Report on an unannounced inspection of

HMP Guys Marsh

by HM Chief Inspector of Prisons

6–16 January 2025

Contents

Introduction

Guys Marsh is a category C training and resettlement prison near Shaftesbury in Dorset. Built mainly in the 1970s and 1980s, the prison is a campus-style institution, currently with eight operational accommodation facilities. At the time of our inspection up to 487 adult men could be held. Just under a third of the prisoners were serving sentences of over four years, with a further 60 serving indeterminate sentences.

We have had concerns about this prison for some time, and most recently inspected it in 2022, when we found that outcomes in our healthy prison tests were reasonably good in respect but not sufficiently good in safety, purposeful activity and preparation for release. It was particularly concerning at this inspection to find that the prison had deteriorated further; outcomes in safety and respect were now poor, while in purposeful activity and preparation for release they remained not sufficiently good.

The prison was not safe enough. Elements of the reception and induction process were operating adequately but standards in the induction accommodation unit were poor. Data on rates of violence showed the situation worsening, with the prison more violent than most similar establishments. About a third of prisoners told us they felt unsafe.

There was little to motivate or engage prisoners constructively or to incentivise them to progress. Initiatives to promote positive behaviour were often fairly new or implemented inconsistently. The segregation unit required better oversight and the use of force was among the highest for comparable prisons. Most force was spontaneous, but there was a perception among prisoners that staff were too ready to apply restraints. There was, however, some early evidence that leaders were taking steps to drive up standards and improve oversight.

Sixty-three per cent of prisoners we surveyed told us illicit drugs were easy to get hold of, and evidence suggested they were right. It was, therefore, frustrating that there had been no random or suspicion testing for about five years and the prison lacked any of the enhanced gate security commonly seen in similar prisons. The small security team were working hard to make an impact – notably through the triaging of intelligence and improving partnership working with the police – but, overall, security procedures lacked rigour.

At the heart of the prison's problems were some lacklustre staff-prisoner relationships. Prisoners did not feel respected, and some felt harassed. Leaders were not sufficiently visible around the wings and were not challenging this poor culture which, combined with a failure to maintain decent standards of cleanliness on what were already rundown accommodation blocks, added to a general feeling of malaise. In this context it was no surprise that the rate of self-harm among prisoners was very high and had increased over the preceding 12 months, although we did see some work to try to mitigate this.

Despite Guys Marsh's function as a training prison, we found around 30% of prisoners locked in their cells during the working day. Time out of cell was

generally better for those with a job or located on one of the enhanced status wings. Attendance at activities was, however, not good enough and the regime on offer was limited. Our colleagues in Ofsted judged provision as 'requires improvement,' their second lowest assessment. Work to prepare men for release had some potential but required renewed energy and focus; not least in improving levels of engagement and persuading men that the prison was helping them. A fully functioning key work scheme would have helped to achieve this.

Overall, this is a concerning report. Most elements of the prison's operation required improvement and there was a need for investment and renewal. Staff were inexperienced and, even though shortfalls had been addressed, too many appeared to be unavailable for duty. Front line supervision needed to establish and then enforce standards. While the governor was respected and focused on moving the prison forward, the same was not true of all leaders, and significant weaknesses in the culture were hampering attempts to move in the right direction.

Charlie Taylor
HM Chief Inspector of Prisons
April 2025

What needs to improve at HMP Guys Marsh

During this inspection we identified 15 key concerns, of which eight 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. **Weakness in the quality of leadership in some key areas was a major obstacle to making the improvements needed.** Many managers, at all levels, were inexperienced, and a few lacked the skills required to engage and lead staff.

2. **High levels of staff absence made it impossible for the prison to deliver a full regime.** Less than 60% of operational staff were available to be deployed to their duties.

3. **Rates of violence were high and rising, and the widespread availability of illicit drugs presented an ongoing threat to stability and safety.**

4. **The rate of self-harm was very high and exceeded that of all other category C prisons.** The prevalence of drugs, violence and debt, and mostly ineffective relationships with staff, left some prisoners feeling hopeless and unmotivated.

5. **Living conditions were poor.** Prisoners endured power outages, water entry into cells, and black mould on ceilings and walls. Not all areas were sufficiently heated and too many showers were out of use. Standards of cleanliness and decency were not upheld.

6. **Leaders had not allocated sufficient prison resources to make sure there was good patient care and safety.** This included a shortfall in the number of officers needed to escort prisoners to hospital appointments, and ineffective supervision of medicine queues.

7. **Leaders had not provided enough places in English and mathematics to meet the learning needs of the prison population, and outreach sessions in these subjects were not used effectively.**

8. **Leaders had not ensured a high attendance at all education, skills and work sessions, and too many prisoners were unemployed.**

Key concerns

9. **Work to support prisoners in their early days in custody was not sufficiently focused on their welfare.** First night cells were dirty and not equipped with basic amenities. New arrivals were not always provided with food or a free phone call, and they spent too much time locked up with little to occupy them.

10. **Use of force had more than doubled and was the highest among similar prisons.** Around a third of prison officers were out of date in their control and restraint training, staff did not consistently switch on their body-worn video cameras, and some staff were too quick to use force to resolve incidents.

11. **The applications and complaints systems did not provide prisoners with a legitimate or reliable way to make requests or raise concerns.** The application process was cumbersome, and responses were not tracked. There was no oversight of the complaints system.

12. **The needs of prisoners in some protected groups were not met.** Consultation did not take place regularly to understand their needs. A number of groups were disproportionately represented in areas of discipline. There was no effective strategy to ensure fair treatment and inclusion.

13. **Leaders had not ensured that instructors identified or monitored the progress that prisoners made in industries well enough, and target-setting was not effective**. Only two-thirds of instructors were qualified, and continuing professional development did not help them acquire the skills they needed to improve.

14. **There was no effective oversight of the prisoner reading strategy**. Leaders had not reviewed or updated the strategy or made sure that reading was promoted consistently across all areas of the prison.

15. **Not enough was done to support prisoners to progress in their sentence.** Too many men were unemployed and unable to develop their knowledge and skills, and there was not enough structured offending behaviour work to help them reduce their risk.

About HMP Guys Marsh

Task of the prison
Category C training and resettlement prison for adult men.

Certified normal accommodation and operational capacity (see Glossary) as reported by the prison during the inspection
Prisoners held at the time of inspection: 480
Baseline certified normal capacity: 476
In-use certified normal capacity: 436
Operational capacity: 487 (temporarily reduced from 511 due to construction work)

Population of the prison
- 66% of prisoners serving sentences of four years or more.
- 60 prisoners serving indeterminate sentences for public protection (IPPs).
- 50% of prisoners (245) receiving support for substance misuse.
- 44 prisoners on mental health team caseload.
- 506 prisoners released over the past 12 months.

Prison status (public or private) and key providers
Public

Physical health provider: Oxleas NHS Foundation Trust
Mental health provider: Oxleas NHS Foundation Trust
Substance misuse treatment provider: Change Grow Live (CGL)
Dental health provider: Time for Teeth
Prison education framework provider: Weston College
Escort contractor: Serco

Prison group
Devon and North Dorset

Prison Group Director
Helen Ryder

Brief history
Originally a World War II field hospital, the site became a borstal, and then a young offender institution in the mid-1990s, when a perimeter fence was erected. Since 2004, when young offenders were relocated to HMP/YOI Portland, Guys Marsh has been a fully adult establishment.

Short description of residential units
Anglia – induction unit
Mercia – general population
Saxon – general population
Gwent – general population
Dorset – general population
Jubilee – enhanced unit
Cambria – drug recovery wing

Rainbow – en-suite ‘pod’ accommodation, temporarily closed for construction work
Tarrant – segregation unit

Name of governor and date in post
Niall Bryant, May 2023

Changes of governor since the last inspection
Ian Walters, August 2019–May 2023

Independent Monitoring Board chair
Simon Allan

Date of last inspection
4–8 July 2022

Section 1 Summary of key findings

Outcomes for prisoners

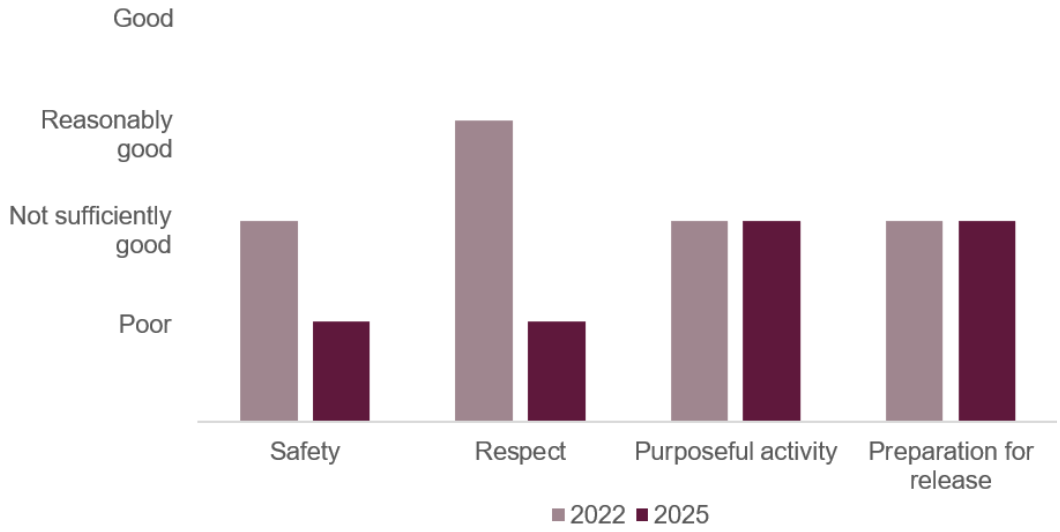
1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

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

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

1.3 We last inspected Guys Marsh in 2022. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Guys Marsh healthy prison outcomes 2022 and 2025



Progress on priority and key concerns from the last inspection

1.4 At our last inspection in 2022 we raised 14 concerns, three of which were priority concerns.

1.5 At this inspection we found that three of our concerns been addressed and 11 had not been addressed. None of our three priority concerns (two in safety and one in purposeful activity) had been addressed. For a full list of progress against the concerns, please see Section 7.

Notable positive practice

1.6 We define notable positive practice as:

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

1.7 Inspectors found one example 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.

a)	The training provided to prison officers and prisoners to administer naloxone (to reverse breathing difficulties caused by overdose) was a protective factor, which the prison had used effectively.	See paragraph 4.85

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 Despite years of poor outcomes at Guys Marsh, HMPPS leaders had still not taken sufficient action to make the prison safe, decent and rehabilitative. The widespread availability of illicit drugs impacted on safety, and a prevailing negative culture impeded meaningful progress in some key areas.

2.3 Leaders had not done enough to address staff shortfalls and retention had been a major problem, particularly over the last year. Despite reaching planned recruitment levels very recently, less than 60% of operational staff were available to deliver a full regime due to high levels of sickness and other absences. Processes to manage absence were being strengthened but were not yet having sufficient impact.

2.4 Over a third of staff were in their first year of service and therefore very inexperienced. Despite their enthusiasm and commitment, most were not adequately supported, trained or supervised by their managers. They relied on other colleagues, many of whom were also inexperienced, to learn their job. The new colleague mentor was proactive, but the sheer numbers of new staff meant support was limited. The prison group director (PGD) provided support to the governor and the regional office had been active in the prison to assist leaders, but this did not mitigate the need for experienced staff and managers who were committed to Guys Marsh.

2.5 The governor was well respected and clearly sighted on addressing poor outcomes, but his vision and expectations for standards and behaviour had not gained sufficient traction in frontline areas. There was an unhealthy perception among staff that some senior leaders did not respect or care for them, which was a significant obstacle in driving improvement. While some leaders were effective, too many managers at all levels were inexperienced, and a few lacked the skills required to engage and lead staff to make the improvements needed.

2.6 The governor had taken decisive action to address poor performance and inappropriate behaviour by a few staff. He was clearly striving to improve standards and support the majority of staff who wanted to work in a safe and rehabilitative environment, but progress had been slow.

2.7 Despite central funding for several projects, the buildings at Guys Marsh were dilapidated, the heating and water systems were frequently

broken, and many areas of the prison were ill equipped and neglected. Funding to replace cell windows had been signed off in 2022 but work had still not been completed. Advanced work to expand the prison had come to a standstill when the contractor went into administration, leaving an abandoned building site within the prison grounds.

2.8 Relationships between prison leaders and key partners were well established but had not been effective in some important areas, again due to staff shortfalls or gaps in leadership capability. The local health delivery board had not addressed some significant weaknesses in the delivery of health care, and oversight of education, skills and work had not addressed the concerns raised at the last inspection.

2.9 The prison's self-assessment report identified appropriate priorities, but the pace of change and improvement was slow. Leaders were overly optimistic about short-term reductions in prisoner violence and self-harm, and plans to make the prison safer were not sufficiently detailed or strategic. A national initiative to build staff skills ('Enable') was due to start at Guys Marsh during 2025, which was encouraging, but the fundamental problems at the prison were likely to persist while the current gaps in leadership capability remained.

Section 3 Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

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

3.1 The prison received on average around 15 prisoners a week, transferred in from other prisons. Most arrived throughout the afternoon, and it was positive to see that a prisoner who arrived during the staff lunch break was not made to wait on the escort van.

3.2 In our survey, 79% of respondents said they were treated well by reception staff, and our observations supported this. Staff were friendly and a reception prison orderly was available to answer queries from new arrivals. The reception area was small but functioned well, with two waiting rooms for prisoners. Reception processes were mostly efficient, with an effective system to log prisoner property, and they were moved on to the induction unit swiftly.

3.3 Most prisoners arrived from other prisons and had been strip searched on their departure, so it was positive that Guys Marsh staff did not conduct a further obtrusive search, unless there was intelligence that made this necessary. The prison's policy required prisoners to pass through the body scanner on arrival to detect any illicit substances or hidden weapons. However, as only a few staff were trained in its use this did not always happen.

3.4 The induction officer met new arrivals in a private space in reception to complete an initial assessment of vulnerability and risk. However, there was no follow-up conversation the next day when the prisoner had settled in and may have been more comfortable in disclosing sensitive information.

3.5 Leaders were unaware that new arrivals were not always given refreshments in reception. There was also evidence that prisoners who arrived on the induction unit after teatime did not always receive a meal. They were not offered the free phone call they were entitled to on their first day, so they could not contact family to inform them of their transfer or seek comfort during their critical early days in a new prison.

3.6 Prisoners spent their initial few nights on Anglia, the induction unit. In our survey, only 27% of respondents said they had a clean cell on their first night, compared with 49% last time and 43% at similar prisons. Cells were not equipped with curtains or privacy screens around toilets

– including in shared cells – and most had ingrained dirt on the floors and walls.

First night cell on Anglia unit

3.7 A reasonable five-day induction programme commenced every Monday. Induction was not on a rolling programme and prisoners arriving after it had started had to wait until the following week to take part. Prisoners were often moved off Anglia before their induction was complete; they were supposed to return to the unit to complete missing modules, but this did not always happen.

3.8 The regime on Anglia unit was poor, and prisoners spent too much time locked up with little to do.

Promoting positive behaviour

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

Encouraging positive behaviour

3.9 A third of prisoners who responded to our survey said that they felt unsafe at the time of inspection, against the comparator of 19%. Equally concerning was the higher proportion of prisoners who reported experiencing victimisation from both their peers and staff.

3.10 Prison data showed that rates of violence, including serious assaults, had increased since the last inspection and were higher than most similar prisons. Violence between prisoners and against staff had

continued to increase over the previous 12 months, with a spike in violence against staff during summer 2024. Leaders attributed this to prisoners' frustrations with a lack of support to get simple things done, and boredom due to a severely curtailed regime.

3.11 The prison's response to violence included the use of challenge, support and intervention plans (CSIPs, see Glossary). The process was not operating effectively, as too many plans to address and change behaviour did not evidence sufficient investigation. Identified actions in CSIPs were limited in scope, lacked creativity, and did not address the underlying causes of poor behaviour.

3.12 There was an over-reliance on the small safety team, who had experienced staff shortfalls and inconsistent leadership, to improve outcomes. Residential managers did not take sufficient responsibility for enforcing robust safety processes, such as investigating violence and managing challenging prisoners within their areas.

3.13 The current head of safety had been in role for only a few months, but there were encouraging signs of improvement. The safety lead had completed an analysis of current strengths and weaknesses to develop an action plan to reduce high levels of violence. This had led to improved identification of and support for prisoners isolating themselves from their peers. These prisoners now had limited but safe access to a daily regime that meant they were not locked up all day, and they could attend a small group meeting to help them socialise more confidently. To support this work, the safety team had also introduced a forum where prisoners could get advice about debt; this was in its infancy but showed promise.

3.14 In our survey, only 9% of prisoners said that the culture of the prison had encouraged them to behave well, against the comparator of 22%. We observed several incidents of low-level rule-breaking that went unchallenged, and staff were not being encouraged to uphold basic standards of behaviour and decency (see paragraphs 3.36 and 4.3). Even some of the more serious breaches that resulted in prisoners being placed on report were not dealt with robustly (see paragraph 3.13).

3.15 Leaders had not set out a clearly defined strategy to promote and encourage positive behaviour among prisoners. Although over half of the population were on the enhanced level of the incentive scheme, many struggled to articulate the advantages this brought. Leaders had not developed incentives so that prisoners could see it was in their interests to behave well. Staff entries into prisoner case notes indicated that they were more likely to record negative behaviour than acknowledge the positive behaviour they witnessed.

3.16 Some positive aspects of daily life at the prison motivated prisoners to engage and progress. Enhanced prisoners who were selected for the Jubilee unit appreciated its better regime and accommodation, there was a good programme of extended visits (see paragraph 6.4), and the opportunity to take part in peer support schemes. However, too many

prisoners lived in poor conditions (see paragraph 4.8), the impact of illicit drugs (see paragraph 3.32) created a sense of hopelessness among some, and the negative attitudes of a few staff (see paragraph 4.2) failed to motivate prisoners to engage and progress.

Adjudications

3.17 Leaders did not have sufficient grip on disciplinary procedures to manage serious breaches of rules. Data indicated that there had been over 2,200 adjudication charges during 2024, an increase of 20% on the previous year. At the time of the inspection, there were over 150 remanded adjudications and an additional 30 that had been referred to the police.

3.18 Insufficient oversight of the process meant that many hearings had been outstanding for several months, while many others were not proceeded with, often due to inadequate evidence or time delays. For example, half the charges that we reviewed were not concluded due to time constraints or prisoner transfer. Some had included allegations of serious rule-breaking, such as possession of illicit items, abuse to staff or acts of violence, which were not addressed. This inevitably undermined both staff and prisoner confidence in the process as a means of keeping the prison safe.

3.19 As we identified at the last inspection, records of hearings often lacked the detail needed to understand the allegation or prisoners' explanation about what had happened. There was some limited quality assurance to review a percentage of hearings each month, but no oversight meetings to discuss and learn from findings.

Use of force

3.20 The use of force had more than doubled since our last inspection and the rate was the highest of all similar prisons. In our survey, 28% of prisoners said they had been restrained in the last six months, compared with 10% last time. There was a perception among prisoners, and some staff, that force was used too quickly, and we found evidence to support this.

3.21 HMPPS data indicated that there had been 875 restraints in the 12 months ending November 2024. Most of the force used was spontaneous. The prison confirmed that PAVA incapacitant spray had been drawn 11 times and used on two of these occasions, and batons had been drawn 15 times and used once. These incidents were investigated to make sure they were necessary, proportionate and used only as a last resort.

3.22 In our review of body-worn camera footage, there were many incidents where staff were professional, made good efforts to deescalate, and force was applied appropriately. However, there were also cases where officers were over-zealous or had antagonised prisoners, leading to a restraint that could have been avoided if the appropriate training

techniques had been applied. Around a third of prison officers were out of date in their control and restraint training.

3.23 Not all staff consistently activated their body-worn video cameras to make sure that incidents were recorded for evidence and training purposes. Leaders had been proactive in this area in early 2024 when the number of incidents recorded had risen to around 80%, but this had not been maintained.

3.24 Leaders had made some recent improvements in governance and oversight of use of force, aiming to encourage more transparency and learning. The scrutiny of incidents was reasonably good; all were reviewed daily by a safety analyst and more formally in a weekly scrutiny meeting. When concerns were identified they were escalated on the same day to a senior member of staff, and leaders had taken robust action to challenge poor practice.

3.25 Monthly meetings reviewed data on why, when and where force was used. The range of data was varied and gave leaders a good overview, but force was unlikely to reduce significantly while violence and drug use remained high, and prisoners were not being motivated to behave or engage with their sentence.

Segregation

3.26 Local prison data showed there had been 187 periods of segregation in the previous 12 months, which was higher than at the last inspection. Apart from prisoners with very complex cases, most stays in the segregation unit were short.

3.27 Living conditions in the unit had declined. Despite some refurbishment, and a prisoner painting party that removed graffiti, many cells were in poor condition and the exercise yard was austere and dirty.

Segregation cell

3.28 The segregation regime was extremely limited, even when the unit was operating at a reduced capacity. During a typical day, prisoners had just 30 minutes out of cell to exercise, plus a short time to use the phone and shower, and to access a limited range of books. Staff and prisoners told us that this time out could be further limited at weekends due to staff shortages.

3.29 All prisoners had a reintegration plan, which senior leaders discussed weekly. Despite this scrutiny, many plans were basic, and the targets to help prisoners to reintegrate did not fully address the reasons for segregation or encourage them to progress. We found many examples of prisoners being transferred out of segregation to other prisons, which increased the risk of prisoners committing offences to secure a move. Leaders were not readily able to provide data on this, in part because formal oversight and governance meetings had lapsed in the previous six months.

3.30 We observed some calm and supportive interactions between staff and prisoners on the unit, which was positive. However, basic security procedures, such as supervision of the exercise yard and the escort of higher risk prisoners around the unit, were not always followed appropriately, leaving staff and prisoners at risk.

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.

3.31 A significant illicit drug problem had been a feature of the prison for many years and successive leaders had identified it as a priority area. Despite this, the strategy to address supply and demand remained weak. Positive initiatives identified at the last inspection, such as enhanced case management for those involved in the drug economy, had lapsed. CGL continued to provide a good substance misuse treatment service for those who were ready to receive help (see paragraph 4.79), but the demand for illicit drugs remained high.

3.32 In our survey, 63% of prisoners said that it was easy to get illicit drugs in the prison, 55% that it was easy to get illicitly brewed alcohol, and 59% that it was easy to obtain medication not prescribed to them. These responses were much worse than at the last inspection and the comparators. In the last 12 months, there had been 127 finds of illicit drugs and around 220 finds of illicitly brewed alcohol equating to more than 1,600 litres.

3.33 Mandatory and suspicion-based drug testing had been suspended since December 2020, severely limiting leaders' ability to understand the scale of the problem. The primary metric used was the number of prisoners suspected of being under the influence of illicit substances. However, not all staff reported such incidents, and the misuse of drugs by prisoners confined to their cells could easily go undetected. While there was compact-based drug testing for prisoners in selected areas to demonstrate their abstinence from drugs, there was no real deterrent for those driving the drug economy.

3.34 While the prison had a basic drug strategy, the associated action plan was very limited and lacked depth. It identified low-level actions, none of which sought to address some of the big issues that were driving the drug culture, such as the high rates of violence, a lack-lustre approach to getting prisoners into purposeful activity, and some poor living conditions.

3.35 Meetings aimed at driving the drug strategy had been cancelled three times in the past six months due to staff shortages, with no effort to re-schedule them. Towards the end of 2024, a separate tripartite meeting was introduced involving key stakeholders from security, drug strategy and safety teams. The aim of this meeting was to identify and address emerging risks, but only one meeting had been held to date so it was too early to judge its effectiveness.

3.36 There had been some improvements in physical security, including upgraded CCTV coverage. However, there was no enhanced gate security to improve the searching of staff and visitors. Some basic security procedures were also failing. For example, checks on prisoner cells were not thorough or consistent, and residential staff were not removing items that could be used by prisoners to brew alcohol (see photo). We also observed prisoners entering staff offices, where sensitive information was on show, and being allowed to take multiple bin liners, despite evidence that they were used to brew alcohol. Prisoners had relatively free movement across the grounds, which was appropriate for a category C prison, but the quality of supervision during this time was not sufficiently robust.

Bottles collected in windows

3.37 A relatively new security team was trying to be more proactive. It had introduced a useful security bulletin to update staff on emerging risks, provided enhanced security awareness training to new employees, and regularly visited different areas of the prison to brief and upskill staff. Collaboration with the police and regional crime units was also improving. The team had been effective in addressing immediate security threats, triaging new intelligence daily to avoid a backlog. Cell searches were prioritised using a traffic light system, but due to staff shortages, only 40% of required searches had been completed in the past six months.

3.38 Security analysts produced monthly security assessments, but the objectives set by prison leaders did not always align with identified risks. The team had used consecutive assessments to highlight concerns about illicit items, compounded by insufficient searching. Although these concerns had been escalated to regional HMPPS intelligence teams over a six-month period with requests for additional support to conduct searches, this had not been provided to 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

3.39 There had been one self-inflicted death at Guys Marsh since the last inspection. It was relatively recent and the coroner's report was not yet available. Leaders had conducted an early learning review within a couple days of the death, which was considered, comprehensive and clearly laid out lessons to be learned.

3.40 For the other deaths, leaders maintained oversight of coroners' 'preventing future deaths' reports and made good efforts to embed Prisons and Probation Ombudsman (PPO) recommendations. This included sharing findings with all departments and conducting monthly spot tests on staff to test knowledge and understanding. We met middle managers who were aware of specific PPO recommendations, which we do not often find.

3.41 The level of self-harm was the highest of all category C prisons. In the 12 months ending November 2024, there had been 1,566 incidents of self-harm per 1,000 of the population, an increase of 144% since the last inspection. Forty-eight of these incidents were so serious that medical intervention was required. Fact-finding investigations were completed in these instances, but they were not sufficiently robust, with incomplete recording and a failure to explore the specific issues that had led to such a serious case of self-harm.

3.42 The analysis that leaders had completed indicated three factors contributing to high levels of self-harm: a small number of prisoners with high rates (prolific self-harm), a poor regime and prisoners struggling with debt.

3.43 The monthly safety meeting reviewed appropriate data and a small reduction in self-harm in the past few months had been attributed to an improved regime. The prison had consulted prisoners to understand the factors contributing to self-harm and shared the findings in the monthly safety meeting. However, there was no robust strategy or targeted action plan to reduce self-harm further.

3.44 At the time of our visit, 15 prisoners were being supported by assessment, care in custody and teamwork (ACCT) case management for risk of suicide or self-harm, although there were usually around 30 ACCTs open. In our survey, only 29% of those who had been on an ACCT said that they had felt cared for, compared with 61% last time, although the prisoners currently on an ACCT who we spoke to during our visit were more positive about the care they were receiving.

3.45 Leaders had not carried out quality assurance for ACCT case management for some time, although it had recommenced recently. This had identified similar themes to those we observed, such as incomplete paperwork and very basic care plans; leaders were now making efforts to improve standards in this area.

3.46 There had been 48 uses of constant supervision, These cells were bleak with little focus on providing prisoners with activities to pass the time and help them out of crisis. Anti-ligature clothing had been used for some prisoners, but it was not clear why or how often, as there was no adequate oversight.

3.47 There were only six trained Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), which was not enough to support peers during periods of crisis and a missed opportunity, considering the high levels of self-harm. Some Listeners found themselves at maximum capacity and on occasion had to refuse callouts for their own well-being. It was positive that a member of the safety team met the Listeners (and diversity and inclusion representatives, see paragraph 4.35) to talk through the week's callouts. This provided support to the peer workers and allowed concerns to be shared with the relevant departments.

3.48 The weekly safety interventions meeting (SIM) maintained oversight of self-harming prisoners with complex cases and supported them reasonably well. However, a negative culture, the prevalence of drugs and violence, and mostly ineffective relationships with staff left some other prisoners feeling hopeless and unmotivated. Until these broader issues were addressed, it was hard to see how self-harm could be reduced to any significant degree.

Protection of adults at risk (see Glossary)

3.49 Safeguarding procedures were not well embedded. There were no formal links with the local safeguarding adults board, or local safeguarding strategy with easy-to-follow guidance on how to identify and support a prisoner at risk of abuse and neglect. This was somewhat offset by other structures that picked up the more obvious and easy-to-spot prisoners who needed additional support. These included multidisciplinary meetings for prisoners with complex cases and the weekly SIM (see paragraph 3.48).

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 Relationships between staff and prisoners had deteriorated since our last inspection. In our survey, only 68% of prisoners, compared with 84% last time, said that staff treated them with respect, and more prisoners than at similar prisons said that they had been bullied or victimised by staff (see paragraph 3.9). In our staff survey, 50% of all staff who responded said they had witnessed colleagues behaving inappropriately to prisoners.

4.2 Many prisoners we spoke to highlighted the good officers they could turn to, but were frustrated by a significant minority who were dismissive and unhelpful.

4.3 Although during the inspection we did not see officers confining themselves to wing offices, many did not routinely or proactively engage with prisoners. We saw many examples of prisoners breaching rules and basic standards, including vaping on landings and dropping food waste and litter, which went unchallenged by staff.

4.4 Around a third of officers were in their first year of service (see paragraph 2.4); many we spoke to were keen and capable, but they did not receive adequate support and training from their managers. Leaders at all levels, many of whom were busy with other administrative tasks, were not sufficiently visible on wings to uphold standards and support their teams.

4.5 There were some notable exceptions to the deterioration in relationships. On Jubilee, the enhanced unit, staff had a good knowledge of prisoners and sought to meet their needs. We observed staff on Anglia, the induction unit, engaging with prisoners during their evening association, and some prisoners on Cambria, the drug strategy unit, told us that staff were supportive of their recovery work.

4.6 Too few prisoners received key work (see Glossary) sessions, and those that did take place did not adequately support sentence progression. The number of key work sessions had increased recently as staff had been allocated more time to complete it, and leaders had prioritised prisoners with the most complex cases for sessions, which was appropriate.

4.7 Peer work was used effectively in safer custody and activities (see paragraphs 3.47 and 5.28), but was underdeveloped in other areas. This was a missed opportunity to allow prisoners to support their peers, play a meaningful role in the prison community, and develop skills to help them upon release or demonstrate a reduction in their risk.

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

4.8 Residential units and other prison buildings remained extremely run-down and had not received sufficient investment. This created a demotivating living environment for prisoners. Roofs were leaking in many buildings, including residential units, the gym and the chaplaincy. Water entry and blocked gutters had resulted in electricity outages, leaks in cells, and black mould on ceilings and walls. On Mercia unit, the roof had been leaking directly over the servery area, which was unhygienic.

Two photos of the exterior of the unit (top), temporary lighting in showers (bottom, left), ceiling damage from leaking roof in gym (bottom right)

4.9 Heating systems frequently broke down, leaving some prisoners cold in their cells, and the gym had no permanent heating system at all, relying on inadequate small temporary heaters. Many showers were either out of use, mouldy due to a lack of ventilation, had broken lighting or did not have hot water.

4.10 Meanwhile, larger projects, like the building of new house blocks and an outdoor sports pitch, had stalled due to the contractor entering administration.

4.11 The onsite facilities management contractors carried out maintenance and small repairs relatively quickly, and it was positive that a group of prisoners with existing trades and skills worked alongside them. However, the decrepit buildings needed longer term investment.

4.12 Standards of cleanliness and decency were not upheld throughout the prison. There was graffiti inside cells, on cell doors and in communal areas, such as phone booths and serveries. Prisoners threw large quantities of litter and food waste out of windows each day, leaving some exteriors filthy. In our survey, prisoners were far more negative about cleanliness of communal areas than those at other prisons.

Litter outside unit

Graffiti in servery

4.13 Most wings had shortages of basic cleaning and hygiene items, such as toilet rolls. Supplies were sent monthly but often did not last more than a couple of weeks, and the process for ordering more was not efficient. Cleaning cupboards were disorganised and dirty, and access was not sufficiently controlled to prevent items going missing.

4.14 Conditions on Jubilee, the enhanced unit, were better than in other areas. In our survey, prisoners on Jubilee were more positive about cleanliness, noise levels and access to cleaning materials than those on other units. They also had access to a pleasant yard with exercise equipment, and most had en-suite showers in their cells, which they appreciated.

Typical single ensuite cell, Jubilee (left), Jubilee unit yard (right)

4.15 Cells were kept reasonably clean, and some had been personalised. However, they were not always fully equipped, and 130 prisoners lived in very cramped conditions, sharing cells designed for one. In many of these cells, toilets were not always adequately screened, and there

was not enough furniture for both prisoners to store their personal possessions or sit down.

Single cell on Cambria unit (left, double cell (centre), single cell with insufficient furniture to store clothes (right)

Residential services

4.16 The quality of the meals we saw served during the inspection looked reasonable but some of the portions were small, particularly the meagre breakfast packs and sandwich fillings at lunchtime.

4.17 Hot soup had recently been added to the lunch menu, which prisoners welcomed in the cold weather, although unlike in other prisons they could not have both soup and a sandwich. The menu for the main hot meal (served in the evenings Monday to Thursday and at lunchtime Friday to Sunday) was varied and catered for a range of diets.

4.18 Not all serveries were properly supervised to make sure that portions were fair. We also observed some poor and unhygienic practice. Serveries and trolleys were left dirty after the evening meal, servery workers did not wear correct equipment, and some wings did not have separate utensils for Halal or vegetarian food.

Servery left unclean from the previous evening

4.19 There were too few opportunities for prisoners to cook their own food, and most wings had only a couple of microwaves for them to use. On Gwent and Saxon units, microwaves were kept in the servery and the only way prisoners could access them was to climb over the servery counter. Plans to create more appropriate self-cook areas on some wings were not yet formalised or funded. Prisoners on Jubilee unit had slightly better cooking facilities, with a toaster and a grill, which they appreciated.

Cooking facilities on Jubilee unit

4.20 Shop provision remained adequate, although prisoners complained that they struggled to afford the rising prices. A new prisoner-run shop, selling new and second-hand clothes and toiletries, was a positive initiative that enabled prisoners to buy clothes affordably and quickly.

'Guys Mart' shop

Prisoner consultation, applications and redress

4.21 Residential forums took place on most wings but varied in frequency; on Saxon and Gwent they were monthly, but Mercia and Dorset had had had only one forum in the previous six months. Prisoners were able to raise a range of issues and concerns at these forums, although there was little evidence that matters raised were followed up and resolved.

4.22 A prison council meeting, in which prisoner representatives could highlight issues directly to senior leaders, was only re-established during our inspection. This was chaired by the governor and attended by other senior leaders and representatives from all wings. As with the wing forums, the council meeting discussed a variety of issues, but it was too early to judge its effectiveness.

4.23 Prisoner requests were processed through a paper-based application system. There were too many different forms to fill in depending on the request, which led to confusion among prisoners and too many returned forms. Although applications were logged when they were received, they were not tracked, and prisoners we spoke to did not consider the system to be effective. Activities applications were of particular concern to them as there were often delays in receiving a response or no response at all. This had been raised by prisoners in the first prison council meeting (see above).

4.24 Around 120 complaints a month were received, which was a third more than at our last inspection and higher than the average for similar prisons. In the previous six months, 22% of responses to complaints were recorded as late or overdue. Staff shortfalls in the business hub had affected the administration of complaints, and there was limited oversight of the process. There was no quality assurance for complaints as yet. Most of the responses that we reviewed did not evidence thorough consideration, with limited enquiries to establish facts, and some did not always fully address the issues raised.

4.25 The arrangements for prisoners to meet their lawyers was poor. Legal visits took place in the open visits hall, which lacked privacy, and there were no facilities for prisoners to have video calls with their legal representatives.

4.26 Legal mail was validated, logged and signed for by the recipient, and a record kept of correspondence opened in error. The prison library had a range of legal texts.

Fair treatment and inclusion

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

4.27 Prison data indicated disproportionate outcomes for prisoners in some groups. These included young prisoners, those with a disability, and members of the Gypsy, Roma and Traveller community, who were disproportionately represented in areas of discipline and the application of the incentives scheme. Although leaders had identified this, they had yet to explore or respond to these findings.

4.28 Work to promote fair treatment was hindered by the absence of a strategy and action plan to guide it. Diversity and inclusion action team meeting minutes did not evidence consideration of relevant data, and the monthly forum had not taken place for nearly three months. Until recently, work in this area had been overseen by a dedicated equality manager, but this role had been abolished and the work now fell within the remit of the senior manager who also had responsibility for all aspects of safety at the prison. Given the challenges faced in that area, there was a real risk that, without focused oversight, efforts to embed fair treatment would continue to falter.

4.29 There were 20 foreign national prisoners at Guys Marsh. They were well supported by a prison offender manager (POM) who tried to make sure that they were legally represented, and liaised with the Home Office about immigration issues and, as necessary, arranged visits to

prisoners. The same POM also worked well with an officer to provide support and events for veterans.

4.30 Nearly 10% of prisoners were under 25 and there were some initiatives to support them. 'Urban beats', a group run by the chaplaincy, provided a space for prisoners to create and record music and was very popular among younger prisoners. In 2024, the Arukah Project ran a six-month programme that aimed to support prisoners who had experienced trauma to develop emotional competence and resilience, and had included a cohort of young prisoners. However, there was no clear strategy for work with this group of prisoners. Notably, the Choices and Changes resource pack (see Glossary), developed to assist staff to engage more positively with young prisoners identified as having the greatest need for support with their maturational development, was not used.

4.31 There was very little provision for the 7% of prisoners who were aged 50 or over. The few prisoners over or approaching pension age were dispersed through the prison, which affected the prospects of providing them with targeted support.

4.32 Provision for prisoners with physical disabilities was generally reasonable. A health care staff member coordinated the identification of, and response to, the need for reasonable adjustments. However, emergency evacuation plans (PEEPs) were poorly managed with wings pursuing different approaches to them, and many staff did not know which prisoners had them or their needs in an emergency.

4.33 Prisoners with a learning disability received good care from a dedicated nurse (see paragraphs 4.68 and 4.71). A newly appointed neurodiversity manager was developing plans for work with these prisoners.

4.34 Only 19 discrimination incident reporting forms (DIRFs) had been submitted in the previous nine months, which was low. Prisoners we spoke to expressed a lack of confidence in the process, and the responses to DIRFs that we reviewed did not evidence thorough consideration. At the time of the inspection there was very limited oversight and no quality assurance. An agreement had recently been reached with a community interest company, Be the Change, to, among other things, provide external quality assurance on DIRFs, but this was not yet in place.

4.35 There were two prisoner diversity and inclusion representatives. Leaders told us that they had a wide brief to promote equality and were able to move between the wings. However, their role was not well promoted and there was no way for prisoners to identify them visually. Moreover, they both told us that they did not have a job description or training, and that their role was mainly to make sure that there were stocks of DIRFs on the wings.

4.36 Managers led on each of the protected characteristics and were tasked with convening quarterly forums, but these did not always take place.

Information gathered from those that did happen was not always used to inform understanding of, and responses to, perceptions among prisoners. A notable exception to this was that a forum with black and minority ethnic prisoners nearly a year previously had revealed their perception of discrimination in the allocation of wing jobs. Positively, the prison had quickly responded to this by transferring the allocations from wing staff to the activities team, who were responsible for allocations in other parts of the prison. However, there had been no further consultation with black and minority ethnic prisoners for over six months.

Faith and religion

4.37 There had no managing chaplain for several months, but the chaplaincy team worked well with minimal supervision, although they were often stretched. Consequently, while chaplains were thoroughly engaged in working with other functions to provide support to vulnerable and at-risk prisoners, they were less present on the wings than we have seen in other jails. However, most prisoners could visit the chaplaincy through a verbal request to wing staff, making an application or knocking on the door.

4.38 The chapel had been decorated since our last inspection and was now bright and welcoming. Work was also under way to build a garden between the chaplaincy and health care unit, which would provide a quiet place for contemplation and therapy.

4.39 In stark contrast, the multi-faith room remained drab, with water ingress and poor temperature control that rendered it unfit for purpose. Although Muslim Friday prayers were supposed to take place in this room, extreme temperatures or heavy rainfall sometimes necessitated these moving to the chapel, which had not been designed or refurbished as a multi-faith space. It was notable that in our survey, only 38% of Muslim prisoners, compared with 71% of non-Muslims, said that staff treated them with respect.

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.

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

Strategy, clinical governance and partnerships

4.41 Oxleas NHS Foundation Trust (Oxleas) had been the main health provider since December 2022. It subcontracted some services,

including substance misuse psychosocial provision to Change Grow Live (CGL) and dental services to Time for Teeth.

4.42 Health services had experienced challenges due to several factors, including a health contract that did not fully align with the needs of the population, a large increase in emergency responses due to illicit drug taking, and limited staffing.

4.43 There was no up-to-date health needs assessment to inform service delivery. However, NHS England (NHSE) worked with Oxleas to address some of the difficulties caused by the gaps in the contract and completed regular quality assurance visits, which were well documented.

4.44 Staffing levels had started to improve in most areas, but longstanding issues continued to affect the delivery of some health services, compromising patient care. There were insufficient escorted officer slots for patients to attend external hospital appointments, ineffective management of medicine queues, and inadequate security for the storage and administration of medicines in the segregation unit. A consolidated improvement plan had shown limited progress and the local quality delivery board was ineffective in addressing these issues; it was poorly attended and minutes lacked detail.

4.45 The head of health care provided strong clinical leadership, and we saw kind, caring and professional interactions between staff and patients across all health teams. The service was not provided over 24 hours, but the health team were on site from 7.30am to 5.30pm every day.

4.46 Clinical rooms were clean and tidy, and met infection prevention and control standards, though some floors required a deep clean, which was in hand. Space was limited, particularly for the mental health and substance misuse teams, although they used rooms elsewhere in the prison. Expansion plans had been put on hold as the contractors had gone into administration. We observed that doors were left open during some health consultations and screens were not used, which did not promote patients' dignity or confidentiality.

4.47 A focus on mandatory health staff training had led to an increase in compliance, which was now at an acceptable level. Health staff had access to regular managerial and clinical supervision.

4.48 There had been an under-reporting of adverse clinical incidents, which the service had identified and was addressing. The incidents we reviewed had been thoroughly investigated and lessons learnt had been shared with staff. There was good oversight of serious incidents and of health recommendations from Prisons and Probation Ombudsman death-in-custody reports (see also paragraph 3.40). Patient surveys and results from regular audits were used to improve service delivery.

4.49 An effective daily staff handover attended by representatives from all health care teams provided a useful platform for sharing relevant patient information and service updates.

4.50 Health care compliments, concerns and complaints were logged and acknowledged, although we found that technical problems with the scanning of the complaint forms made them difficult to read. Once we identified this, we were given assurances that this would be rectified. The responses we reviewed were respectful and addressed the issues raised, but some were not answered within Oxleas timescales.

4.51 Health care staff were well trained in emergency response. Immediate life support training for custody officers, reported at the last inspection, had continued. The resuscitation equipment held by Oxleas was ready to use and checked regularly. The prison had its own automated external defibrillators and an emergency bag, but this was not checked regularly and we found it had out-of-date items. The head of health care agreed to work with the prison to rectify this as soon as possible.

Promoting health and well-being

4.52 All new arrivals were offered screening for blood-borne viruses, such as HIV and hepatitis, with good uptake rates. Staff from substance misuse services also saw all new prisoners and offered them information on harm minimisation. Further information about health and well-being was displayed on the prisoner TV channel and on the wings.

4.53 NHS age-related health care checks and screening programmes were delivered, although vaccination and immunisations rates were very low. Weekend clinics had been scheduled to improve this.

4.54 The prison had experienced two significant communicable disease outbreaks in the previous 12 months; TB and scabies. Health care staff had worked proactively with local health protection agencies to manage the outbreaks effectively.

4.55 A matron-led service visited twice a month to provide sexual health services, and prisoners could request condoms confidentially.

4.56 There was no formal prison-wide strategy to promote health and well-being, and no specific primary care health care forums for patients to make positive suggestions about the service and their own health care. The psychology team ran monthly forums to get ideas on how to improve attendance at its groups, and psychoeducational workshops had started in response to this.

Primary care and inpatient services

4.57 All new arrivals received an assessment in reception to identify any immediate health care needs, and referrals were made to mental health and substance misuse services if required. First and second reception screens were completed within the required timescales. New arrivals were given a helpful information leaflet about health services and how to access them.

4.58 Primary care nursing staff were available seven days a week. A GP clinic ran three days a week and we received positive patient feedback about the GP support.

4.59 Visiting health professionals provided clinics for podiatry, optometry, X-ray and ultrasound services. Waiting times for most health services were reasonable, apart from physiotherapy and the GP, which were too long.

4.60 Prisoners could request a health care appointment by submitting paper applications, which administration staff collected daily and then clinically triaged to identify the appropriate health care support.

4.61 Nurses carried out regular patient health care reviews and screening, and there were plans to hold specific long-term condition clinics as staffing levels had improved. A primary care team manager was now in place who was also an advanced nurse practitioner. Patients requiring more intensive health care support were discussed at a weekly multidisciplinary team meeting to review their complex needs. However, not all patients had a plan outlining the care and support they required and how it would be provided, although appropriate care was documented in the progress notes we reviewed.

4.62 The prison had been profiled to provide two hospital escorts a day, which was inadequate and did not meet current patient need. These allocated slots were also frequently used for medical emergencies, causing further delays to patients' planned care and treatment. On average, 20% of secondary care appointments had been missed in the previous four months due to prison operational reasons.

4.63 No patients were receiving palliative care at the time of our inspection. Prisoners requiring such care would be moved to a more appropriate setting with 24-hour health care available.

4.64 Health care release planning was managed by a dedicated custodial flow coordinator who had good oversight of all patients due for discharge. All prisoners were invited to attend a meeting where their follow-on health care needs could be discussed and planned for in the community. They were also seen on the day of discharge for a final health check.

Social care

4.65 Under an agreement with Dorset Council, NHS commissioners were authorised to engage Oxleas to provide social care. This approach had the advantage of allowing prisoners to receive social care support immediately after they had been triaged in reception, thus avoiding delays. Clinical staff were mindful of social care needs as daily handovers included discussion of social support for patients of concern that day.

4.66 Oxleas provided an efficient approach to requesting full social care assessments from the council; there had been nine requests in the

previous six months. We were told that response times had improved during that period. No prisoner was currently in receipt of a social care package, although some had received aids such as grab rails and wheelchairs. Peer supporters could be trained to assist prisoners with social care needs if required.

Mental health

4.67 The integrated mental health service operated a daytime service Monday to Friday and sometimes covered weekends, but this had been challenged by current staffing levels.

4.68 The team offered a stepped model ranging from self-directed care through to complex case management. The team comprised a registered mental health nurse, a small highly skilled psychology team, a mental health support worker and a learning disability nurse. The team was well led by the mental health team manager, but this was an interim arrangement. This post, along with some other vacancies, had been advertised, and two new members of staff – a mental health nurse and a social worker – were due to start.

4.69 The team accepted referrals from a wide range of sources and these were reviewed daily. It strived to see all urgent referrals within 48 hours and non-urgent referrals within five days, although these targets had sometimes been exceeded by a few days due to the current capacity of the team; waiting times for psychological therapies were short. Following assessment, appropriate interventions were agreed at a weekly referral and allocation meeting. The team caseload was approximately 45, and care plans, progress notes and risk assessments were of a good standard.

4.70 There had been gaps in psychiatry provision, but this was now covered by a regular locum who visited fortnightly while the permanent position was being recruited. The team prioritised who the psychiatrist saw based on clinical need, and waiting times were now reasonable. Physical health checks for patients on antipsychotic medication and mood stabilisers were completed. Attendance at these health checks had improved due to a pre-meeting with the patient to inform them of the benefits of attending and what to expect, which was positive.

4.71 Patients with neurodiverse needs received good care, and the learning disability nurse had made effective links with the prison's new neurodiversity support manager to further develop the provision for these prisoners.

4.72 The team prioritised attendance at ACCT reviews or provided an update for them. Team members actively participated in the safety interventions meeting (see paragraph 3.48) and attended reviews in the segregation unit, and the psychology team offered reflective practice sessions to the unit's staff.

4.73 The psychology team provided a wide range of therapies, including cognitive analytic therapy, eye movement desensitisation and reprocessing, and dialectical behavioural therapy for trauma.

4.74 The care programme approach was used appropriately to support eight patients with enduring and complex disorders. The team liaised with community mental health teams to make sure there was continuity of care on release.

4.75 In the previous year, one patient had been transferred to a mental health hospital under the Mental Health Act but had to wait 41 days, which exceeded the 28 days national standard.

4.76 There was a mental health awareness training package for prison officers, and discussion with the prison to run some sessions.

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

4.77 The integrated substance misuse services offered some protection in a high-risk environment where alcohol and unidentified illicit substances were easily accessible. CGL recovery workers and Oxleas clinicians contributed effectively to demand reduction and treatment.

4.78 All new arrivals were triaged for first night prescribing needs and were seen promptly by drug recovery workers and peer supporters.

4.79 Prisoners had open access to the well-led CGL services, with referrals arising from all parts of the prison, including self-referral. An unusually high number of prisoners (245, 50%) were receiving support from the CGL team, and 85 patients received opiate substitute therapy (OST). Most patients had complex presentations of addictions and mental health problems or neurodiverse challenges. Both providers contributed to 13-week reviews, which ensured safe, coordinated treatment, and the prescriber had a special interest in patients with both mental health and substance misuse issues.

4.80 Cambria unit had 64 places for prisoners in recovery and they welcomed a chance to prove adherence to treatment via voluntary drug testing. Prisoners told us they wanted an assertive regime in the prison to restrict the availability of drugs and optimise their success in recovery. Not all prison officers who worked on the unit had been selected for the sensitive work on Cambria, and occasionally unsuitable prisoners were placed there.

4.81 Around 50% of patients receiving OST were prescribed oral buprenorphine, which was high. This pattern of prescribing was taken to optimise safety while illicit drugs were readily available. Intramuscular buprenorphine was just becoming available when we visited, which would be a safer option. A formulary and operating procedures were being created for prisons in the South West, which was necessary to ensure evidence-based prescribing.

4.82 The administration of OST was good, although patients queuing for their medicines were exposed to the elements for extended periods, and some complained there was not always adequate supervision of the queue, with the potential for bullying.

4.83 Two peer supporters were in post with recruitment to fill two further vacancies. They were essential in providing in-house mutual aid for those in recovery, with Alcohol Anonymous, Cocaine Anonymous and Narcotics Anonymous also attending the prison.

4.84 The CGL team, including a dedicated family advocate, provided valued activities to build and maintain resilience based on family support and in preparation for release (see paragraph 6.5). Over 600 prisoners, and 100% of those being released, had been trained to use nasal naloxone (to reverse breathing difficulties from overdose) and took home supplies, as necessary.

4.85 The prison had 98 officers who had been trained in the use of naloxone – the highest number that we have seen – and it had been successfully deployed to revive a collapsed prisoner. The medication was strategically sited for access in an emergency, which, if used, mitigated accidental death by overdose (around 70 prisoners a month were suspected of being under the influence of drugs).

Medicines optimisation and pharmacy services

4.86 Medicines came from an external pharmacy and usually arrived promptly. When there were delays, prescriptions were dispensed from the emergency stock. A full-time pharmacist ran weekly medication review clinics and saw those referred, and approached patients actively. The pharmacist clinically reviewed prescriptions, was confident to challenge prescribing decisions and ensured adherence to safer prescribing, and also checked the pharmacy's policies to make sure they were up to date.

4.87 The pharmacist and lead pharmacy technician attended regular medicines management meetings, which monitored the prescribing of high-risk and tradeable medicines. Not all patients had secure storage for medicines in their cells. The pharmacy technicians completed compliance cell checks, targeting those identified as a potential concern.

4.88 New arrivals had initial risk assessments for in-possession medication completed and recorded within 72 hours, and usually within 24 hours. Only 6% of patients had full in-possession status, and 45% had seven-day status. Reasons for the low figure were the high rate of diversion and illicit drug use, which meant it was often safer for patients not to have their medication in possession. Risk assessments were reviewed at least annually and if a patient's circumstances changed. All the risk assessments we viewed were adhered to.

4.89 Medicines administration was led by pharmacy technicians and nurses three times a day. Medicines not in possession were administered in

the morning and late afternoon, and those held in possession were collected at lunchtime. A policy to follow up patients who did not collect their medicines was adhered to. Administration was smooth and efficient. There were now enough suitably qualified staff, who worked well as a team.

4.90 Prisoner queues to collect medications were not consistently well managed and were often not supervised at all. Crowding and raucousness at the medicine hatches increased the risk of bullying and diversion of medicines. Staff reported that they often received abuse from patients. The treatment room on the segregation unit was not fit for purpose and lacked adequate security measures; medicines were not stored appropriately and there was no sink or dispensing bench.

4.91 There was provision for the supply of medicines out of hours, and supplies of emergency medicines in the treatment room, which were well audited. There was appropriate provision of medicines for patients being transferred or released.

4.92 Controlled drugs were well managed and audited frequently. Medicines requiring refrigeration were stored appropriately and fridge temperatures were monitored daily.

Dental services and oral health

4.93 Time for Teeth provided the full range of NHS dental services. A dentist was available three days a week, and a dental therapist one day a fortnight.

4.94 The average waiting time to see a dentist was 50 days for a routine appointment, although prisoners with facial swelling or an abscess could be seen within two days. Non-attendance rates to see the dentist had been high, but were reducing now that the dental nurse contacted patients the day before their appointment to remind them.

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

4.96 Key areas of safety, such as radiography, infection control and decontamination procedures, were managed well, although there was no separate decontamination suite to process dirty instruments. Records showed that dental equipment had been maintained and serviced to ensure its safety.

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 During our roll checks, we found 31% of prisoners locked up during the core day, which was far too high for a training prison.

5.2 Two-thirds of the population were full-time workers, and they were unlocked for just over seven hours on weekdays, while the 30% who were unemployed were locked up for almost 22 hours a day. The regime was particularly poor at weekends.

5.3 The minority of prisoners who lived on the enhanced unit had a much better experience and could spend up to 11 hours out of their cells each day, and all prisoners on the enhanced level of the incentives scheme had an hour of evening association up to twice a week.

5.4 Prisoners were allocated an hour at 8am to exercise in the open air, shower, and submit applications, but this morning regime was usually delayed which severely curtailed prisoners' time outside.

5.5 In our survey, only 35% of respondents said they could get association more than five days a week, against the comparator of 53%. Association periods took place during the working day which disadvantaged prisoners on the standard level of the incentive scheme who worked off the wing; by the time they returned at the end of a shift they had missed the session. For some prisoners, this was a disincentive to seek off-wing work.

5.6 When prisoners were unlocked, there was little to occupy them on their residential units; pool tables were often broken and out of use. There was however a range of enrichment activities available to small groups of prisoners, such as chess, craft and music clubs, yoga, and a non-accredited self-belief building course for younger prisoners.

5.7 The library, run by Weston College, was a large and welcoming space, with a reasonable range of stock, including books in foreign languages, some themed displays and easy-reads for emergent readers. Library users we spoke to said that they appreciated that staff ordered in books they requested.

5.8 Access was limited as the library was only open during working hours, Monday to Friday. In our survey, far fewer prisoners than last time,

57% against 74%, said they could visit the library weekly. Leaders did not collect or analyse data to understand the needs of prisoners and improve or target library provision.

Library (left), computers in library (right)

5.9 Prisoners had frequent and fair access to the gym, with more prisoners than at similar prisons saying they could go to the gym at least five days a week and at the weekends. Early morning, evening and weekend sessions were available to allow full-time workers to attend outside of working hours, which was positive.

5.10 There was a small cardiovascular suite, a well-equipped weights room and opportunities to take part in a variety of sports, such as volleyball, badminton and pickleball. The gym had links with community groups who came into the prison to play games alongside prisoners, which was a welcome initiative. Prisoners we spoke to were positive about the range of activities and PE staff. It was, therefore, disappointing that, like so many other areas of the prison, the gym building was in a poor state of repair, with no permanent heating and a leaking roof.

Education, skills and work activities

Ofsted

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.

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

Overall effectiveness: requires improvement

Quality of education: requires improvement

Behaviour and attitudes: requires improvement

Personal development: requires improvement

Leadership and management: requires improvement.

5.12 Since the previous inspection, leaders had faced significant staffing challenges and had not been able to recruit to key leadership roles in education, skills and work (ESW). As a result, important quality assurance and improvement activities had not taken place. Consequently, none of the recommendations from the previous inspection had been fully achieved.

5.13 Leaders worked with an employer advisory board to help them to design the courses that they offered to meet local and regional skills needs and to enhance prisoners' employability prospects. However, leaders had been too slow to ensure that prisoners who worked in the kitchens had the opportunity to take relevant qualifications.

5.14 Prisoners were invited to attend a beneficial induction to the prison on their arrival. The prisoners who attended received valuable careers education, information, advice and guidance (CEIAG) and information about ESW activities. Prisoners undertook initial English and mathematics assessments, as well as other screening and diagnostic tests to identify additional learning needs when appropriate.

5.15 Career advisers successfully assisted prisoners in identifying their aspirations during one-to-one meetings. They discussed prisoners' previous achievements and set appropriate short- and long-term targets for individuals linked to career choice and release dates. All career advisers were appropriately qualified. The CEIAG team communicated effectively with key staff across the prison, so that prisoners' aspirations were well understood.

5.16 Leaders ensured that the allocation process for ESW was effective. There were sufficient spaces to engage the prison population, and most of the spaces were full time.

5.17 Leaders had implemented an appropriate local pay policy that did not disincentivise prisoners from attending ESW sessions, ensuring that financial factors did not hinder participation. Additional bonuses were awarded to support attendance.

5.18 Leaders had increased their focus on attendance, and it was beginning to improve. However, attendance was low in too many classes. Despite the usefulness of the induction sessions, many prisoners did not

attend. Staff did not do enough to encourage prisoners to attend. Approximately 30% of the prison population remained unemployed.

5.19 Furthermore, there were insufficient places in English and mathematics to meet the needs of the prison population, leading to long waiting lists for these essential subjects. Managers did not use the outreach sessions to increase the number of spaces available.

5.20 Leaders did not ensure that instructors identified or monitored the progress that prisoners made in industries adequately. Consequently, many prisoners did not know what skills they needed to develop. In a few areas, instructors worked well with prisoners at the start of their employment to review their current skills; In these areas, prisoners' progress was monitored well.

5.21 Only two-thirds of instructors were qualified, and continuing professional development did not help them acquire the skills they needed to improve. Thus, many instructors were unaware of the strategies they needed to use to support prisoners. Only two-thirds of instructors were qualified, and they did not receive specific professional development to help them in their instructing roles. As a result, many were unaware of the strategies they needed to use to support prisoners.

5.22 Leaders had not ensured that there was an effective oversight of reading across the prison. They had not reviewed or updated the reading strategy or ensured that reading was promoted across all areas of the prison. Managers promoted a book a month and, when appropriate, linked this to promoting equality and diversity in periods such as Black History Month. They produced a weekly reading newsletter to encourage reading. Many education tutors were skilled in phonics, and prisoners had access to quiet reading areas. However, prisoners were not sufficiently encouraged to make use of the reading resources available to read for pleasure.

5.23 The main prison education provider, Weston College, had implemented a well-designed curriculum. Tutors were qualified and skilled practitioners, demonstrating strong subject knowledge and a commitment to supporting prisoners' learning. Overall, achievement in accredited courses was high, reflecting the positive effect of the curriculum and teaching.

5.24 Particularly in education classes, tutors used their expert skills effectively to help the very few prisoners who could not read or write. These prisoners benefited from excellent, personalised support that allowed them to learn how to read and write quickly.

5.25 Tutors planned the curriculums successfully to help prisoners develop the foundation knowledge and skills needed before moving on to more complex topics. In English, prisoners started by learning the skills involved in speaking and listening to develop their confidence. Tutors then moved on to teach prisoners how to communicate effectively in writing. In construction, prisoners started with a bare half-brick return

corner wall and then moved on to the more complex building skills used in the Flemish bond technique.

5.26 Tutors used their teaching skills effectively and taught engaging lessons that helped prisoners to develop their knowledge and skills successfully. In English and mathematics, tutors used a variety of texts, videos, discussions and contextualised activities that linked learning well to real life. In mathematics tutors used DIY examples when teaching prisoners how to calculate area. Tutors used questions and activities on the virtual campus to elicit information, assess understanding and engage reluctant prisoners successfully. This provided tutors with the opportunity to resolve gaps in learning and challenge misconceptions.

5.27 Tutors used mentors appropriately to support prisoners in education and training sessions. Mentors were well trained to intervene and de-escalate situations when needed, They developed effective working relationships and helped their peers to build their confidence and develop essential knowledge and skills.

5.28 Tutors, trainers and instructors supported prisoners with learning differences and disabilities successfully. Prisoners with autism spectrum disorder were provided with headphones to help block out noise when working with groups in the virtual campus sessions. Prisoners with dyslexia had access to coloured overlays and were encouraged to change the text size and background colour on computers. Construction tutors knew their prisoners' support needs. They changed their teaching strategies to support learning and provided essential breaks. Because of the support provided, prisoners made good progress.

5.29 Leaders supported prisoners approaching resettlement successfully. They provided prisoners with an individualised support programme 12 weeks before release. This included completing a CV and letters of application, getting identification documentation, setting up bank accounts and, when appropriate, linking to local employers. When prisoners were released to areas outside of the local areas, leaders worked with an external organisation to link with national employers who provided employment opportunities for prisoners in vocational areas such as waste and construction. Most prisoners felt well supported.

5.30 Prisoners’ behaviour in sessions was good. They were polite to each other and their tutors, and engaged well in tasks. This helped to ensure that they learned effectively.

5.31 Tutors did not routinely develop or deepen prisoners' understanding of fundamental British values. Many prisoners demonstrated respect for each other's views. However, they struggled to articulate how these values impacted on their wider lives and the lives of others.

5.32 Tutors and vocational trainers benefited from relevant training that helped them to develop their confidence in teaching their subjects.

Construction trainers had received forklift training and had taken teaching and assessor qualifications. Education tutors benefited from a range of training, such as understanding neurodiversity, completing individual learning plans, phonics, training in learning difficulties and disabilities, reader screener training, induction programmes and reading support.

5.33 Leaders and managers demonstrated a strong commitment to staff well-being. They maintained an open-door policy, providing ample time for staff to share concerns. Leaders met with staff daily to discuss key topics, and any issues related to prisoners. Staff had access to various well-being activities which they told us that they found beneficial.

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 The prison had appointed a manager to promote and coordinate work to help prisoners maintain family ties, and outcomes were reasonably good. There was a monthly family strategy meeting attended by staff from departments across the prison and external partners, including the family services provider PACT (Prison Advice and Care Trust) and the charity 'Friends of Guys Marsh'. Several actions from the meeting were designed to improve awareness of family work and increase contributions from all departments.

6.2 In our survey, only 28% of respondents said it was easy for family and friends to visit, and prison data indicated that only 50% of prisoners had received a social visit while at Guys Marsh. Its rural location and lack of public transport meant it was difficult and expensive for many families to visit. The cost of a taxi from the nearest train station was £20 each way, although 'Friends' provided financial support to some families to cover this.

6.3 The visitors' centre outside the gate was still shabby, although the visits hall was now more welcoming. Social visits and secure video calls were only available Friday, Saturday and Sunday and were often fully booked weeks in advance. Leaders had not analysed the data to assess whether the number of visits available met demand. PACT arranged two forums a year for visitors and prison managers that highlighted aspects of the visits experience that could be improved, such as making sure that sessions started on time.

6.4 About 30 prisoners a month attended one of the much-valued extended family days. Each session had a theme and was supported by a different department from the prison, which helped to reinforce a prison-wide approach to family work. Any prisoner, subject to security clearance, was eligible to apply for one of the family days offered by the prison. The prison had also taken action to support prisoners who

did not receive social visits; in the previous year, it had held two well-being days where these prisoners could spend a few hours socialising with each other and staff.

6.5 A proactive family engagement manager from PACT had supported many prisoners to maintain and rebuild family ties through one-to-one casework. The substance misuse service also had an active family worker who had supported many prisoners and their families during their recovery (see paragraph 4.84).

6.6 In the previous year, several prisoners had completed the 'parenting with autism' course, and many more had completed parenting and family relationship workbooks.

Reducing reoffending

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

6.7 The reducing reoffending strategy set out the work needed to support prisoners' positive resettlement. The head of reducing reoffending chaired a well-attended monthly meeting to discuss progress against the strategy. Records indicated active contributions from managers across the prison and several partners, including the Department for Work and Pensions (DWP) advocate and Friends of Guys Marsh (see paragraph 6.1). There was also evidence of recent improvements in long-term action planning to improve outcomes for prisoners in important areas such as attendance at activities and accommodation on release.

6.8 There had been an increase in staff to support work to reduce reoffending, for example there were now two staff in the pre-release team (see paragraph 6.35). Some of the vacancies in the offender management unit (OMU) had also been filled. Despite this, prison offender managers (POMs) still held caseloads of around 70 prisoners each, which was too high to offer regular, meaningful support.

6.9 Leaders had relocated the POMs to a building closer to the wings so they could be more accessible to prisoners. While this was an improvement, the building was still not fit for purpose with no intercom or reception function, and no suitable videoconferencing facility to enable prisoners to communicate privately with their community offender manager (COM). The relocation also meant that POMs were no longer co-located with OMU managers and case administrators or other resettlement staff, including the pre-release team.

6.10 In our survey, only 44% of respondents who said they had a sentence plan said they had been involved in setting their sentence plan targets and only 41% said that staff were supporting them to meet these.

6.11 A POM met new prisoners soon after their arrival to carry out an OMU induction. Prisoners received further guidance through POM

introduction letters, which helpfully outlined recommended interventions while they waited for their formal sentence plans to be completed.

6.12 Around three-quarters of prisoners had an OASys (offender assessment system) assessment that had been completed in the previous 12 months. The quality of the assessments we reviewed that had been completed by POMs at Guys Marsh was at least reasonably good. However, POMs were unable to keep pace with the demand to complete and regularly review an OASys of each prisoner's risks. Many prisoners waited months for their initial sentence plan – in one case the wait was more than a year – which delayed progress for some prisoners.

6.13 Levels of recorded contact with prisoners varied greatly. Some, such as those with imminent parole hearings, had regular contact with their POM, and often their COM. However, many prisoners had very little contact, which made them feel despondent and less motivated. This was compounded by the fact that few prisoners were supported by a key worker (see Glossary) to guide them and prepare them for release (see paragraph 4.6).

6.14 Their high caseloads left POMs with very little time to engage with prisoners in structured one-to-one work to reduce their risk. The few examples of such work we saw were of good quality, and prisoners greatly valued the support.

6.15 In many of the cases we reviewed, prisoner progress had been hampered by the limited accredited programmes available at the prison (see paragraph 6.26). In addition, prisoners were not adequately encouraged to engage in work and education to develop their skills (see paragraph 5.18).

6.16 The lack of opportunities for prisoners to demonstrate they had reduced their risk had a disproportionate effect on those serving long sentences, whose progress depended on a decision by the parole board. In the previous 12 months, there had been 83 parole hearings; 18 prisoners were released and only three had been recommended as suitable for open conditions.

6.17 POMs carried out mandatory security categorisation reviews for determinate sentenced prisoners promptly. Most of the decisions we reviewed were appropriate and prisoners were informed of the outcome by letter. However, many responses did not offer clear guidance on how prisoners could improve their prospects for progression.

6.18 In the previous year, 105 prisoners had had their security categorisation lowered to category D. There were some delays in transferring them to open conditions due to a lack of transport or because the POM had not updated OASys as required before such a move.

6.19 We identified several cases where community partners, in particular probation staff, had been slow to respond to requests or had not

completed work to support the safe and prompt return of prisoners to the community. Leaders were not providing sufficient challenge or escalation to address this recurring theme.

Public protection

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

6.20 Work to identify and manage prisoner risks to the public was reasonably good, although in some cases this was undermined by a lack of recorded joint work between POMs and COMs.

6.21 All new arrivals were screened for potential risks to the public and reasonable mitigating action was usually put in place, such as prohibiting telephone calls to known victims.

6.22 Over 100 prisoners had been subject to telephone monitoring in the previous 12 months. However, the prison had not allocated sufficient resources to this task and, although only three prisoners were subject to monitoring at the time of the inspection, calls had not been listened to for several weeks.

6.23 The risk management plans that POMs completed for prisoners nearing release were generally good. However, some of those completed by COMs focused solely on risks in the community and did not address prisoners' current circumstances in custody.

6.24 The monthly risk management meeting discussed most prisoners nearing release who presented a potential high risk to the public. However, in our reviews we identified a few cases where there was no record of action by the POM or COM to manage these risks. In several cases we reviewed, the COM had not determined the level of management required for prisoners subject to multi-agency public protection arrangements (MAPPA) in sufficient time before their release, which increased risk. The prison was unable to provide evidence that this issue had been escalated to a senior manager in the community to rectify.

6.25 Contributions prepared by POMs to inform MAPPA meetings were generally helpful and based on information from a range of sources.

Interventions and support

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

6.26 Only 60 prisoners had completed an accredited offending behaviour programme at Guys Marsh in the previous year. The prison offered two accredited courses, the Thinking Skills Programme (TSP) and New Me Strengths (NMS), both of which were suitable for prisoners convicted of many different offences. The programmes team had also provided one-to-one work for a small number of prisoners unsuitable for group work.

6.27 Most prisoners identified as suitable for TSP had sufficient time left to serve to complete the course, although we identified some cases where the assessment for suitability had been delayed because the initial OASys had not been completed (see paragraph 6.12).

6.28 Prisoners who needed a more intense programme or one to address offending behaviour linked to domestic abuse had to transfer to other establishments. Leaders did not keep accurate data to monitor how many prisoners transferred to complete their offending behaviour work.

6.29 Several prisoners had completed non-accredited programmes in the previous year, including the Sycamore Tree restorative justice course, which was facilitated by the chaplaincy. Many prisoners had completed in-cell workbooks, mainly supplied by PACT (see paragraph 6.5) and CGL (see paragraph 4.84). The popular 'Change let everyone achieve' (CLEA) programme previously offered by the education department was no longer available.

6.30 There were no money management courses on offer to help prisoners to budget and avoid debt on release. DWP supported prisoners to make benefit claims while still in custody, which were then activated on their morning of release. This made sure that prisoners had funds in their bank account when they returned to the community.

6.31 The prison facilitated regular employment events, and many prisoners had received individual support with CV building, disclosure letters and developing skills for job interviews from the prison employment lead (PEL). Data collected by the PEL indicated that in the previous year several prisoners a month had secured a job on release and many of these remained in employment six months later.

6.32 About 68% of prisoners released were from the South West probation area and Ingeus was the commissioned rehabilitative service provider for those requiring accommodation in that area. Its accommodation support officer attended the prison occasionally to help prisoners secure housing on release, but did not regularly attend the eight-week pre-release meeting (see paragraph 6.37). Prisoners to be released to areas outside the South West relied on remote support from housing providers in their home areas by phoning or writing to them.

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.

6.33 About 43 prisoners a month were released to the community. The pre-release team worked with all low- and medium-risk prisoners to develop a release plan. Referrals were made to resettlement services, including through-the-gate mentoring support that 40 prisoners had benefited from in the previous year. For high-risk prisoners, the release plan was the responsibility of the COM.

6.34 Almost half of the 77 prisoners released on home detention curfew in the previous year had been released late, often due to delays in the community, including by probation officers, social workers or the police. We saw little evidence that the prison escalated these cases to the relevant senior managers in these organisations, and it did not systematically analyse the reasons for delayed release to identify areas for improvement.

6.35 In our survey, only 56% of respondents who expected to be released in the next three month said that someone was helping them prepare for this. The PEL chaired an eight-week pre-release board. This was attended by a range of partners, who discussed the release plans for prisoners of all risk levels to check that their resettlement needs were addressed. However, prisoners were not invited to attend or informed about who was doing what to support them. This was a missed opportunity to communicate progress and alleviate anxiety for those being released. We also found some release plans that were managed by the COM, but again the details had not been shared with the prisoner.

6.36 Friends of Guys Marsh offered prisoners clothing and toiletries on the day of their release, and prison staff could take them to the nearest train station if they were not being collected.

6.37 Accommodation outcomes remained poor. In the previous year, 23 prisoners had been released homeless and fewer than a third went to sustainable accommodation. Many of those released to transient and emergency accommodation did not know where they would be living until the last few days of their sentence, which affected the prison's ability to complete other resettlement and risk reduction work.

6.38 A quarter of all released prisoners went to approved premises as they still posed a potential high risk of serious harm to the public. This type of accommodation was oversubscribed in the South West area, so there were often waiting lists and placements were sometimes only confirmed very close to release. The prison did not routinely collect data on whether prisoners then moved on to settled accommodation.

Section 7 Progress on concerns from the last inspection

Concerns raised at the last inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

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

Priority concerns

The number of violent incidents was high. They were not investigated or analysed in sufficient depth to understand better the causes fully.
Not addressed

High levels of illicit drugs were coming into the prison. Although security measures had been improved, not enough had been done to reduce supply.
Not addressed

Key concern

Too little was being done to understand and address the drivers of self-harm. Serious incidents were not routinely investigated and the analysis of data was too limited.
Addressed

Respect

Prisoners are treated with respect for their human dignity.

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

Key concerns

Too much of the living environment was shabby and substandard. There were vermin on some wings, and outside areas were littered.
Not addressed

The applications and complaints systems were not fully effective.
Not addressed

Diversity and inclusion were not given sufficient priority. The focus on areas of potential discrimination was not consistent across all areas of the prison's life.
Not addressed

Prisoners needing a transfer under the Mental Health Act were waiting beyond the 28-day target, which delayed treatment.
Not addressed

The delivery of some areas of the pharmacy service were not effective. There were no pharmacist clinics, there were delays in the arrival of medicines, stock levels were not recorded and night medicines were given too early.
Addressed

Purposeful activity

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

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

Priority concern

The support for prisoners with a learning difficulty or disability was not effective or consistent. Those with complex support needs did not complete an in-depth screening of their needs until after they had started their courses.
Not addressed

Key concerns

Tutors did not teach curriculums that were ambitious enough for all of the prisoners that they taught. In English and mathematics classes, tutors did not make effective enough use of diagnostic assessments to plan learning that challenged all prisoners. In the kitchen, instructors did not encourage all prisoners to develop the full range of skills and knowledge that they could within the setting.
Not addressed

Attendance and punctuality at work and education sessions was not good enough. Too many prisoners arrived late, finished early or missed classes because of gym sessions. Attendance in workshops was particularly low.
Not addressed

Leaders had not ensured that there was enough focus on developing prisoners' English and mathematical knowledge. There were too few spaces in English and mathematics classes. Prisoners had to wait too long to study these subjects. Only a small number of prisoners accessed outreach English and mathematics classes, which took place in workshops.
Not addressed

Rehabilitation and release planning

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

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

Key concerns

Not enough was being done to support prisoners to progress in their sentence. Offender management and key work lacked focus and frequency; there were delays in progressive transfers and treatment programme allocation disadvantaged those who were not due for imminent release.
Not addressed

Resettlement planning arrangements were inconsistent. This was having a negative impact on too many prisoners, who were insufficiently prepared and supported prior to their release.
Addressed

Appendix I About our inspections and reports

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

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

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

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

Respect
Prisoners are treated with respect for their human dignity.

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

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

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

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

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

concerns. Procedures to safeguard outcomes are in place.

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

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

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

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

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

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

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

This report

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

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

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

Inspection team

This inspection was carried out by:

Martin Lomas	Deputy chief inspector
Deborah Butler	Team leader
Ian Dickens	Inspector
Lindsay Jones	Inspector
David Owens	Inspector
Chris Rush	Inspector
Nadia Syed	Inspector
Dionne Walker	Inspector
Samantha Moses	Researcher
Adeoluwa Okufuwa	Researcher
Samantha Rasor	Researcher
Sophie Riley	Researcher
Maureen Jamieson	Lead health and social care inspector
Paul Tarbuck	Health and social care inspector
Lindsay Woodford	General Pharmaceutical Council inspector
Janie Buchanan	Care Quality Commission inspector
Bev Ramsell	Lead Ofsted inspector
Daisy Agathine-Louise	Ofsted inspector
Steve Lambert	Ofsted inspector
Alun Maddocks	Ofsted inspector

Appendix II Glossary

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

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

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

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

Choices and Changes
An HMPPS resource pack for key workers or prison offender managers to use in one-to-one sessions with young adults identified as having low psychosocial maturity. The exercises in the pack aim to encourage engagement and help young adults to develop their maturity**.**

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

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

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

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

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

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

Protection of adults at risk
Safeguarding duties apply to an adult who:

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

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

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

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

Appendix III Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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

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