless and odourless, and cleaners were being given training to address these perceptions.
- 4.10 In our survey, only 24% of prisoners said that their cell bells were answered within five minutes and several times during our inspection bells were not responded to for long periods. Duty managers were supposed to review cell bell response times as part of their wing checks, but no systematic analysis was being carried out.

### **Residential services**

- 4.11 Prisoners had five meal choices for both lunch and dinner. Hot choices were available for both meals on weekdays, which was positive.
- 4.12 In our survey, prisoners were more negative about the quality and quantity of the food than at our last inspection or in similar prisons. However, we found the food that we tasted and observed to be of a similar standard to the food we have seen elsewhere. Staff provided very limited supervision of the serving of food, and some prisoners were being given very large portions while others, particularly those arriving later, received much smaller servings.
- 4.13 Muslim prisoners expressed concern about the risks of receiving non-halal food and not enough was being done to make sure that this was not the case.
- 4.14 Many of the serveries and some of the food trolleys were dirty and it was apparent that they were not always cleaned immediately after the serving of the evening meal, but instead left until the following day.



**Dirty servery area**

- 4.15 Prisoners had limited opportunities to prepare their own food. A toaster and sandwich maker were available on most residential units, and a microwave was brought out for use during the late afternoon association time. On the ISFL unit there was a room with a wider range of food preparation equipment.
- 4.16 The canteen provision was reasonable, with a good range of items available for purchase. Prisoners could also order items from a selection of catalogues. A shop was soon to open in the activities area that would provide, among other things, reasonably-priced second-hand clothing and items that prisoners had expressed an interest in purchasing but were not available through the weekly canteen order.

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

- 4.17 Prisoners were consulted about many aspects of prison life. Forums were taking place on the residential units on an ad hoc basis. These varied in their usefulness and many were used mainly to convey information to prisoners.
- 4.18 A monthly prison-wide prisoner consultative committee (PCC) meeting was chaired by the governor. Prisoner representatives were not always included from all units and not all functions were represented at each meeting, preventing updates on progress being given. Some changes had been made after PCC discussions, such as ending the requirement for prisoners to wear distinctive bibs during visits and increasing the number of people who could attend a visit. It had not always been well communicated to prisoners that these changes had come about through consultation.

- 4.19 All applications were still made on paper, since there were no kiosks or in-cell technology. In our survey and during our inspection, prisoners were negative about the applications system, considering it to be neither timely nor effective in addressing their needs. Leaders knew this, but there was still no management oversight of the application system.
- 4.20 The number of complaints was high: the rate since April 2024 had been the second highest among category C training prisons. Many complaints were about life on the residential units, property and prisoners' money. Many complaints were not responded to appropriately and/or within reasonable timeframes. Nevertheless, oversight and monitoring of complaints were robust. Managers were aware of the issues we identified and were taking steps to address them, such as sending reminders of forthcoming deadlines to staff investigating complaints and reviewing proposed responses.
- 4.21 There was no specific support to help prisoners with their legal problems. A limited but up-to-date range of legal textbooks was available in the library. In our survey, only 30% of respondents said that it was easy to communicate with their legal representatives, compared with 49% at similar prisons.

## 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.

- 4.22 The population profile had changed considerably since our last inspection, when it had been a young adults' prison with 63% of the population under 21. Now 16% were under 21 and 5% over 50. Previously, one-third of prisoners had been from minority ethnic backgrounds, compared to 15% at this inspection. The reasonable progress on equality work that we had found at our 2022 independent review of progress had lapsed and had only picked up recently with the appointment of a new dedicated manager. Work to make sure that everyone's individual needs were understood and being met was not yet sufficiently robust.
- 4.23 Consultation and forums had been irregular and inconsistent for most groups. There were no longer peer workers focused on inclusion, although there were plans to restore these roles. In our survey, prisoners across minority groups reported some significantly less favourable perceptions, while the prison's own data analysis had identified disproportionality in some important safety outcomes.

However, leaders had not sufficiently explored the data or taken action in response to it.

- 4.24 Prisoners from minority ethnic backgrounds reported differential treatment by both staff and their peers; only one-third of those in our survey said they felt respected by staff, and this group was overrepresented in the use of PAVA (see paragraph 3.23). No prisoners from a minority ethnic background in our survey said that complaints were dealt with fairly, compared to 26% of white prisoners. Only 4% said that applications were dealt with fairly, compared to 39% of white prisoners. This was particularly concerning since around 62% of discrimination complaints related to issues of race. Prisoners from minority ethnic backgrounds also responded more negatively about whether the library and canteen provision met their needs. There had been no forums with this group.
- 4.25 One of the members of the chaplaincy team held a regular group for prisoners from a Gypsy, Roma and Traveller (GRT) background. It was both positive and unusual that community nurses came into the prison regularly to speak with GRT prisoners about issues such as mental and dental health, to help increase their engagement with health services. The nurses had also delivered staff training on Traveller experience and identity, which was preceded by a question and answer session with GRT prisoners who had talked candidly about their experience of growing up in the community and of prison.
- 4.26 About 35% of prisoners were under 25, but there was little targeted provision for this group. They were disproportionately represented in areas such as use of force and were less likely to achieve enhanced privilege status. In our survey, fewer prisoners under 25 said that managers or governors with whom they shared problems tried to help them, and more of this group than of the over-25s said they had been prevented from making a complaint when they wanted to. Of the 59 lifers and long-term sentenced prisoners, 45 were under 25. A group of young adults serving long sentences was convened, which was positive, although those we spoke to were disappointed that the promised lifer wing had not yet materialised. Concrete plans were in place for it to be opened in early 2025 (see paragraph 6.23).
- 4.27 A group of older prisoners met Age UK each week, although many were not aware of the meetings. Older prisoners told us they sometimes felt they were treated like young adults, and staff had not adapted their approach to older people. They were disappointed that the over-40s gym sessions had ceased, although leaders explained that take-up had been low.
- 4.28 Personal emergency evacuation plans (PEEPs) were in place for 25 prisoners but staff, including those on night duty, were not sufficiently aware of who would need help in an emergency evacuation and what support they would need.
- 4.29 Three-quarters of prisoners in our survey said they had mental health problems, and efforts were made to support those with the greatest

needs. There were dedicated gym sessions and a book club for this group, to which the mental health team made referrals. Several prisoners told us they felt defeated by the unreliable regime and frustrated with getting basic things done. The prison had identified that around two-thirds of prisoners had neurodivergent needs, but there was little work to support them.

- 4.30 Good support had been provided by a dedicated lead for care leavers, who had recently acquired extra funding for additional support. Leaders had identified that just over a fifth of prisoners had experience of care. They worked with 25 local authorities across the country and had helped to facilitate visits with their personal advisers for 35 prisoners. Prisoners spoke positively of the support they received, and a small group of prisoners could participate in an accredited care leaver art project which was running for the third consecutive year. In our survey, however, significantly more prisoners who had experience of being in local authority care said they had been physically restrained and had spent time in segregation.
- 4.31 There had been some efforts to celebrate and mark events, although leaders said that national instructions on diversity and inclusion spending had made this more challenging.
- 4.32 Although 50 complaints relating to discrimination had been submitted in the past year, discrimination incident report forms (DIRFs) were not readily available across the prison. Prisoners we spoke to lacked faith in the system, although we found a sample of responses to be of reasonable quality, and a percentage were routinely subject to internal and external quality assurance.

### **Faith and religion**

- 4.33 The chaplaincy provided good support to prisoners and facilitated corporate worship for all the faiths represented in the prison. The chapel was a pleasant and spacious area and there was also a quiet room with soft furnishings and new ablution facilities for prisoners to use.



**Chapel**

- 4.34 In addition to faith-based activity, the team provided good pastoral care, for example with bereavement support. They were very proactive across the prison and provided welcome packs to new arrivals, Christmas gifts and hand-written birthday cards. They were involved in supporting family ties (see paragraph 6.5) as well as running and hosting social and recreational activities in the prison such as a reading group and self-development workshops.



**Chapel Christmas gifts**

- 4.35 Muslim prisoners we spoke to were frustrated by the service of halal food and potential cross contamination. We observed some poor supervision at the point of service, for example incorrect use of utensils (see paragraph 4.12).

## 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.

- 4.36 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC issued 'requirement to improve' notices following the inspection (see Appendix III).

## Strategy, clinical governance and partnerships

- 4.37 Spectrum Community Health CIC was the prime health provider, subcontracting mental health to Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and psychosocial substance misuse provision to Waythrough. Hyder Dental Group was the dental provider.
- 4.38 Health services were fragile and most patients we spoke to were frustrated at their inability to access health appointments and medicines. Among the causal factors needing urgent attention were clinical staff vacancies and sickness, a shortage of escorting staff, regime restrictions and a very high number of medical emergencies caused by substance misuse (see paragraph 4.55). The health needs analysis was out of date and did not reflect the current population.
- 4.39 Despite regular partnership meetings, considerable problems remained. The unavailability of prison staff to escort patients to health care had led to unacceptably high DNA (did not attend) rates. Despite being a concern at our last inspection, officer supervision of medicines administration remained very poor and unsafe (see paragraph 4.94).
- 4.40 Health care staff levels were too low, with vacancies in primary care and pharmacy affecting delivery. We saw too few health care staff available to complete the tasks required for the effective running of the service (see paragraph 4.53).
- 4.41 Clinical incidents were reviewed and any local and regional lessons learned were shared with staff. However, it was acknowledged that not all incidents were being recorded because of lack of time, so that oversight of themes and trends was too limited and inaccurate. The local risk register identified active risks which were monitored, but progress was too slow.

- 4.42 Prisoners did not know how to make a health care complaint, which added to their frustration. There was no mechanism to submit health care complaints on any of the wings and prisoners had resorted to making complaints via the prison complaints system. This breached patient confidentiality and was inappropriate.
- 4.43 Overall, staff training and supervision were good and staff we spoke to felt supported in their roles despite the pressures they faced. Nurses with extended roles, such as prescribing, could access appropriate clinical supervisors. We saw staff who were caring and compassionate and it was clear that clinicians were working very hard, often coming in to work on rest days and frequently finishing late to make sure care was delivered.
- 4.44 Staff understood their safeguarding responsibilities and knew how to raise concerns. A senior nurse was the safeguarding lead and the provider had safeguarding specialists, who gave advice and guidance when necessary.
- 4.45 Emergency bags were checked regularly and contained the necessary equipment. Prison and health staff told us that an ambulance was always called promptly in the event of a medical emergency.
- 4.46 The clinical rooms were clean and ordered, and generally met infection prevention standards. Clinical equipment was maintained and calibrated annually.

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

- 4.47 There was a dedicated health promotion lead on site, and a health promotion strategy with accompanying action plan had been developed.
- 4.48 Few information leaflets were available for patients, but promotion events were held which followed the NHS national calendar.
- 4.49 Sexual health clinics were run every two weeks and in the interim patients could access advice or appointments with a primary care nurse. Testing for some sexually transmitted infections could be undertaken via an appointment with primary care, and those with symptoms were prescribed appropriate treatment. The service had not developed a rapid pathway for the occasional cases who may have been exposed to HIV.
- 4.50 Waiting lists to see the sexual health nurse were in line with the community, and condoms were available from the health centre. Blood-borne virus (BBV) and sexual health testing were also offered at reception.
- 4.51 Health care worked collaboratively with the gym and kitchen to benefit patients, and there were plans to enhance this joint working.

## Primary care and inpatient services

- 4.52 Spectrum Community Health CIC was commissioned to deliver a nurse-led service from 7.30am to 8.15pm seven days a week, supported by GP sessions three days a week. Out-of-hours care was provided by the NHS 111 advice line or emergency services.
- 4.53 Too frequently, staffing levels were unsafe with not enough staff on shift to cover duties. In this context, teamwork was excellent with staff regularly working beyond their scheduled hours, during their breaks as well as on their rest days or annual leave, to minimise the disruption to patient care. Leaders also regularly stepped in to provide clinical support.
- 4.54 A primary care nurse held the emergency radio and was regularly required to administer medication while being responsible for responding to emergency calls across the prison. This led to medicines administration being delayed.
- 4.55 The number of emergency calls had increased in recent months owing to the high level of substance misuse and a recent change in patient demographics: there were now more patients with complex health needs. A safety huddle was held each day to discuss new and existing patients with such needs.
- 4.56 Nursing staff screened new arrivals on the induction wing and made appropriate referrals to other services. Standard questions were asked about patients' health, and they received a secondary screening. Staff did not always complete the secondary screening within the seven-day target.
- 4.57 There was a long-term condition nurse and patients with such conditions received appropriate care and onward referrals were made. However, care plans were generic and not personalised.
- 4.58 The shortage of prison officers often resulted in patients not being escorted to health care and this affected the number of patients the GP could see. Patients told us they were not always made aware that they had an appointment and were often not escorted to their appointments. DNA figures were excessive: 58% in October and 41% in November 2024, resulting in a huge waste of valuable clinical resource.
- 4.59 Waiting times to access a range of visiting practitioners and allied health care professionals, including a physiotherapist and musculoskeletal practitioner, were reasonable, but there were longer waits to see the optician.
- 4.60 An ultrasound consultant and radiographer also attended one day each month. Leaders had failed to provide operational staff to escort many of the patients booked to attend for this diagnostic screening and appointments had had to be rescheduled, again wasting valuable clinical resources.

- 4.61 External hospital appointments were often cancelled due to a shortage of officers to escort patients. We noted two occasions when patients who had been clinically assessed as requiring emergency assessment at hospital were not enabled to attend A&E immediately and had to wait more than 24 hours until sufficient prison staffing was in place. We also found that one patient's appointment had been cancelled by prison leaders without consulting health staff. This issue required urgent resolution.

### **Social care**

- 4.62 A strategic memorandum of understanding was in place for the North-East region between the respective local authority and prison, and with Spectrum who held the contract to deliver care packages.
- 4.63 There were robust local and regional partnership arrangements between Durham County Council, Spectrum and the prison.
- 4.64 All prisoners were screened by health care staff at reception for social care need. Social care need was low. There had been eight referrals in 2024, primarily for assessment and support in relation to sensory or learning disability. All had been completed within the agreed timescale of 28 days, which ensured timely access to specialist services. No prisoners were receiving a care package (see Glossary) at the time of our inspection.
- 4.65 Trusted assessors in the health team were able to complete assessments for prisoners who were shortly to be released and for those with immediate care needs. This ensured that care was provided without delay. If required, aids and adaptations to assist prisoners with daily living could be sourced, with Spectrum arranging delivery.
- 4.66 There were no prison 'buddies' to support prisoners with low-level social care needs.

### **Mental health**

- 4.67 Our survey showed that prisoners were more positive than in comparable prisons about access to mental health support (39% compared to 28%) and about the quality of mental health support (45% compared to 32%). Many patients told us that they valued the mental health team.
- 4.68 Support for prisoners with mental health needs was provided by TEWV and Rethink Mental Illness, operating seven days a week. Together, they delivered an effective and proportionate level of service which was well led and soundly governed.
- 4.69 The team consisted of an impressive range of disciplines, so that patients could access all treatment pathways in line with the stepped-care model. Access was prompt, and TEWV and Rethink leaders had excellent oversight of waiting lists.

- 4.70 The busy service was supporting 114 patients, and clinicians were facilitating several valuable group therapies for psychoeducation and trauma as well as individual treatments. All referrals were screened and patients were assessed within expected timescales. Communication among the team members was a strength, with daily and weekly meetings ensuring good oversight of patients' needs.
- 4.71 Mental health services were well embedded within the prison and joint working was very good. Mental health leaders attended a good range of prison-led meetings while their staff attended key areas such as segregation and induction regularly and attended all initial ACCT reviews. Positively, the service had recently trained over 80 prison staff in trauma awareness and the speech and language therapist had advanced plans to deliver further sessions on communication in the coming weeks.
- 4.72 Clinical notes were clear and described the patient journey well. All patients had a care plan and risk assessment, which was regularly reviewed, and arrangements for patients in need of physical health monitoring were robust.
- 4.73 Under an agreement with mental health services at HMP Humber, the two prisons were auditing each other's clinical notes, providing valuable external assurance. The mental health team was accredited with the Royal College of Psychiatrists Quality Network and a recent peer review had shown that they were meeting the required standards. The team had recently facilitated visits from ex-prisoners with relevant experience, which patients told us they found very helpful.
- 4.74 Clinical staff were skilled and knowledgeable. They described feeling valued by their organisation and were able to avail themselves of regular clinical and management supervision. Many told us that leaders were supportive and cared about staff well-being.
- 4.75 Releases, although infrequent, were managed well and further enhanced by a Reconnect care navigator (see paragraph 4.89) who provided valuable pre- and post-release support.
- 4.76 There had been no transfers to hospital under the Mental Health Act in the last 12 months. Owing to good links with HMP Durham, two patients who had become acutely unwell had been transferred to their 24-hour-staffed integrated support unit in the last 12 months.

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

- 4.77 Demand for substance misuse services was high. In our survey, 34% of respondents said they had a drug or alcohol problem and 55% said it was easy or very easy to get illicit drugs. There had been 162 reports of patients under the influence between 1 June and 10 December 2024, and 75 medical emergencies caused by substance misuse had been called between 1 April and 30 November 2024. On one day alone, 22 patients had been under the influence, with emergencies

called for 13 of them. There were 200 patients on psychosocial caseloads and 85 on clinical caseloads.

- 4.78 Despite this backdrop, the prison did not have a meaningful drug strategy to drive change. However, there was evidence of recently introduced joint working between substance misuse services and the prison.
- 4.79 Clinical substance misuse services were delivered by Spectrum and psychosocial services subcontracted to Waythrough.
- 4.80 At the time of the inspection, opiate substitution therapy (OST) was prescribed to 85 patients, approximately 21% of the population. There was a flexible approach to prescribing by a variety of prescribers, but treatment options were limited to long-acting Buprenorphine injections and Methadone. A high number of patients (39) were prescribed Buprenorphine injections, which was commendable. Patients we spoke to were positive about this treatment.
- 4.81 Clinical treatment reviews were delivered but staff shortages limited clinical time and joint reviews with psychosocial practitioners did not always take place.
- 4.82 Positively, 21 prison staff had been trained to administer nasal naloxone (a medicine used to treat opiate overdose) when health staff were not on site.
- 4.83 Waythrough had recently recruited to several new posts and had plans to develop services further. Since April 2024, SystmOne (electronic clinical records) had been used to record all interventions.
- 4.84 Patients were usually seen within 24 hours of arrival for advice and support. There was an appropriate focus on harm minimisation, particularly for anyone found under the influence.
- 4.85 Since 1 April 2024, an average of 40 referrals had been received each month. They were triaged and reviewed on the same or the next working day by the duty worker.
- 4.86 A variety of psychosocial interventions were available, but delivery was hampered by regular restrictions in the prison regime and availability of suitable rooms on the wings to see patients. Interventions included in-cell workbooks, 'breaking free online', one-to-one and group substance-specific awareness work and mutual aid.
- 4.87 There were no peer mentors, which was disappointing, but plans were well advanced to introduce them in early 2025.
- 4.88 A family worker received referrals from patients and staff. They had forged links with social services to provide support at meetings about childcare concerns and planned to deliver work on relationships and on being a father.

- 4.89 A Reconnect navigator employed as a building relationships in the community worker coordinated good release planning. They identified patients 12 weeks from their discharge date and worked with partners to address housing needs, continuity of treatment and ongoing support in the community.
- 4.90 The incentivised substance free living unit (ISFL) delivered several simple incentives which were not available elsewhere in the prison (see paragraph 3.1). The head of function, appointed in July 2024, had worked tirelessly to support the introduction of the unit and had developed a real sense of community among staff and prisoners.
- 4.91 At the time of our inspection, 59 prisoners were on the unit, 33 engaging with Waythrough with a waiting list of 60. Prisoners without a drug problem were accepted on the unit and all prisoners signed a compact. Mutual aid, in the form of Alcoholics Anonymous meetings, was only facilitated on the ISFL, and Waythrough also delivered interventions there. Prisoners and staff on the ISFL spoke positively about the unit.
- 4.92 A social prescribing initiative was at an early stage of development and had senior management support to introduce a few activities, including gardening.

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

- 4.93 Medicines were supplied to the prison by a local community pharmacy. Physical prescriptions were signed on site, sent to the pharmacy, and dispensed medicines were usually delivered back to the prison on the same day. Not-in-possession medicines administration by four health care staff was scheduled up to four times a day on each of the eight wings, but administration regularly only took place twice due to clinical pressures. Lunchtime and nighttime administration were provided only when needed. The four nurses were responsible for managing all medicines administration, as well as other nursing responsibilities such as holding the emergency response radio. This pressure meant that some pharmacy tasks were sometimes overlooked. There was evidence that prescriptions for in-possession medicines were not always ordered on time, so that medicines were not available when needed and patients went without them, sometimes for several days. Many patients complained about delays in getting their medicines. There was also evidence of over-ordering of in-possession medicines because of poor reconciliation and oversight.
- 4.94 Prescribing and administration was recorded on SystmOne. Supervision of the queues at the medicines hatch was very poor on all wings, and there was little or no maintenance of confidentiality. Bringing people to the hatch for their medicines was poorly organised, which caused delays, and sometimes they had to choose between waiting for their medicines or going to other activities such as work or attending chapel. There was some safe administration, but the rooms used were too small for effective administration of the volume of medicines required. There was little or no bench space, which made

pouring and measuring methadone challenging. It was also very noisy during medicine administration, for example from patients crowding at the hatch, shouting and making demands of staff, and radio communications. This caused frequent distractions and considerably increased the risk of staff making mistakes.

- 4.95 Approximately 59% of patients were prescribed medicines in possession (IP), which was low for the type of establishment. The pharmacist explained that the number had declined owing to the increasing use of illicit substances. There was an IP policy and IP risk assessments were routinely completed at reception and recorded on SystemOne. Risk assessments were not routinely reviewed after six months, as the policy required. IP medicines were labelled appropriately.
- 4.96 The pharmacy provided a stock of medicines that could be accessed in an emergency, and there was a system to record this. A suitable stock of medicines was available in the pharmacy to treat minor ailments without a prescription. The pharmacy managed controlled drugs suitably and errors were recorded and reviewed. We saw medicines being transported insecurely across the site and raised this with the provider.
- 4.97 The pharmacy received support from a pharmacist for three and a half hours a week. They chaired regional medicines management meetings each month and fed back key points to the prison health care team. They monitored prescribing of abuseable medicines and held clinics with patients once a month to discuss their medicines. These clinics were often targeted at prisoners taking abuseable medicines or those who had been identified as using illicit substances.

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

- 4.98 Hyder Dental Group was commissioned to deliver dental sessions across the prisons in the region. Sessions were scheduled at Deerbolt each week and patients were offered an appointment with a dentist, dental therapist or oral health educator in accordance with their clinical need.
- 4.99 Waiting times for appointments had recently reduced and were in line with the community. Patients were given advice on how to minimise deterioration in the health of their teeth and gums. The health care team offered pain relief and antibiotics if required for those awaiting an appointment.
- 4.100 Care records that we reviewed indicated that treatment was well documented and that patients had been informed of possible treatment options. The justification for and quality of x-rays were documented and supported by recent audits.
- 4.101 A considerable number of patients did not attend appointments or were unable to because no officer was available to take them, which wasted the time available to deliver treatment. The dental surgery was

functional and all equipment was well maintained and in good working order. Decontamination procedures were followed and infection control standards were met. The dental team had their own emergency medicine and shared oxygen with health care which was located nearby.

## 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 The unreliable regime was a huge source of frustration for prisoners and affected outcomes across the prison. In principle, fully employed prisoners (38% of the population) could achieve around seven hours of time out of cell; part-time prisoners, almost half the population, around five hours; and the 13% unemployed around two hours. However, many reported much less time out of cell as a result of frequent regime restrictions caused by a shortage of staff. In the previous three months, records suggested about a fifth of morning, afternoon and evening activity sessions had been curtailed. In our survey, only 20% of prisoners said lock-up and unlock times were adhered to, compared to 53% in similar prisons. During our roll checks, 30% of prisoners were locked up during the core day, too high a proportion for a category C training prison.
- 5.2 An hour of exercise was offered in the mornings on weekdays. None of the exercise yards contained exercise equipment. At weekends, most prisoners could be unlocked for only around three-and-a-half hours, if staffing levels were sufficient. Two hours of this offer were contingent on prisoners wanting to go outside on the exercise yard.
- 5.3 Cell doors were locked during periods of association and some limited association equipment was available. Leaders had also introduced a weekly domestics session to enable prisoners to clean out their cells.



#### **Exercise Yard**

- 5.4 The locked-door policy and the repeated locking and unlocking of prisoners as part of the core day made delivery of the regime cumbersome and challenging for both prisoners and staff. On the ISFL, the locked-door policy had been relaxed: cell doors could be left open during activity sessions, allowing some free movement. Because of regime slippage, prisoners struggled to get to places such as health care, or to arrive punctually for their activities, if at all.
- 5.5 When they could get there, prisoners could use a good library service, in a pleasant space with proactive staff. However, only 27% of prisoners in our survey said they could visit the library once or more a week, compared to 57% at similar prisons. Despite this, according to prison data more than 1,000 books were borrowed each month.



## Library

- 5.6 In our survey, prisoners under 25 and those from a minority ethnic background responded significantly more negatively on the range of books that met their needs, although the library staff were responsive to requests for books (see paragraph 4.24). Staff hosted book clubs and chess clubs and there were several initiatives to promote reading.
- 5.7 In our survey, 75% of respondents said they could go to the gym at least once a week, although prisoners often did not get the full number of gym sessions they were entitled to because of cancellations. Gym staff were frequently cross-deployed to other duties and the gym was sometimes closed for its scheduled opening times. Many prisoners also told us they were unable to visit the gym because they were added to the wrong unlock lists.
- 5.8 Gym facilities were generally adequate and included an outdoor astroturf pitch, a sports hall and a cardiovascular and weights suite. The gym programme included team sports such as football as well as activities such as yoga and remedial gym.
- 5.9 The Twinning Project, which linked prisons to football clubs across the country, was running in conjunction with Hartlepool United. Small numbers of prisoners could work towards gaining qualifications through the gym, including the Stoic course (See Glossary) which was a positive initiative.

## Education, skills and work activities



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

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

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

Overall effectiveness: Inadequate

Quality of education: Inadequate

Behaviour and attitudes: Requires improvement

Personal development: Requires improvement

Leadership and management: Inadequate

### **What does the prison do well and what does it need to do better?**

5.11 Leaders had a clear vision for the curriculum in education, skills and work (ESW) to enable most prisoners to access a part-time programme of purposeful activity and to gain relevant knowledge, skills and behaviours. There were sufficient places in ESW to meet prisoners' needs and very few prisoners were unemployed. However, only 40% of the prison population accessed a full-time programme. The small number of full-time activity places was not suitable for a training prison.

5.12 Leaders and managers had partially addressed the concerns raised at the previous inspection. They had implemented an effective induction process, but the information, advice and guidance prisoners received to make choices on their next steps was not fully effective.

5.13 Leaders did not ensure that prisoners on part-time programmes were purposefully occupied in ESW. On-wing activities were not sufficiently structured or engaging for prisoners. Prisoners were frustrated by the

lack of full-time programmes which contributed to many disengaging with ESW.

- 5.14 The curriculum offer in ESW was too narrow to meet the needs of the prisoner population. Leaders and managers did not involve employers in the design and delivery of workshops and industries. They had started to engage with employers, but were only in the initial stages, having recently set up an employment advisory board. In the survey more than half of prisoners said the activities they were allocated to would not help them on release.
- 5.15 Leaders and managers had not provided the opportunity for prisoners to achieve recognised qualifications in most work roles. However, leaders and managers had plans to offer qualifications in horticulture for the prisoners working in garden parties and looked to accredit other areas such as recycling and mentoring with the appointment of new instructors.
- 5.16 Prisoners in wing work roles lacked supervision and, due to the current regime causing prisoners to have limited time out of their cells, were not able to perform their jobs effectively. This demotivated wing workers who wanted to do a good job.
- 5.17 The pay policy was fair and equitable, and prisoners were not disincentivised to attend education. Low-skilled job roles were often paid at a lower rate than education and prisoners with more responsible job roles were paid at a higher rate.
- 5.18 Attendance in ESW over the past few months had been too low. Punctuality was poor across ESW with too many prisoners arriving late. However, managers had established clear actions to improve attendance and punctuality that they had applied across the prison. They had raised the importance of ESW with residential managers and had limited curtailments, particularly in education. These actions were starting to have an impact.
- 5.19 The allocations process was effective, and prisoners started activities swiftly following their induction to ESW. Staff provided helpful initial advice and guidance to prepare prisoners for their programmes on ESW during the prison induction. Prisoners had a good understanding of the options available in ESW, including the entry requirements.
- 5.20 Leaders and managers had in place processes to monitor and improve the quality of ESW provision, but they did not use these well enough to identify significant weaknesses in vocational training.
- 5.21 Leaders and managers from Novus, who provided education and vocational training in the prison, had an appropriate intent to provide English, mathematics, digital and a few vocational courses, mainly in construction skills. They had not ensured that the quality of teaching, particularly in vocational subjects, was effective. Tutors did not plan learning effectively. Tutors did not provide effective instructions to prisoners and in too many instances it was not clear what prisoners

were expected to learn or do. Prisoners were taught poor and unsafe practice such as using electric planers with unsecured pieces of timber or chiselling toward their hands. In joinery, prisoners did not learn the fundamental skills they needed as joinery practitioners. Prisoners did not know how to use the face side and face edge as key starting points for measurements.

- 5.22 English, mathematics and digital skills teachers provided mostly effective support. Teachers enabled prisoners to build learning in a logical way. In mathematics, teachers started with basic mathematics skills including fractions and decimals before moving on to more complex mathematics topics such as algebra. Teachers used helpful assessment strategies to identify learning gaps and set prisoners individualised learning priorities. Teachers marked prisoners' work accurately which illustrated what prisoners did well and what they could do to improve further. Prisoners were well prepared for their functional skills examinations and most passed them.
- 5.23 Of the small number of prisoners who accessed accredited training, most who remained on their courses and completed their learning programmes did so successfully. Where qualifications were available, a high proportion of prisoners gained these, particularly at entry level and level 1 in English and mathematics.
- 5.24 Most teachers in education were appropriately qualified and experienced. They kept their subject knowledge up to date through frequent training, both with Novus and through their own professional development. However, in vocational training teachers recruited to provide temporary cover, such as during staff absence, were not suitably qualified. Consequently, prisoners did not benefit from accessing all aspects of the construction curriculum.
- 5.25 Leaders and managers did not provide prison instructors with sufficient opportunities to keep their vocational skills up to date. This affected prison instructors' ability to fulfil areas of their job role such as using outdoor gardening machinery.
- 5.26 Prison instructors had expressed their frustrations about the narrow curriculum to leaders. They dealt with frequent complaints from prisoners regarding the part-time nature of ESW and the lack of opportunities to complete useful work and training. This affected their workload and well-being. However, staff in education were well supported with their workload and well-being. Leaders and managers were approachable and provided opportunities for staff to develop their skills with protected time.
- 5.27 Leaders and managers had developed and implemented an effective reading strategy across the prison. There were a number of prison-wide book club initiatives to promote reading. These were led by the chaplaincy, the mental health support team, the library and the education provider. Reading specialists had been put in place to support non- and emerging readers with one-to-one training provided on the residential units. A few vocational training lessons had

timetabled reading sessions to break up longer practical sessions to help prisoners to develop their reading skills. Reading groups had been set up on the residential units and staff encouraged prisoners to read in education and in a few workshops. However, in the survey, only a quarter of prisoners said they had been supported to develop their reading skills. Staff did not track or measure prisoners' progress in reading.

- 5.28 Too few prisoners benefited from enrichment activities to broaden their interests and skills. There were too few wing-based enrichment activities. However, on the incentivised substance free living wing, prisoners could access activities such as drug and alcohol awareness and receive support with identification documentation and bank accounts in preparation for release. Managers had introduced initiatives such as links with Durham University and the local Bowes Museum to develop prisoners' interests in history and art, but only a few prisoners were able to access these.
- 5.29 Instructors in industries did not make effective use of the 'progress in learning' booklets to track the knowledge and skills that prisoners were developing. Instructors did not assess prisoners' starting points well enough or record the skills they developed during their work. In gardens and joinery, too many prisoners already had substantial prior experience with no clear plans as to how instructors intended to develop prisoners' expertise further.
- 5.30 Staff in education and workshops did not direct mentors well enough to provide personalised help for prisoners with special educational needs. Support mentors lacked purpose in lessons and workshops and were not encouraged to work proactively with prisoners. In the survey only a quarter of prisoners with learning difficulties said they had received helpful support from staff.
- 5.31 Prisoners in education demonstrated a high level of respect for one another and staff. They had positive attitudes to learning. Prisoners' behaviour in vocational workshops was less positive, particularly where there was a lack of purpose and direction from staff.
- 5.32 Careers staff did not provide sufficiently useful ongoing careers guidance to enable prisoners to plan for their next steps towards their employment goal on release. Staff did not complete reviews of progress with prisoners in a timely manner and the targets they set did not focus well enough on the steps prisoners needed to take to achieve their goals. Staff did not make sufficiently effective use of the virtual campus to explore opportunities with prisoners before release. Very few prisoners entered into employment or training on release.
- 5.33 Staff in education provided helpful information and support to develop prisoners' understanding of life in modern Britain. Prisoners developed their understanding of tolerance, respect and protected characteristics. Industries staff did not explore British values with prisoners in sufficient depth. As a result, these prisoners had a very narrow understanding of life in modern Britain.

- 5.34 Too few prisoners benefited from a curriculum that helped them to understand the risks of radicalisation. Most prisoners in workshops did not understand how to recognise and protect themselves from radicalisation and extremist views. However, in education and vocational training workshops, staff provided helpful information for prisoners on how to keep themselves safe.

## Section 6 Preparation for release

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

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

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

- 6.1 Nepacs, the charity providing family support, was delivering a good service. After several years with no family support worker, the post had been filled and the support worker was well established in supporting a number of prisoners individually with family issues. She saw all prisoners during their induction and identified those needing particular support. Two other Nepacs workers were helped by four volunteers in staffing the visitors' centre and acting as play workers in the visits hall.
- 6.2 The visits hall was reasonably bright and serviceable, with good play facilities but with no spaces for supplementary family activities, and old-fashioned institutional fittings. The tea bar sold a wide range of hot and cold food including the popular burgers and chips. Complete refurbishment was imminent, including replacement of the dated fixed seating.
- 6.3 The visitors' centre was small and hard to find, with poor signage and very unprepossessing from the outside. However, it was cheerful inside and well furnished, with plenty of activities for children.
- 6.4 Training in leading parenting classes had recently been delivered to 13 staff by 'Kids Matter' through the chaplaincy and classes for prisoners were to start in January 2025. In addition, the 'expectant fathers' pathway' was an imaginative new initiative to support the bonding of a father and newborn child, ready to be implemented for the next prisoner in this situation.
- 6.5 Despite this support, only 24% in our survey said that staff had encouraged them to keep in touch with their family or friends, compared with 35% at similar prisons and 42% at the previous inspection. While the family support worker, head of operations and managing chaplain were working together creatively and imaginatively, a whole-prison approach was needed if this perception was to change.

- 6.6 The number of visits sessions had been increased from three to four a week in response to requests, although leaders felt that more were still needed. In our survey, only 24% said that visits usually started and finished on time, against the comparator of 37%. The advertised start time for visits of 1.15pm was in practice impossible to meet because of the regime timetable.
- 6.7 Many prisoners' families and friends lived too far from the prison to visit regularly. The number of extra events for families had commendably doubled to 12 a year, with some imaginative content, but they remained two-hour morning events, unsuitable for those travelling a distance. Sessions for those who did not receive visits were now well established and took place almost once a month. It was noteworthy that a manager in the offender management unit (OMU) was taking the initiative to identify prisoners in Deerbolt who could be transferred to southern prisons in preparation for release.
- 6.8 A group of 'building positive relationships' peer mentors was active on a voluntary basis on several wings. This was a positive initiative, with seven in post and more in training. They introduced their peers to the 'community days' for those not receiving visits, supplied contact lists of support agencies in the area to which a prisoner was to be released, helped those trying to get back in contact with their family, and linked people to volunteer visitors through appropriate charities such as New Bridge.

## Reducing reoffending

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

- 6.9 Leaders in the OMU maintained a collaborative and positive working culture in the team, with an effective management partnership between an experienced senior probation officer (SPO) and a recently appointed operational head of offender management services. The SPO also had to cover the work of a half-time post which had been profiled but not filled by HMPPS. Although under pressure from the prisoner turnover, the OMU staff were keeping up to date with most of the fundamental offender management processes.
- 6.10 Prisoners were promptly and appropriately allocated to a prison offender manager (POM) on arrival and a summary of each case was provided by the SPO, which was helpful. Prisoners knew the name of their POM and most described a positive relationship, although too many waited several weeks for the first face-to-face contact.
- 6.11 Prison POMs in particular struggled to maintain regular contacts. One of the four posts were vacant and the two in post were deployed to other duties for up to half of their working hours. Prisoners under the supervision of prison POMs told us they saw little of their POM beyond

casual wing-based encounters, and the records of contact reflected this.

- 6.12 In our survey, only 76% of prisoners who said they had a sentence plan and knew what their objectives were said they understood what they needed to do to achieve them, compared with 89% at similar prisons. Similarly, only 26% (50% in comparable prisons) said that staff were giving them support to achieve their objectives. This was reflected in our case sample, which showed long gaps between contacts. However, in our sample of cases, where targets had been set, they were generally appropriate, and achievement of targets was quite good.
- 6.13 The backlog of OASys (offender assessment system) reviews was small, and risk management plans, which were required in all the cases we examined, were of good quality with very few exceptions.
- 6.14 Our sample of cases showed an average of one recorded key work session each month. However, these tended to be with different officers, so that no consistent relationship was developed and there was little support for progression through the sentence.
- 6.15 Sentence plan targets most commonly related to offending behaviour work, and most prisoners were achieving them. Targets generally related to accredited programmes such as Kaizen and the thinking skills programme, but a few prisoners were working one-to-one with their POM on bespoke pieces of offence-related work. Most prisoners had targets related to substance misuse, education, training and employment, and behaviour in custody. A smaller number of prisoners had targets relating to mental health and emotional well-being and achievement was, again, reasonably good.
- 6.16 Recategorisation processes were carried out well, with particularly thorough discussion of cases where category D was a possibility. All POMs met together each month to discuss each prisoner in this category which was very helpful in ensuring consistency among the POMs in weighing up the relevant risk factors in each case.
- 6.17 Staff had been under pressure to get home detention curfew releases processed on time, with SDS40 (see Glossary) and the high number of fixed-term recalls, but this was under control. Prisoners found suitable for open conditions were generally moved quite promptly to a category D prison.
- 6.18 The broader strategic approach to reducing re-offending was addressed at regular multidisciplinary meetings, but the strategy document underpinning this work was dated mid-2021.

## Public protection

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

- 6.19 Initial screening for public protection issues was good. Monitoring of communications was carried out efficiently, with five prisoners being monitored on public protection grounds at the time of the inspection. Upskilling of those carrying out telephone monitoring was needed and had started to be carried out, to make sure that they understood and recorded any evidence of possible risk.
- 6.20 MAPPA management levels (multi-agency public protection arrangements, see Glossary) could be identified in most cases for those who had reached the pre-release period, six to eight months before the release date. However, they were not put on the alerts page of the prison case management IT system to make them clearly visible. POMs provided written reports of good quality to area MAPPA meetings and attended all MAPPA meetings remotely. The SPO also attended in the most serious cases if the prisoner was to be managed at level three.
- 6.21 Handover of pre-release cases to the community was timely. The risk issues for all high-risk prisoners approaching release within six months were discussed at the monthly interdepartmental risk management meeting, with appropriate actions following.

## **Interventions and support**

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

- 6.22 The Kaizen and thinking skills programmes were being delivered effectively through good leadership by treatment managers. This was important in a prison where, in our survey, only 32% said that their experiences of Deerbolt had made them less likely to offend in the future. The Kaizen programme was to be replaced within the next year by the new suite of HMPPS offending behaviour programmes.
- 6.23 Prisoners serving indeterminate sentences were supported by lifer panels for which the head of offender management delivery took responsibility. These monthly meetings gave particular attention to prisoners serving IPPs (indeterminate sentences for public protection), each of whom had a progression plan. Many of these prisoners were frustrated at the slow progress in establishing a lifers unit which would provide them with more independence and support. At the time of the inspection, this unit was scheduled to be operating in the first half of 2025.
- 6.24 Despite the lack of properly funded services, limited support was available with finance, benefits and debt, and with accommodation, through community providers who were involved, particularly at the pre-release stage. Bank accounts could be opened, although there were difficulties in sourcing ID documents for those needing them.
- 6.25 The exceptional support given to care leavers by a dedicated Nepacs worker – the subject of a ‘notable positive practice’ commendation in

our last report – had been further enriched by new initiatives, such as a dynamic local accredited arts project, with the aid of an assistant.

## 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.

- 6.26 The prison was not funded to deliver a resettlement service, although there were 11 releases a month on average. A recently appointed resettlement worker was working hard, although there was less support than at the previous inspection. Monthly pre-release meetings had recently restarted for those within six weeks of release.
- 6.27 The 'through the gate' service in place at the previous inspection had ceased and a recently appointed probation-employed resettlement worker now provided support. The worker was supported by the resettlement SPO from a nearby prison, who spent two days a month at Deerbolt. Some pre-release meetings had taken place and prisoners had recently been included in these meetings. The community offender manager was responsible for the main resettlement work in each case and it was commendable that the POMs were making community handovers within reasonable timescales. In cases that we looked at, there were reasonable practical resettlement outcomes and support for prisoners approaching release, but the prisoner did not always know what progress was being made.
- 6.28 Accommodation outcomes were reasonably good, although 5% of those released in the last 12 months had been recorded as homeless on release. A number of prisoners told us they were unhappy at the prospect of being released to approved premises, as very many were, but in each case that we examined we found this to be justified.
- 6.29 Practical arrangements for release were efficient but basic. There was a supply of black holdalls for property. Officers in reception were able to charge mobile phones while the prisoner was being processed, giving about half an hour's use.

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

### Recommendations from the last full inspection

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

#### Safety

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

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

#### Key recommendations

Managers should review the prison's approach to incentives in all aspects of prison life. Rewards and incentives that are meaningful to prisoners and which recognise and support those who engage with the regime and behave well should be introduced.

**Partially achieved**

Oversight of violence reduction measures should make sure that all incidents of violence are investigated swiftly and that victims and perpetrators are challenged and supported appropriately.

**Partially achieved**

Use of force and use of special accommodation should be more accountable with concerning incidents promptly and properly investigated and opportunities for learning and improvement usefully exploited.

**Partially achieved**

The purpose of segregation, and the regime and environment that support it, should be to prioritise meeting the specific needs of individuals, provide support to improve their behaviour and develop an approach that encourages and incentivises their re-engagement with the prison regime.

**Achieved**

#### Respect

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

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

## **Key recommendations**

Managers should make sure that every prisoner has regular contact with a key worker who can address their welfare needs and progression goals.

**Not achieved**

There should be ongoing, meaningful consultation with prisoners, with their issues and concerns addressed and resolved in an accountable way.

**Achieved**

There should be consultation with prisoners in protected groups, and detailed analysis of the data relating to the treatment and experience of these prisoners. This should be used to identify and address any differences in treatment leading to more equitable outcomes.

**Not achieved**

The local delivery board, in conjunction with NHS England and Improvement, should make sure that transfers to secure mental health inpatient units under the Mental Health Act take place within the national timescale of 28 days.

**No longer relevant**

Challenges to the continuing integration of the work of Spectrum, Tees, Esk and Wear Valleys, and Humankind staff should be resolved by the local delivery board.

**Achieved**

## **Recommendations**

Professional telephone interpreters should be used where necessary, to support accurate and confidential communication.

**Not achieved**

Officers and health care staff should supervise the administration of medicines, to reduce the risk of bullying and diversion.

**Not achieved**

## **Purposeful activity**

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

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

## **Key recommendations**

Time out of cell and access to activity should be improved and increased.

**Partially achieved**

Leaders and managers should expand the learning offer by introducing wing- and classroom-based learning sessions as soon as is practically possible. They should provide prisoners with access to relevant information technology resources and enough mentoring support to help them progress.

**No longer relevant**

### **Recommendations**

All prisoners should participate in an effective induction process that includes the comprehensive collection of their starting points. All staff should use this information to plan and review prisoners' participation in relevant education, skills or work that meets their needs fully.

**Achieved**

Leaders and managers should introduce and implement suitable information, advice and guidance, and arrangements to make sure that all prisoners make informed and realistic career decisions.

**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 2021, we found that outcomes for prisoners were reasonably good against this healthy prison test.

### **Key recommendation**

All prisoners should have access to the telephone at least once a day, for a duration and at a time that supports meaningful family contact.

**Achieved**

## 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 \(justiceinspectorates.gov.uk\)](http://justiceinspectorates.gov.uk)). Section 7 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

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

### **Inspection team**

This inspection was carried out by:

Martin Lomas	Deputy Chief inspector
Hindpal Singh Bhui	Team leader
Rachel Badman	Inspector
Martyn Griffiths	Inspector
Sumayyah Hassam	Inspector
Martin Kettle	Inspector
Harriet Leaver	Inspector
Alice Oddy	Inspector
Chris Rush	Inspector
Jasmin Clarke	Researcher
Emma King	Researcher
Helen Ranns	Researcher
Joe Simmonds	Researcher
Shaun Thomson	Lead health and social care inspector
Simon Newman	Health and social care inspector
Bev Grey	Care Quality Commission inspector
Christopher Barnes	General Pharmaceutical Council
Jonny Wright	Ofsted inspector
Dave Everett	Ofsted inspector
Ian Frear	Ofsted inspector

## Appendix I 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.

## **Nepacs**

A charity in the north-east of England which aims to support a positive future for individuals impacted by involvement in the criminal justice or care systems.

## **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).

## **SDS40 (standard determinate sentence)**

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

## **Secure video calls**

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

## **Social care package**

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

## **Stoic course**

The Stoic course was a non-accredited programme modelled on a well-regarded approach developed at HMP Huntercombe. It was run by PE instructors and aimed to support prisoners to better manage negative and unhelpful emotions and behaviour.

## **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 II Care Quality Commission Requirement Notice



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

The inspection of health services at HMP/YOI Deerbolt was jointly undertaken by the CQC and HMI Prisons under a memorandum of understanding agreement between the agencies (see <https://www.justiceinspectores.gov.uk/hmiprison/about-hmi-prison/working-with-partners/>). The Care Quality Commission issued a request for an action plan following this inspection.

### Breach of Regulation

**Provider:** Spectrum Community Health C.I.C.

**Location:** HMP/YOI Deerbolt

**Location ID:** 1-8566841446

**Regulated activities:** Diagnostic and Screening Procedures Treatment of disorder, disease or injury

### Regulation 12 (1) and 12 (2) (g) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Care and treatment must be provided in a safe way for service users. This includes the proper and safe management of medicines.

#### How the regulation was not being met:

The provider did not always ensure that safe care and treatment was provided in a safe way for service users. Staff did not always administer or issue medicines on time and records for the issuing of in-possession medication were not always documented.

- Service users did not always receive their medicines on time. Service users' medicines were frequently administered later than the time specified on their prescriptions, for example, morning medicines were often not administered until close to lunchtime. This may impact on the efficacy of medicines or mean that a service user was administered too much medicine in a short period.

- Service users' 'in-possession' medicines were not always issued on time and staff did not always record whether they had been issued on patients' records. Service users told us they did not always receive their medication in line with their regular weekly or monthly schedule. This may cause service users to experience unnecessary withdrawal symptoms as well as disruption to their medicines.

### **Regulation 17 (1) and (2 a) Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

- 1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.
- 2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular to:
  - a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).

#### **How the regulation was not being met:**

Systems and processes were not always effective for assessing, monitoring and improving the quality and safety of the services provided.

- Incidents were not consistently reported. Staff told us about incidents they did not have time to report such as medicines errors and low staffing levels. This means themes and trends may not be identified or learned from.
- Staff and managers confirmed that staff lacked time to report all incidents. During the six months prior to inspection, only five medicines errors and four staffing shortages had been reported.
- While managers had developed a new system to ensure all incidents were reported in the future, it was yet to be implemented.

### **Regulation 18 (1) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

- 1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part.

#### **How the regulation was not being met:**

The provider did not always have sufficient numbers of suitably qualified, competent, skilled, and experienced staff deployed to meet the needs of service users.

- The provider had not fully recruited to the staffing establishment. In addition, there were staff on long-term sickness absence and maternity leave. Cover for sickness and maternity leave, where provided, was from within the existing staff team.

- The provider's optimum and minimum staffing levels did not reflect the needs and demands of the service. The provider defined their optimum staffing level for every whole shift as two qualified nurses and three other healthcare staff, and minimum staffing levels as one qualified nurse and two other healthcare staff.
- Staff told us there needed to be a minimum of five members of staff to ensure safe staffing: four staff to administer medicines in the morning, lunchtime and evening and one member of staff to respond to emergency calls.
- Rotas showed that staffing levels were frequently below the optimal level and there was often insufficient cover for each whole shift (whole shift is defined as 07:30–20:15).
- All nursing and healthcare assistants had additional roles to carry out between medicines administration including seeing service users for review at reception and secondary screening as well as transfer, discharge and routine reviews.
- Staff acting up in management roles regularly worked clinical shifts to ensure the number of staff on each whole shift was equal to or above the provider's minimum staffing level.
- Staff told us they regularly worked through their breaks and some staff worked during their annual leave to ensure cover was provided and minimise the risk of poor care for service users. We also found two documented examples where staff had worked beyond their contracted hours to ensure care had been provided for service users. This included one shift where three staff had worked a 15-hour shift.
- The provider had ceased use of any agency nursing on 29 November 2024 due to financial pressures despite there being no clinical justification for this, and even though not all shifts in November 2024 had been filled with agency nurse support. This meant managers worked more clinical shifts on the rota during December including during their annual leave.
- The skill mix was not always suitable to ensure patients' needs could be met. For example, on one shift a band 5 nurse was the most senior member of staff working clinically.

## **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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