



Report on an unannounced inspection of

## **HMP Thameside**

by HM Chief Inspector of Prisons

3–13 February 2025



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# Introduction

Thameside is a large, modern category B reception prison in South East London and held 1,213 men at the time of this inspection.

On this visit, levels of violence were much higher than at our 2021 inspection and were often caused by gang issues and the ingress of illegal drugs. This led to a reduction in our healthy prison score for safety, from reasonably good to not sufficiently good. Data showed that the rate of assaults on prisoners was the sixth highest among category B reception prisons.

The healthcare at Thameside was some of the worst that inspectors have seen in recent years. There was a huge inconsistency in the service provided and some critical failings, such as it taking months to get prisoners to hospital despite being given a two-week cancer referral and those with asthma not getting their inhalers for days after arrival. Without the work of one particularly committed and effective doctor, things could have been much worse. These failings were particularly disappointing because the service provider had been issued a notice to improve from the Care Quality Commission more than a year before. Many of the prisoners at Thameside suffer from drug addiction and while initial support was good, much more should be made of the Independent Substance Free Living (ISFL) wing, which operated as more of a glorified enhanced wing, rather than a transformative intervention to support prisoners overcome their addiction.

Despite decent staff-prisoner relationships and reasonable living conditions, the concerns in healthcare took our respect healthy prison test score down from reasonably good to not sufficiently good, with some inspectors arguing for an even lower grade.

Elsewhere, things had improved. Prisoners were out of their cells for much longer than in most reception jails. Although too many were underemployed in wing work. Standards of education were inconsistent, and attendance was not good enough, with prisoners often arriving late. Allocations to activities were slow and inefficient, which meant that classes and workshops were not full even though prisoners were stuck on waiting lists. The curriculum had been adapted to meet the needs of both longer-term sentenced prisoners and those on remand who would only be in the jail for a few months.

Offender management services dealing with higher-risk cases suffered similar pressures to other London jails, which are affected by the difficulties in recruiting staff into probation services. At Thameside, probation prison offender managers had large caseloads – including one with 90. In contrast, the rest of the population was looked after by Catch 22 staff in an innovative, commissioned model in which caseloads were manageable and contact was maintained with prisoners.

The well-regarded director arrived at the jail in April 2024 and, with the support of his experienced deputy, had taken on some dysfunctional relationships between senior managers and created a coherent, united leadership team. High levels of visibility around the jail from leaders, including the director, was

appreciated by staff and prisoners alike. The director made sure to communicate his priorities and values to staff and prisoners and there was a sense of optimism around the jail. Given this work, it was not surprising that staff provision had improved.

Inspectors left with some hope that if the current, ambitious leaders remained in place, then Thameside would continue to make progress. The problems with the health provision must be fixed urgently and more needs to be done to bear down on the high levels of violence.

**Charlie Taylor**

HM Chief Inspector of Prisons

March 2025

# What needs to improve at HMP Thameside

During this inspection, we identified 13 key concerns, of which five should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

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

## Priority concerns

1. **The frequency and severity of violence were too high.** Low-level poor behaviour went unchallenged and the adjudication system was mostly ineffective.
2. **The use of drugs was too high.** In random mandatory drug tests a quarter of prisoners had tested positive in the last year.
3. **The previous requirements for improvements imposed by the health care regulator in 2024 had not been addressed.** Inconsistent leadership and failing governance had led to inadequate management of complaints, poor record keeping in primary care and mental health, and deficiencies in recording medicines. This fundamentally undermined patient safety.
4. **Several components of primary care administration and practice were inconsistent, so the needs of patients were not being fully met.**
5. **There were too few prisoners allocated to activity.**
6. **Teaching was not consistently good across education, skills and work, and prisoners did not develop the relevant knowledge and skills that would help them on release.**

## Key concerns

7. **Care for prisoners in crisis was not good enough.** ACCT documents did not offer suitable support for prisoners in crisis and there was insufficient input in their management from health care professionals.
8. **Too many prisoners were unable to access functioning CMS terminals in their cells, preventing them from making applications and staying informed.** Additionally, the application process was poorly managed, with many requests going unanswered.
9. **There was no up-to-date health needs assessment.**
10. **Patients needing care in a mental health hospital waited too long to be transferred.**

11. **As a result of a long-standing probation officer vacancy, the one remaining probation-employed POM had a caseload of over 90 high-risk prisoners, which was too high.**
12. **Too many sentenced prisoners were released to accommodation that was not sustainable or did not have an address to go to when they left the prison.**
13. **Many prisoners were released from the prison in the afternoon, which gave them limited time to get to their destinations.** Some releases after court hearings took place in the evening, which was a particular concern.

#### **Care Quality Commission regulatory action**

The Care Quality Commission took enforcement action in the form of a warning notice, served to the provider on 27/02/2025 under Section 29A of the Health and Social Care Act 2008. The regulatory breaches will be followed up with the health care provider.

# About HMP Thameside

## Task of the prison

HMP Thameside is a local/reception category B establishment.

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

Prisoners held at the time of inspection: 1,213

Baseline certified normal capacity: 1,235

In-use certified normal capacity: 1,232

Operational capacity: 1,232

## Population of the prison

- 5,760 new prisoners received each year (around 480 per month).
- 294 foreign national prisoners.
- 45% of prisoners from ethnic minority backgrounds.
- 252 prisoners released into the community each month.
- 189 prisoners receiving support for substance misuse.
- 280 prisoners referred for mental health assessment each month.

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

Private, Serco

Physical health provider: Practice Plus Group

Mental health provider: Practice Plus Group

Substance misuse treatment provider: Practice Plus Group

Dental health provider: Dental PCDC

Prison education framework provider: Novus

Escort contractor: Serco

## Prison group/Department

Privately managed prisons

## Prison Group Director

Claudia Sturt

## Brief history

HMP Thameside was built in 2012 and is operated by Serco Justice and Immigration as part of a 25-year contract. In 2013, construction began on a second house block. House block 1 has a capacity of 900 and contractually can hold up to 75% of the population as prisoners on remand. In August 2024, a remand event was declared by HM Prison and Probation Service, allowing the remand population to be increased to 80%. In January 2025, this further increased to 86%. House block 2 can hold 332 category C adult prisoners. The prison serves courts in the London area and has the benefit of having a video court facility.

## **Short description of residential units**

House block 1:

A 'uppers' – early days centre

A 'lowers' – drug stabilisation unit

B 'uppers' – general population

B 'lowers' – general population

C 'uppers' – general population

C 'lowers' – general population

D 'uppers' – older prisoners population mixed with other prisoners

D 'lowers' – general population

E uppers – general population

E 'lowers' – general population

House block 2:

H 'uppers' – enhanced incentivised substance-free living unit

H 'lowers' – category C prisoners

J 'uppers' – category C prisoners

J 'lowers' – category C prisoners

F wing – segregation unit

G wing – health care inpatients

## **Name of director and date in post**

Sean Ormerod, April 2024

## **Changes of director since the last inspection**

Dave Bamford, April 2020 – April 2024

## **Independent Monitoring Board chair**

Margaret Haseler

## **Date of last inspection**

8–9 and 15–19 November 2021

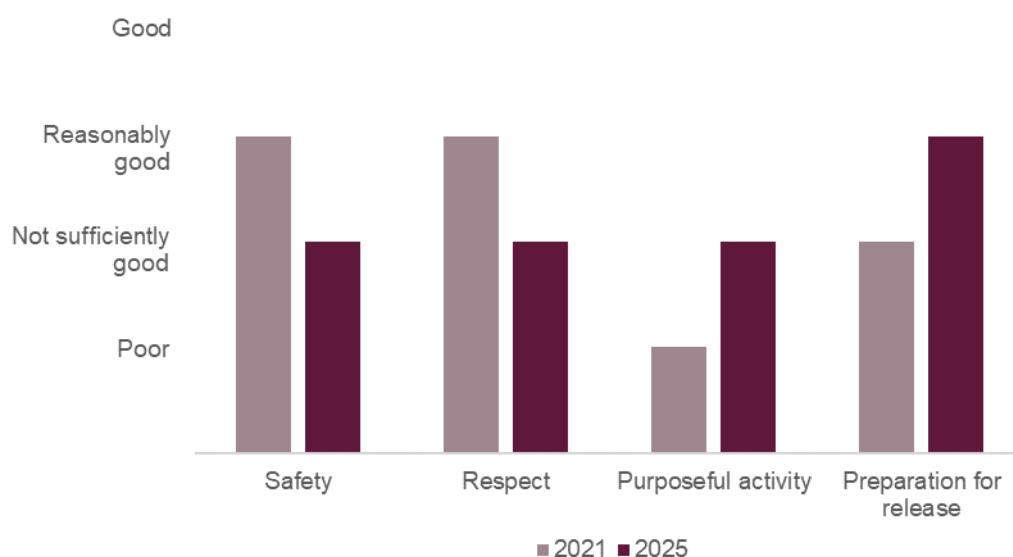


## Section 1 Summary of key findings

### Outcomes for prisoners

- 1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.2 At this inspection of HMP Thameside, we found that outcomes for prisoners were:
- not sufficiently good for safety
  - not sufficiently good for respect
  - not sufficiently good for purposeful activity
  - reasonably good for preparation for release.
- 1.3 We last inspected HMP Thameside in 2021. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

**Figure 1: HMP Thameside healthy prison outcomes 2021 and 2025**



### Progress on key concerns and recommendations from the full inspection

- 1.4 At our last inspection, in 2021, we made 23 recommendations, eight of which were about areas of key concern. The prison fully accepted 22 of the recommendations. It rejected one of the recommendations.
- 1.5 At this inspection we found that five of our recommendations about areas of key concern had been achieved, none had been partially achieved and three had not been achieved. This included the recommendation that was not accepted initially but was now achieved.

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

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

Examples of notable positive practice		
a)	Independent immigration advice and advocacy was available on request and around 20 foreign national prisoners a week accessed this service.	See paragraph 4.32
b)	The quality of discrimination incident reporting forms was very good, with every report receiving a thoroughly investigated and in-depth response.	See paragraph 4.41
c)	The health care provider's revised (2024) policy and guidance on the control of communicable diseases was pictorial and instructive on likely scenarios, such as meningitis and tuberculosis outbreaks, and also included guidance on other disorders pertinent to the patient group, such as malaria. The policy had been implemented on several occasions in 2024 and had prevented outbreaks.	See paragraph 4.62
d)	A new triage system was being introduced in reception, before screening, in which a clinician observed the clerking-in of prisoners to identify those who needed rapid GP assessment and treatment.	See paragraph 4.68
e)	Turning Point 'through-the-gate' workers made sure that clients from the London Boroughs received continuity of care when leaving the prison by accompanying them to their community drug team appointments, providing continuity at a time of vulnerability.	See paragraph 4.106
f)	The broad and well-developed programme of enrichment activities coordinated through the library included sound therapy, art therapy, music therapy, art classes, a graphic writing course and operatic support to help manage anxiety.	See paragraph 5.5

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g)	POMs had access to a wide range of interventions, some of which were offence related while others focused on personal well-being and development.	See paragraph 6.29
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## 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 There had been considerable instability of leadership at the establishment in recent times, with half of the senior team, including the director, deputy director and third in charge, all being appointed in the previous year. Other key roles from partner agencies, including the head of health care and head of education, were also new in post. In addition, the HM Prison and Probation Service controllers team, responsible for overseeing the contract delivery, had also changed.
- 2.3 When the new director took up post in 2024, the senior team was dysfunctional and the prison's performance had declined from the time of the previous inspection. A report commissioned into the leadership team identified a poor culture that needed to be addressed. All of this had contributed to deteriorating outcomes for prisoners at the site.
- 2.4 The director and his team had worked hard to understand the issues, and it was clear that they had stopped the decline and made improvements, particularly in living standards and management oversight, over the previous nine months.
- 2.5 The director and deputy director were visible around the prison and accessible to both prisoners and staff. As a result, leaders had a good understanding of the prison's performance in the self-assessment report and had set appropriate priorities for improvement. Staff from Serco and other partners reported having confidence in the new leadership team and their plan for improvement.
- 2.6 The senior team, while inexperienced, was now cohesive and it was clear that the culture among leaders had improved. In particular, relationships between the many partners delivering key services, including offender management, education and health care, were better. However, we continued to find some evidence of disjointed practice and working in isolation.
- 2.7 Leaders in health care had not addressed critical failings that had been repeatedly identified by prisoners, prison managers, the Independent Monitoring Board and the regulator over the previous 18 months. We were concerned to find multiple weaknesses in oversight which created significant risk for prisoners using the service.

- 2.8 It was positive that leaders had an aspiration for all prisoners to be employed in education or work on a full-time basis. While there had been some progress in improving the number of prisoners in activity, this was from a very low base. Weaknesses in induction and allocation meant that there continued to be too many prisoners under-occupied on the wing during the working day.

## 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 establishment received prisoners from several courts in London and the South East. The reception area was busy, with around 480 new prisoners arriving each month and around the same number either discharged or transferred to other prisons.
- 3.2 Prisoners were seen swiftly on arrival and prison staff conducted an initial safety screening of all new receptions. This took place in booths that were reasonably private.
- 3.3 The initial health screen took place in a private office and prisoners who had immediate clinical need also saw a GP before they went to the wings, which reduced delays in receiving prescription medication on arrival.
- 3.4 Prisoners were held in large, bare holding rooms, with hard benches to sit on, but were given a hot meal and a drink if requested. The induction video was played on a large television and an Insider (a prisoner who introduced new arrivals to prison life), spent time answering any questions and providing support to those who needed it.
- 3.5 In our survey, only 14% of respondents said that they had spent less than two hours in reception on arrival, which was worse than in comparable prisons (33%). We observed prisoners who had completed the reception process sitting in the holding room for over three hours waiting to go to the first night centre.
- 3.6 The first night centre was split; the upper two landings of A wing received most new arrivals, and the lower two for those with substance misuse problems.
- 3.7 In our survey, 43% of respondents said that the cells had been either very or quite clean on their first night, which was better than in comparable prisons (32%), and this matched our observations. In addition, more prisoners than elsewhere said that they had been able to shower and make a telephone call on their first night. However, we found several cells without a television, a custodial management system (CMS) terminal (a computer system that allows prisoners to submit applications and access prison information) or a working telephone. Leaders had made sure that prisoners could get access to

the CMS, and phones during the day, but once locked in their cells some could not access either. This was a barrier from those who wanted to access the Samaritans, in the absence of a Listener scheme (whereby prisoners trained by the Samaritans provide confidential emotional support to fellow prisoners; see also paragraph 3.42).



**First night cell**

- 3.8 First night staff were well briefed and aware of any immediate risks for those who had just arrived. They conducted additional checks during the first night, and for longer if it was felt necessary.
- 3.9 Induction started on the day after arrival and the team of Insiders consistently delivered the elements on the early days in prison to all new arrivals. In our survey, 92% of respondents said that they had received an induction, which was much higher than at the time of the last inspection (78%) and in comparable prisons (83%), and 55% said that it had told them everything they needed to know in their first few days at the establishment.
- 3.10 However, delivery of the induction for the gym and for activity (education and work) was less consistent. At the time of the inspection, 107 prisoners had not received the activity induction but had moved off the induction unit. We saw the information, advice and guidance staff trying to deliver this part of the induction on the wings, but, of the 12 individuals that could be accommodated in each session, only around

four attended, as many refused to attend and staff did not prioritise induction over other activities, hampering their efforts to place prisoners in work or education (see also paragraph 5.14).

- 3.11 Induction lasted for about a week, and during this time prisoners could expect to spend only about one hour and 45 minutes out of their cells each day when not involved in induction activity. This included an hour on the exercise yard, followed by around 45 minutes during which they could mix with their peers and complete domestic tasks such as cleaning their cells. Prisoners who were located on the lower landings of A wing fared much better and were unlocked with the rest of the wing, allowing them much more time out of their cells (see also paragraph 5.1).

## **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**

- 3.12 In our survey, 63% of respondents said that they had felt unsafe at some point during their stay at the prison, which was worse than at the time of the previous inspection (48%), and 34% said that they currently felt unsafe.
- 3.13 Since the last inspection, there had been a murder and the number of incidents of violence against prisoners had increased by 44%. There had been 523 assaults recorded in the last year, which was higher than at similar prisons, but it was encouraging that there had been a slow and steady decline across the last 10 months. The number of serious assaults was high, with 83 in the last year, and was on an upward trajectory.
- 3.14 By contrast, the number of assaults on staff had decreased since the last inspection, with 178 recorded in the previous 12 months, which was low when compared with similar prisons.
- 3.15 Investigations into incidents of violence were poor, which limited leaders' understanding of the causes. The resulting challenge, support and intervention plan process (see Glossary) had some fundamental weaknesses, including a lack of multidisciplinary input, poor timeliness and inadequate care plans.
- 3.16 Approximately 10% of the prison population were affiliated to one of 67 different gangs, posing a significant challenge. The management of gangs was effective, with Catch 22 (see Glossary) providing a small, knowledgeable team to focus on the identification, monitoring and interventions for this group. There was good information sharing with safety and security teams, which supported the day-to-day



management of these individuals, making sure that incidents between rival gangs were minimal. Catch 22 offered an intervention called the ROAD ('rehabilitation offering another direction') programme to prisoners with gang affiliation, and in the last year there had been 36 completions.

- 3.17 Leaders had introduced several positive initiatives to support the reduction in violence, including a closed-door policy, where cell doors were locked, during association periods on the wing, as many assaults took place in cells. As part of a prison-wide approach to restorative justice that began in March 2024, leaders had trained and introduced prisoner representatives in restorative justice in recent weeks. Leaders were actively developing and training staff to conduct a comprehensive analysis of factors influencing violence, encompassing everything from staff morale to understanding trends in complaints.
- 3.18 The number of prisoners self-isolating was low, with three at the time of the inspection. However, oversight and support for these prisoners were poor. They were only offered time unlocked at the same time as others, which meant that they often did not leave their cells. In addition, reviews to understand their needs did not take place if they refused to leave their cell.
- 3.19 There was a range of well-attended, useful weekly meetings, including a gangs and violence meeting, a safety intervention meeting (SIM) and a meeting about 'dual harmers' (prisoners who were involved in both violence and self-harm) (see also paragraph 3.44). The monthly safety meeting did not drive actions sufficiently to reduce violence, and, despite a reasonable amount of data being presented there, there was a lack of understanding of the causes of violence.
- 3.20 The incentives scheme was too limited. In our survey, only a quarter of respondents said that there were opportunities and rewards to motivate people at the prison. Prisoners we spoke to only cited the additional gym sessions as an incentive at the top tier of the scheme. The incentivised substance-free living unit provided motivation to this group of prisoners, and leaders had plans to expand this to more residential units and develop the scheme further.
- 3.21 During the inspection, we saw many incidents of low-level poor behaviour among the prisoners, such as wearing inappropriate clothing and persistent vaping, that went unchallenged by staff.

## **Adjudications**

- 3.22 The number of adjudications was similar to that at the time of the last inspection, with 4,039 charges laid in the last year, most for violence, possession of illicit items and disobeying orders. Prison records showed that only 39% of adjudications were found proven in the last 12 months, as many were dismissed or not proceeded with, too often because of administrative errors or running out of time, as a result of unnecessary adjournments for reasons such as not being able to get the prisoner to the hearing.

- 3.23 At the time of the inspection, there were 179 adjudications outstanding, of which 79 had been referred to the police, some of these dating back to offences that had taken place several years ago. The lack of consequences for the most serious offences undermined behaviour management.
- 3.24 Oversight had improved in recent months, with quality assurance taking place. However, while adjudications were discussed at the segregation monitoring meeting, there was insufficient focus on the longer-term trends and outcomes, to assess if the system was operating effectively.

### **Use of force**

- 3.25 Levels of use of force had reduced since the last inspection, with 825 incidents in the last year, which was lower than in similar prisons. The main reasons for use of force were in response to violence and prisoners not complying with instructions.
- 3.26 The use of high-level interventions, including batons and PAVA (see Glossary), was higher than we usually see, with PAVA having been drawn on 39 occasions and used in 17, and batons drawn on 27 occasions and used in five. A well-documented set of circumstances had led to the use of the body belt (see Glossary) on one occasion in the past 12 months.
- 3.27 Most of the use of force incidents we reviewed had been justified and proportionate, including those of a higher-level, which were used normally in multi-perpetrator serious assaults. We observed staff making proactive efforts to avoid using force, and some good de-escalation.
- 3.28 Overall scrutiny was reasonable. Each incident was screened by the manager on night duty and fed back to the safety department. However, there was no standardisation or collection of the information being reviewed. A weekly meeting took place, but, given that most force used was unplanned, too few of these incidents were reviewed.

### **Segregation**

- 3.29 The use of segregation had increased, with 807 episodes in the last 10 months, compared with 440 during the same period at the time of the last inspection. However, the average duration had decreased to four days. Most prisoners were segregated pending adjudication either in the segregation unit or on the main residential units, the latter accounting for half of all episodes. There had been instances of much longer stays, which were typically attributed to the nature of the prisoner's offence and the lack of a dedicated vulnerable prisoner wing.
- 3.30 The segregation unit was clean and tidy, and cells were better than we usually see, with in-cell showers and telephones, although a few needed new flooring, and leaders were tackling heavily stained toilets.



**Segregation landing (left) and occupied segregation cell**

- 3.31 There had been some small improvements to the daily routine. Time in the open air had been extended to an hour a day, most prisoners (subject to a risk assessment) could collect their meals from the servery and they could attend the gym at the weekend. However, overall, this provision was still too limited, particularly for those spending longer periods in segregation.
- 3.32 In our survey, only 26% of respondents who had been segregated said that they had been treated well by staff. The limited time out of cell restricted opportunities for staff to engage with prisoners. Prisoners we spoke to described cursory interactions, and this reflected our observations.

## 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.

- 3.33 The use of drugs, while lower than in similar prisons, was still too high. In our survey, 27% of respondents said that it was easy to get hold of illicit drugs, and in random mandatory drug tests a quarter of prisoners had tested positive in the last year.
- 3.34 There were some reasonable measures to tackle the ingress of drugs. This included drug detection dogs, timely reactive searching and some good physical security measures to make ingress through drones more difficult. However, there were some weaknesses, such as having too few staff searches on entry, and the use of Rule 39 (legal and confidential access correspondence) procedures was not sufficiently robust.

- 3.35 The flow of intelligence had increased slightly since the last inspection, with an average of 687 intelligence reports submitted each month. All intelligence was appropriately triaged by analysts, with action taken where necessary. At the time of the inspection, there was a backlog in processing reports because of a shortfall in staffing.
- 3.36 Overall, we found the security arrangements to be proportionate. Positively, leaders had supported the introduction of trusted roles ('red bands'), in which prisoners were cleared to have movement around the prison and different wings.
- 3.37 There were good arrangements and links to external partner agencies to manage both staff corruption and extremism.

## Safeguarding

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

## Suicide and self-harm prevention

- 3.38 The number of incidents of self-harm had increased. In the last 12 months, there had been 589 events, compared with 478 in the same period at the time of the last inspection, although this remained low when compared with similar prisons. There had been one self-inflicted death since the last inspection and there was evidence that most of the actions set by the Prisons and Probation Ombudsman had been addressed.
- 3.39 Only two prisoners had been subject to constant supervision in the preceding 12 months and both had been held in gated cells on G wing, with a risk assessment completed before anti-tear clothing had been used. Documentation we saw showed that this had been appropriate in both cases.
- 3.40 Staff identified prisoners at risk of self-harm well, and a large number of assessment, care in custody and teamwork (ACCT) case management documents were opened for prisoners at risk of suicide or self-harm to support them. At the time of the inspection, there were 22 open ACCTs. In our survey, 36% of respondents said that they had been on an ACCT while at the prison, which was much higher than at the time of the last inspection (16%).
- 3.41 The quality of ACCT documents was poor. In the sample we viewed, we found many support plans and actions that were incomplete. Reviews were not multidisciplinary and lacked input from key agencies, such as the health care team. Leaders carried out quality assurance regularly, but it was ineffective, and we observed the same issues being reported several times in some ACCTs, with no resolution.

- 3.42 There was no Listener scheme, although leaders were looking to address this. The Samaritans could be called on the in-cell telephone, free of charge, or a message could be sent via the CMS system to a support charity (see also paragraph 3.7).
- 3.43 Every incident of self-harm was investigated, and a grading system used to determine whether a simple fact-finding report would be completed or a more detailed investigation into serious incidents. The investigations into serious self-harm were detailed and helped leaders to understand the reasons why prisoners were in crisis.
- 3.44 There were several different meetings that looked at self-harm. The SIM and dual harmers meetings (see paragraph 3.19) were well attended and helped provide support for the prisoners involved. The monthly safety meeting viewed a wide range of data, and leaders were well sighted on the drivers for self-harm, but too few actions or strategies had been developed to reduce incidents of self-harm.

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

- 3.45 There were excellent links with the local authority and the system for making safeguarding referrals was well established. These were tracked by leaders to make sure that support actions were put in place and maintained.
- 3.46 Vulnerable adults who needed a social care package (see Glossary) were well catered for and the local authority made sure that any social care support followed them into the community, irrespective of release address (see also paragraphs 4.37, 4.38 and 4.81).

## Section 4 Respect

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

### Staff-prisoner relationships

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

- 4.1 In our survey, 65% of respondents said that staff treated them with respect and 62% said that there was a member of staff they could turn to if they had a problem, both figures being similar to those at other reception prisons. In addition, 43% said that a member of staff had spoken to them in the past week about their progress, an improvement from the previous inspection, reflecting the implementation of the key worker scheme (see Glossary).
- 4.2 Most prisoners spoke highly of staff, who remained courteous despite often being busy making sure that the daily routine was followed. We observed staff handling prisoners' frustrations and distress while remaining calm.
- 4.3 Leaders were also visible on the wings, with prisoners across both house blocks knowing them by their first names. We observed leaders freely giving their time to address queries and provide explanations, particularly when the application system had failed (see paragraph 4.25), and the director conducted daily wing walks.
- 4.4 The key worker scheme was functioning better than in many reception prisons. In our survey, 71% of respondents said that they had a named key worker, which was higher than in similar prisons, and 67% that they found this individual to be helpful.
- 4.5 Prisoners valued the support of the many peer workers. For example, CMS (see paragraph 3.7) peer workers used their own in-cell terminals to submit applications on behalf of other prisoners, as many of these terminals were out of service (see also paragraph 4.12). While this situation was not ideal, it helped to reduce frustration and anxiety, particularly around submitting telephone numbers for contact. Additionally, the newly introduced gym peer workers encouraged prisoners to access the gym and participate in in-cell workouts to combat boredom, which was a positive initiative.

## Daily life

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

### Living conditions

- 4.6 Around half of all prisoners were living in overcrowded cells. Although the prison was less than 15 years old and benefited from modern design, layout and facilities. Recent investment had improved living areas, with repainting and replacement of flooring.



**G wing (left) and H wing**

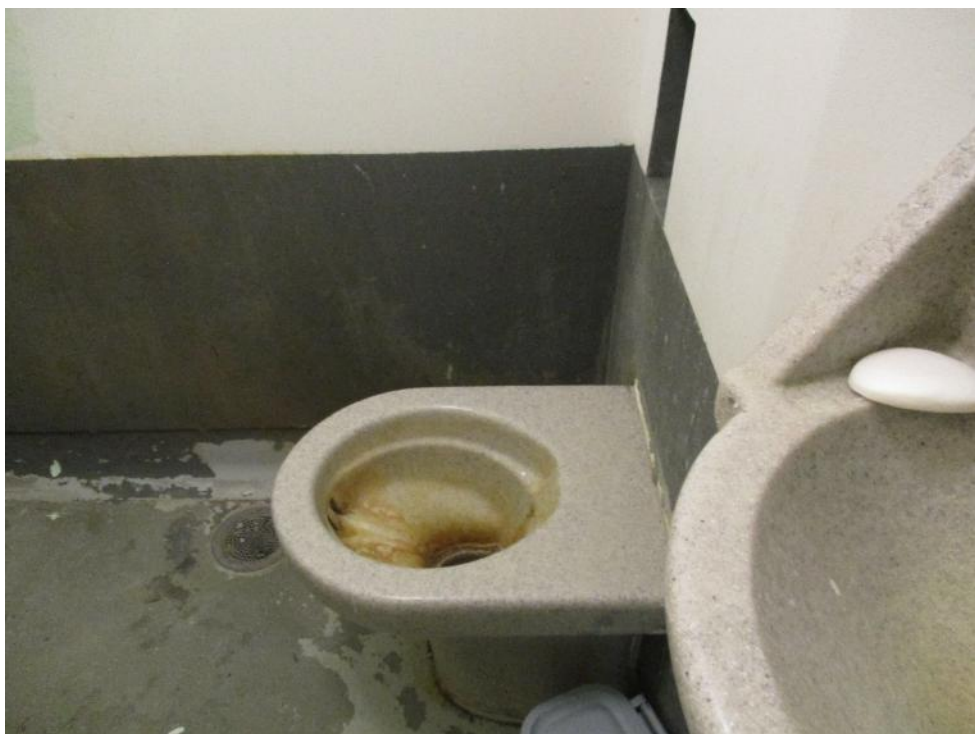
- 4.7 Most cells were equipped with basic furniture, and a mattress replacement programme was in place. There were showers in the majority of cells, with privacy screens in most shower enclosures. In our survey, 96% of respondents said that they could shower daily. However, many shower walls and floors were peeling and in need of repair, although leaders had recognised the issue and implemented a structured programme to complete the necessary work.





**Typical in-cell shower with peeling paint**

- 4.8 In-cell toilets across both house blocks needed descaling. Although leaders were aware of this and had incorporated it into the planned maintenance schedule, at the time of the inspection they remained unsanitary.



**Toilet needing descaling**

- 4.9 There was minimal graffiti in cells, and any that appeared was quickly identified and removed. Prisoners were encouraged to maintain



cleanliness and were provided with adequate cleaning materials. Many prisoners took pride in their living spaces and worked hard to keep them tidy.



**Typical cell**

- 4.10 In our survey, 90% and 91% of respondents, respectively, said that the landings and stairs, and association areas on their wings were clean, both being better than at similar prisons. Communal areas were clean and litter-free as a result of frequent bin emptying, a dedicated litter-picking team and oversight from senior leaders. This was essential not only for hygiene, but also in efforts to control a persistent rodent problem which leaders were actively working to resolve.
- 4.11 Prisoners had sufficient clothing and bedding, with many choosing to wash their belongings in the wing laundries, allowing them to maintain personal hygiene.



#### **Wing laundry**

- 4.12 However, too many cells lacked a functioning CMS terminal (see paragraph 3.7); some were missing, while others suffered from connectivity issues or broken cables. This was a major source of frustration, as the prison increasingly relied on this system for delivering important information, leaving many prisoners unable to get access (see also paragraph 4.5). Although there were additional CMS terminals on the landings, prisoners did not have sufficient time to use them. Leaders acknowledged the issue but were taking too long to resolve it.
- 4.13 Most emergency cell bells were answered within five minutes. However, this was done remotely through an intercom system which was muffled and impersonal. We observed some conversations being ended before prisoners or staff had made themselves understood through the poor-quality speakers, in the noisy prison environment.

#### **Residential services**

- 4.14 In our survey, 43% of respondents said that the quality of the food in the prison was very or quite good. The preselect menu was varied, catering to most dietary needs, with a good balance of vegetables and healthy options. As noted at the last inspection, the kitchen was too small for the number of prisoners it served, but leaders had been innovative in maximising the available space.
- 4.15 Wing serveries were generally clean and tidy, and the food trollies used for transporting meals from the kitchen were well maintained. However, hygiene standards continued to be undermined by the persistent rodent problem. Additionally, prisoners serving the food did not always wear the correct personal protective equipment and there were

inconsistencies in the handling and washing of utensils designated for halal and vegetarian meals, leading to frustration among some prisoners.

- 4.16 Dining-out furniture was available on all wings, but most prisoners did not have enough time to make use of it as they were rushed back to their cells.



**Dining-out tables and chairs**

- 4.17 The breakfast pack was meagre, but other meal portions were reasonable. Staff did not supervise mealtimes effectively, which caused frustration among prisoners about unequal portions. Prisoners could not cater for themselves on most of the wings.
- 4.18 In our survey, only 33% of respondents said that the shop sold the items they needed. Many complained that products were often out of stock, with no suitable alternatives, and that fresh fruit and vegetables were not available for purchase.
- 4.19 While newspapers could be bought, many prisoners reported delays in receiving them, despite being charged. Additionally, magazines were not available for purchase, limiting opportunities to encourage reading and alleviate boredom.

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

- 4.20 Consultation had improved over the previous five months, with monthly meetings between prisoners and the director, and weekly meetings with some senior leaders. However, these were not yet fully embedded. Representation from prisoners across all wings was inconsistent and

key departments, such as health care, security and reducing reoffending, did not attend regularly.

- 4.21 Prisoners who had attended these meetings felt that they were a good initiative, but said that few meaningful actions or outcomes resulted from them. The meeting minutes supported this view; recording of actions raised by prisoners was haphazard which hindered accountability at future meetings.
- 4.22 A total of 1,916 complaints had been submitted in the past year (excluding those for health care), which was lower than at similar prisons. Oversight of complaints had improved considerably, with most being responded to within the required timeframe and involving appropriate levels of enquiry, including directly speaking to the prisoner. In our survey, 51% of respondents said that it was easy to make a complaint. Of those who had, 29% said it had been handled fairly, and 18% that it had been resolved within seven days.
- 4.23 The most common complaints related to the prison shop, property, residential wing concerns and staff. While leaders were aware of these general themes, there was no thorough analysis to identify underlying causes or implement long-term solutions.
- 4.24 Complaint boxes stocked with complaint forms were available on both house blocks, and a test complaint we submitted was returned within 24 hours, demonstrating that the process operated efficiently.
- 4.25 By contrast, the application system was in disarray. There was a backlog of 400, with some taking over 100 days to be answered. Additionally, there was no quality assurance process to oversee them. In our review of a small sample of recent responses, we found many to be unhelpful and curt, echoing the concerns that prisoners raised during the inspection.
- 4.26 In our survey, 53% of respondents said that they could communicate with their solicitor or legal representative, which was better than in similar prisons. Legal visits were conducted in private. Home Office enforcement staff visited once a week to support foreign national prisoners (see also paragraph 4.31). However, these prisoners did not receive additional telephone credit to stay in touch with their families. Leaders committed to addressing this issue when we raised it with them.

## 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 Since his arrival, the director had reinvigorated the monthly diversity and equality action team (DEAT) meeting, chairing each one, and improving attendance. He had appointed a senior leader to be responsible for each of the protected characteristic strands. The meeting was in three parts. The equality peer support prisoners attended the first part, to discuss any issues they had, then prisoners from around the establishment were invited to attend, to meet the various strand leads and ask them questions or discuss their issues. The final part of the meeting was for staff only, where a wide range of data was considered and leaders looked to identify any disproportionate treatment and put actions in place to resolve it. We thought this meeting structure was innovative, and prisoners told us that they appreciated being able to attend.
- 4.28 Many different ethnicities and cultural groups were represented in both the prisoner and staff cohorts, which helped promote understanding. Leaders had identified unconscious bias as an issue for staff and prisoners alike and had taken steps to prevent this by increasing staff training.
- 4.29 Forums were held regularly with small groups representing each of the protected characteristics, and a full calendar of cultural and religious events was catered for, such as Holocaust Memorial Day and Black History Month.
- 4.30 Support for foreign national prisoners was very good. There were regular clinics with home office enforcement staff, so those subject to immigration control were informed about their status.
- 4.31 Independent immigration advice and advocacy was available on application. This helped foreign national prisoners find independent legal advice and provided good information, support and guidance, which is something we rarely see. Around 20 prisoners a week accessed this service.
- 4.32 Professional telephone interpreting services were available for prisoners for whom English was not their first language. This was used well in areas such as reception and health care, but less so on the wings. Prisoners on the wings told us that they relied on staff or other prisoners to translate, which was inappropriate.

- 4.33 There was an active Gypsy, Roma, Traveller forum, which advised the DEAT on cultural events for this group. These prisoners told us that that they were well supported, and their needs met.
- 4.34 Forums for younger adults had recently begun and the DEAT had been very responsive to their needs. These prisoners had asked the team for advice on how to dress and behave in court, for example, and sessions had been provided for them. There was also some specific group work for younger prisoners, such as equine therapy (see paragraph 6.28).
- 4.35 Older prisoners were also well supported, with lift access to most parts of the prison, some education programmes of interest to them and special sessions in the gym each Saturday morning. A bench had been bought for the house block 2 exercise yard at older prisoners' request and was due to be installed.
- 4.36 Social care for disabled prisoners was very good. Referrals were generated from several sources and there were specially trained peer mentors to support prisoners who needed them. At the time of the inspection, the cells for those with a disability were being refurbished, but we found no prisoners who were disadvantaged by their temporary closure.
- 4.37 The local authority produced social care plans and provided care workers who were based in the prison and delivered a high level of care for those who needed it. Adaptations that were needed were completed swiftly and support plans followed prisoners on transfer or release (see also paragraph 3.46).
- 4.38 Personal emergency evacuation plans were of good quality and regularly reviewed, but they were not consistently available to staff on the wings, who were not always aware of their existence and so could not act on them in the event of an emergency.
- 4.39 LGBT+ prisoners also held regular forums and appreciated the mutual support these meetings provided. Pride Month celebrations had been held and prisoners had fed back positively to leaders about their content. The prison had appropriate provision to support the one transgender prisoner held at the time of the inspection.
- 4.40 A total of 115 discrimination incident reporting forms (DIRFs) had been submitted in the last 12 months. These had been answered promptly and the quality and depth of responses were very good. Each DIRF was thoroughly investigated, and the prisoners and staff involved were interviewed privately. The responses were so comprehensive that they generally did not fit on the normal form, and so a separate written response was provided. A large number were upheld and actions to resolve them were completed swiftly. The local authority provided independent scrutiny of 10% of all DIRFs each month and produced a written report to leaders.
- 4.41 If a prisoner submitted a DIRF or complaint on the wrong form, it was sent to the right person to answer the issue and the prisoner was



informed, which prevented confusion and built prisoner confidence in the integrity of these systems.

## **Faith and religion**

- 4.42 The team of chaplains was committed and enthusiastic, and catered well for the diverse population of prisoners held. A large number of prisoners attended corporate worship, with records showing that around 300 attended the chapel for various services and faith groups each week. About 140 Muslim prisoners attended prayers on a Friday, which was the maximum safe capacity for the faith room. This meant that there was a waiting list of around 60 to attend and some prisoners had been unable to worship for a number of weeks because of this restriction.
- 4.43 We observed group sessions for many of the less common faiths, such as Rastafari and Hindu. Prisoners told us that they appreciated these groups and found them valuable. In our survey, 79% of respondents said that their faith was respected at the prison, which was better than at comparable prisons (65%) and at the time of the last inspection (61%).
- 4.44 The team had a strong focus on pastoral care and attended the first night centre each day to meet the new receptions. They also attended the segregation unit daily and tried to attend as many of the assessment, care in custody and teamwork (ACCT) case reviews as they could, although they were concerned that they were not always invited. Applications to the chaplaincy team were dealt with swiftly.
- 4.45 Offending behaviour work, such as the Sycamore Tree restorative justice programme, was also delivered by members of the team (see also paragraph 6.27).

## **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.

- 4.46 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC issued one 'action plan request' notice following the inspection (see Appendix III) and took further enforcement action in the form a Warning Notice, served to the provider on 27 February 2025 under Section 29 of the Health & Social Care Act 2008.

## **Strategy, clinical governance and partnerships**

- 4.47 Leaders in healthcare had failed to address serious concerns raised by the Care Quality Commission. As a result, the service patients received

was among the worst we have seen, and the prison could not reassure us that patients were always treated safely. In addition, there were weaknesses, primary care administration and practice, which meant the needs of some patients were not being met.

- 4.48 Practice Plus Group (PPG) had held the main health care contract since June 2023. Health services were not well led and the provider had failed to act on legal requirements set by the health care regulator, identified in January 2024.
- 4.49 Partnership working with the prison had improved recently and there were regular pan-London partnership board meetings. However, the health needs analysis was out of date and had not been reviewed for over 10 years.
- 4.50 The service had seen several changes in local leadership at varying levels, with a newly appointed head of health care who had been in post for six weeks. The provider had identified weaknesses in the functioning of the health care department and put a transformation team in place from September 2024, and there were signs that some progress had been made, albeit minimal.
- 4.51 PPG had been successful in large-scale recruitment in 2024 and most staff were compliant with mandatory training. We were told that all staff overdue for the remaining training were booked to attend within the following six weeks. Staff clinical supervision records were not maintained in line with policy.
- 4.52 Weekly governance meetings had been established, with relevant senior managers and clinicians attending. However, these did not always take place as planned and the agenda lacked strategic standing items because of a focus on day-to-day operational issues. There was little evidence of wider organisational challenges being addressed and an over-reliance on key messages about governance reaching junior staff through word of mouth.
- 4.53 The potentially useful patient safety incident review group (PSIRG) and local quality assurance meetings (LQAMs) had both recently been established to take place every two months. The PSIRG focused mainly on patient safety and safeguarding incidents, while the LQAMs had a more generalised focus which included complaints, performance data and incidents. Meeting minutes for both groups were brief and lacked evidence of attendance or discussion. Agreed actions did not always address the reported poor performance.
- 4.54 There was an annual audit schedule, using standard templates. Audits took place each month and while some audits, such as for infection prevention and control, identified weaknesses, others had failed to identify concerns such as those we identified in the inspection. Emergency medical equipment and supplies were accessible around the prison and regularly checked.



- 4.55 Incident reporting had improved considerably in recent months, although we identified a small number of incidents which had not been reported. Incidents were not always categorised under a relevant heading, which meant that identification of themes and trends was not accurate.
- 4.56 There had previously been long delays in investigating incidents, but this had improved in recent weeks. We saw evidence of some learning from incidents; however, this had lacked formal structure and lessons learned were mainly from the most serious incidents, usually those which had resulted in a death in custody. The service had developed a plan for 'learning after lunch', which started in February 2025, with short training sessions for staff on core areas of health care.
- 4.57 The provider had recently implemented a new system to manage patient complaints and concerns. However, this was not fit for purpose and needed strengthening. The provider was not always able to track complaints, and we found examples of missing information such as investigation details and responses.
- 4.58 Staff understood the safeguarding referral process and we saw some good examples of safeguarding referrals being made, including where families of prisoners had raised concerns.

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

- 4.59 There was no health promotion plan. There were minimal health promotion materials and activities in the health centre and there was no evidence of promotional events. There were four health champions on the wings, but no evidence of coordination or supervision of their work, so opportunities to raise health awareness among prisoners were restricted.
- 4.60 Patient engagement had not taken place systematically for several months, so there was no regular patient consultation or face-to-face resolution of patient concerns. A visiting patient engagement lead started during the inspection.
- 4.61 National Health Service screening clinics were available, including for abdominal aortic aneurysm and bowel cancer, although uptake was low and targets were not being met. Local age-specific testing was promptly available for conditions such as chlamydia and influenza.
- 4.62 There were dedicated clinics for vaccinations, and revised (2024) policy and notable guidance on the control of communicable diseases which was partially pictorial; this centred on potential infection outbreaks, such as meningitis and tuberculosis. It also included guidance on other disorders pertinent to the population, such as malaria. The policy had been implemented on several occasions in 2024 and adherence had prevented outbreaks.
- 4.63 There was a 20% take-up of smoking cessation clinics, and nicotine replacement therapy was available to them.

- 4.64 A sexual health nurse ran a clinic each week, and patients could access condoms from health care staff if needed. Prisoners were offered blood-borne virus testing on reception and could also access clinics.
- 4.65 Prisoners who needed support with weight management could see a dietician, but the waiting list for this service was not managed well and some patients with high-risk conditions were not seen promptly, including those who had been identified as being significantly underweight or with complex diabetes.

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

- 4.66 PPG provided a nurse-led service 24 hours a day, seven days a week, supported by GP sessions on weekdays. Out of hours, nursing staff could contact a GP for advice.
- 4.67 A registered nurse and GP screened all new prisoners in reception, making appropriate referrals to other services, although we observed a small number of exceptions, which placed those patients at clinical risk.
- 4.68 A new triage system was being introduced in reception, before screening, in which a clinician observed the clerking-in of prisoners to identify those who needed rapid GP assessment and treatment, although this was not yet fully embedded.
- 4.69 Patients received a comprehensive secondary assessment within seven days and professional telephone interpreting services were often used by health care staff (see also paragraph 4.33).
- 4.70 Prisoners could make health care appointments via a paper application, although this did not work well. We identified that some patients had long delays before their requests were triaged clinically or processed to book an appointment.
- 4.71 Patients with wounds did not always receive appropriate care. We found examples of some individuals without a sufficiently detailed assessment of their wound, or appropriate care plans. In addition, some patients experienced long delays in receiving care thereafter.
- 4.72 The management of long-term conditions was poor. Some patients did not have a care plan, and those we reviewed were of mixed quality; some had been drafted without the patient being present.
- 4.73 Oversight of external hospital appointments was unsafe. A spreadsheet used to track appointments was not kept up to date. Some patients had delays in seeing a specialist because of prison vehicles not being available or administrative errors in the health care department.
- 4.74 The daily multidisciplinary handover and weekly complex case meetings allowed staff to discuss individual patients and any incidents that had occurred. We saw good documentation in individual patient records for those who had been discussed at these meetings.

- 4.75 Clinical records for primary care were of mixed quality and a small number of patients did not receive the expected standard of care. Some patients waiting for blood or laboratory test results waited longer than they should and there was no process to make sure that these were followed up.
- 4.76 Waiting lists for visiting professional appointments were variable; some patients had long waits to see the optician, and the dietician list was not triaged effectively.
- 4.77 Pre-release consultations were arranged for patients being transferred or released, although discharge plans were not always on file and it was unclear whether some patients had been provided with an appropriate supply of medication.

### **Social care**

- 4.78 The prison enabled, the Royal Borough of Greenwich (RBG) commissioned and Eleanor Healthcare Group ('Eleanor') provided exemplary social care. The mature service was underpinned by a clear memorandum of understanding and information-sharing agreement.
- 4.79 The prison provided an office base for RBG and Eleanor staff, and the environment was conducive to wheelchair access, with flat terrain and lifts making most areas accessible. Several cells had adaptations suitable for supported living. Assisted living equipment was promptly available from the community.
- 4.80 An RBG case manager was regularly on site and had access to health and social care records, so care was well coordinated with PPG. This individual contributed to safety meetings such as the SIM (see paragraph 3.19). A large number of referrals for assessment (70 in 10 months) were received and processed on site, which was efficient. RBG advertised its services to prisoners and provided an interpreter and independent advocacy for applicants, as needed.
- 4.81 A large number of prisoners (32) were in receipt of a social care package (see Glossary) on several wings and in the inpatient unit. Eleanor carers carried keys to move around the prison. They were assisted by peer support orderlies, trained by the RBG team and supervised by the Eleanor senior carer. Care plans were individualised. Clients we spoke to described compassionate care.

### **Mental health**

- 4.82 PPG delivered mental health services, and the team structure and stepped model of care were clear, now enhanced by psychologically led primary care. Working relationships with the prison had improved, with mental health team contributions to prison safety meetings, such as ACCT reviews and the SIM. However, the provider failed to make sure that patients with known mental health problems were appropriately assessed, and their risks mitigated.

- 4.83 The highly experienced workforce comprised nurses, psychiatrists and psychologists, deployed in psychological therapies, mental health and inpatient teams. There were vacancies in the psychology team, which were leading to patients waiting too long (up to 40 weeks) for some therapies. Recruitment to vacancies was under way.
- 4.84 The GP and primary care nurse screened all prisoners for mental health challenges at reception and referred them for assessment if necessary.
- 4.85 A large percentage (62%) of prison officers had received some mental health awareness training in the last three years and referrals from officers were mostly appropriate. Prisoners could self-refer, but the process was long because of problems with the paper application system (see above).
- 4.86 The number of referrals was substantial – 60 to 70 per week – because of the large number of receptions, and a duty nurse triaged these seven days a week. Urgent cases were seen within two days, and routine referrals within five days. A weekly multidisciplinary team meeting allocated cases for in-depth assessment.
- 4.87 The psychologists' evidence-based psycho-educational guidance and therapy groups ably addressed patients' mild-to-moderate needs. They also provided high-impact interventions such as trauma-related therapy and eye movement desensitisation and reprocessing therapy, although prisoners' short stay at the prison prevented many from receiving long-term therapies.
- 4.88 Nurses' time was spent undertaking assessments and supporting the seriously mentally ill, limiting time for therapy work. Prescribing reviews and related physical health checks took place regularly, although we found examples of patients waiting too long to be assessed by a clinician.
- 4.89 The chaplaincy offered pastoral and other support to prisoners, although there were no Listeners (whereby prisoners trained by the Samaritans provide confidential emotional support to fellow prisoners; see also paragraphs 3.7 and 3.42) and Atrium counselling had ended.
- 4.90 Support for patients with learning disabilities was suitably integrated with the prison neurodiversity team. However, there was no assessment pathway for patients with attention-deficit hyperactivity disorder, resulting in unmet need.
- 4.91 The 18 inpatient beds were protected by clinical admission criteria, although the reasons for admission were not always clear. There was no waiting list at the time of the inspection. Patients had diverse physical, psychological and social care needs; commonly, 70% of beds were occupied by the mentally ill. The environment was bright, calm and therapeutic.

- 4.92 Patients spoke positively of their care, although care plans were not individualised, with unclear expected outcomes.
- 4.93 The prison had provided compassionate officers to supervise the inpatient unit and there were regular diversionary activities, such as art. Officers told us that they were keen to receive more mental health training.
- 4.94 A dedicated nurse was available to prisoners in the segregation unit and helped in managing their emotional distress.
- 4.95 Clinical records had varied levels of detail, from insufficient to full, but too many did not have a care plan or risk assessment. The psychiatrist treated patients with complex needs such as a dual diagnosis (the co-existence of mental health and substance use problems), although the care programme approach (mental health services for individuals diagnosed with a critical or enduring mental illness) was difficult to operate because of the short stay of patients in the prison and many having no fixed abode.
- 4.96 Preparation for release was undertaken in association with the offender management unit and liaison with community mental health teams, but release planning for those under the care of the mental health team was limited, with few prisoners having comprehensive discharge plans. In addition, discharge letters for patients lacked detail and some were not on the patient record. In one case, a patient was readmitted to the inpatient unit two weeks after discharge back to their residential wing and having been seen only once on the wing; readmission might have been avoided with better support.
- 4.97 At the time of the inspection, four patients had been waiting longer than 28 days (the longest 85 days) for transfer to hospital under the Mental Health Act, which was unacceptable.
- 4.98 Some patients were not removed from the patient record system following their transfer or release, which meant that outstanding internal and external appointments were not cancelled. In one case, a risk assessment for an external hospital appointment had been completed several days after the patient had been released.

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

- 4.99 Turning Point (TP) psychosocial and PPG clinical services were impressive, well integrated and supported the prison's drug strategy. Both teams were large, with suitably trained and supervised staff.
- 4.100 All new prisoners were seen by TP well-being workers or peer mentors in reception or during induction, who were available seven days a week. Around 25% of the prison population were in TP care, which was a large percentage. Most clients had complex needs and TP engaged with prison safety meetings, such as ACCT reviews and the SIM, to make sure that care was coordinated.

- 4.101 The support pathway was well defined and composed of in-cell workbooks, individual psychosocial support, group meetings and educational activities. Dedicated group rooms in the TP centre and on one of the wings were busy; clients we spoke to valued the support and the therapeutic environment.
- 4.102 TP employed and managed 12 trained peer mentors, who helped in induction, programme and group delivery. Retaining mentors was a constant challenge because of the rapid throughput of prisoners. Mentors we spoke to were enthusiastic and felt well supported. We observed clients attending mutual aid groups, including Alcoholics Anonymous, Cocaine Anonymous and Narcotics Anonymous. Clients were able to have sponsors added to their telephone lists, which provided vital support.
- 4.103 The PPG clinical team was available 24 hours a day, seven days a week, which was necessary to treat patients safely in detoxifying from alcohol (involving approximately 20 prisoners a month). Additionally, a large number of patients (226) were stabilising on opiate substitution therapy (OST), with a handful on reducing doses, which was appropriate for this mainly short-stay population. Induction into long-lasting buprenorphine (an opiate substitution medication) by injection had recently been introduced, widening treatment options. TP joined clinicians in reviews of care and there was quick access to a psychiatric opinion for complex cases.
- 4.104 The prison had reinforced supervision of the OST medicines queues, with prompt oversight by the senior supervising prison officer providing rapid response, which was proving successful in minimising risky situations.
- 4.105 Following induction, prisoners with addictions were mostly located on the integrated drug treatment system (IDTS) recovery wing, and after treatment could graduate to an incentivised substance-free living (ISFL) wing. However, in practice this wing was operating more as an enhanced wing for well behaved prisoners and support for those trying to overcome their addiction was more limited.
- 4.106 TP 'through-the-gate' workers, whose posts were funded by the London Boroughs, made sure that clients leaving the prison were accompanied to their appointments with receiving community addictions services, providing continuity at a time of vulnerability. Work was closely coordinated with the offender management unit, and TP trained clients to use naloxone (an opiate reversal agent) and provided harm minimisation supplies to take home, as needed.

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

- 4.107 The medicines reconciliation target at reception was 100%, with a 94% compliance at the time of the inspection, as a result of prisoners arriving at weekends, when staff were unavailable. Pharmacy technicians would be covering weekends in the near future, to address this gap in service.

- 4.108 Medicines were promptly dispensed by the registered pharmacy and were individually labelled. Around 50% of patients received medication under supervision and 50% in-possession. Patients in receipt of their own medication had accessible lockable boxes in their cells or at a central point on one wing. Risk assessments for those receiving in-possession medication were not always completed or reviewed in line with policy, with many patients having an overdue risk assessment. Patients receiving their medicines in-possession who were subject to an ACCT did not always have this medication status reviewed and updated.
- 4.109 Medicines were administered by trained pharmacy technicians and nurses. The administration queue we observed was well supervised by officers.
- 4.110 We identified significant risks with the management of medicines. Many patients told us that they had not always received their medication on time, in some cases not for several days or weeks. There were many medication incidents reported, although these were difficult to quantify because of inconsistent recording. We also identified several prescribing errors during the inspection.
- 4.111 Standard operation procedures were available and appropriately signed as having been read. Controlled drug (CD) balance checks were only undertaken for the fast-moving items in the pharmacy, which was not in line with policy. Our random check identified a CD item that had not been checked since October 2024, although the balance was correct. The medicine was due to expire at the end of February 2025, but the packaging was not highlighted. CD balances in wing treatment rooms were checked twice a day. Staff recorded refrigerator and room temperatures and these were generally within range. Expiry date checks were recorded, although we found an expired item during our spot check.
- 4.112 The pharmacy supplied medicines (not CDs) in an emergency if the prescription had not been signed and the person needed their medication, but these were not recorded as emergency supplies.

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

- 4.113 Prisoner Centred Dental Care provided dental care via eight clinics each week.
- 4.114 The dental nurse gave patients appropriate advice on how to minimise deterioration in the health of their teeth and gums. Urgent appointments were available and the health care team offered appropriate pain relief and antibiotics, if needed, for those waiting for an appointment.
- 4.115 Care records we reviewed indicated that treatment was well documented and that patients had been informed of possible options. The justification for X-rays, and their quality, were documented and supported by recent audits.

- 4.116 The dental suite was modern and had a separate decontamination room. The dental surgery was functional and equipment was well maintained and in good working order. Checklists were used to track routine cleaning, decontamination procedures were followed and infection control standards were met. The dental team had its own emergency medicines, oxygen and automated external defibrillator readily available for use in emergencies.
- 4.117 Equipment certifications and maintenance schedules were up to date and staff told us that equipment was repaired promptly if necessary.



## 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 On weekdays, most prisoners had around seven hours out of their cells, which was considerably better than at many reception prisons. Full-time enhanced prisoners could access up to 10 hours out of their cells daily, although this applied to fewer than 100 individuals. By contrast, those on the induction unit received only one hour and 45 minutes out of their cells per day, which was poor (see also paragraph 3.11).
- 5.2 There was no coordinated approach to monitoring job availability, allocation to purposeful activities or reasons for non-attendance. As a result, too few prisoners were engaged in work or education and we found that 40% of them were locked behind their cell doors during the working day. Many prisoners expressed frustration that while some individuals held two or three jobs, keeping them occupied throughout the week, others were unemployed and had waited several months for work. The poorly managed application system (see paragraph 4.25) left them uncertain about when they would be assigned a role.
- 5.3 Time in the fresh air was consistent and rarely cancelled. However, unemployed prisoners had limited options to occupy them on the wing, with only a pool table and a table tennis table available. The ability to self-book visits to the library and gym helped mitigate this to some extent.
- 5.4 In our survey, 46% of respondents said that they could access the library at least once a week. While only 35% said that the library offered a wide enough range of materials to meet their needs, those we spoke to said that their negativity on this issue mainly reflected a lack of newspapers, Prison Service Instructions and magazines, although we found the book selection to be well stocked.
- 5.5 The library provided an impressive variety of enrichment activities including art classes, graphic writing and a range of therapeutic groups. This extensive and well-embedded programme was far better than what we see in most prisons and had become a meaningful part of daily prison life. Library staff also engaged with prisoners via the CMS system (see paragraph 3.7), to keep them updated and encourage participation.



**Library**

- 5.6 The gym, managed by an enthusiastic team, was also impressive, although it did not offer opportunities for formal qualifications. The timetable started at 6.30am most days, ensuring that prisoners going to work would not miss out and that those on the highest level of the incentives scheme remained motivated.
- 5.7 The gym facilities and equipment were in good condition, featuring an indoor gym and an outdoor track, both of which were well used. Prisoners could book gym slots via the CMS, helping to alleviate boredom for those waiting to be allocated to work or education. In addition, designated gym sessions were provided for specific groups, such as inpatients and prisoners in segregation, in line with individual risk assessments, which was a positive initiative.



Gym (top), outdoor track (left) and weights

## Education, skills and work activities



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

Ofsted inspects the provision of education, skills and work in custodial establishments using the same inspection framework and methodology it applies to further education and skills provision in the wider community. This covers four areas: quality of education, behaviour and attitudes, personal development and leadership and management. The findings are presented in the order of the learner journey in the establishment. Together with the areas of

concern, provided in the summary section of this report, this constitutes Ofsted's assessment of what the establishment does well and what it needs to do better.

- 5.8 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

- 5.9 Recently appointed leaders and managers understood the prison population well and had changed the curriculum to reflect the needs of prisoners on remand or unsentenced, who made up the majority of the population. Leaders had quickly introduced a modular curriculum that allowed prisoners to gain accreditation for each unit that they completed. This meant that prisoners could continue with their education from the point at which they stopped when released or transferred to another prison.
- 5.10 Leaders had introduced some longer courses that they prioritised for sentenced prisoners. These included level 1 catering and a multi-skills course for those prisoners who wanted to work in construction once released. However, there were very few options to study at higher levels, other than through distance learning courses on the virtual campus (see Glossary).
- 5.11 Leaders had increased the number of education, skills and work activities, ensuring that there were sufficient part-time places for prisoners. However, they did not always allocate prisoners to all the education and skills spaces available, leading to long waiting lists. Staff often allocated too many prisoners to wing work, resulting in prisoners being underemployed in this area. Leaders had set the pay rate for work higher than for education activities. However, this did not unduly impact prisoners as they preferred to be allocated to activities rather than being locked in their cells.
- 5.12 There were too many examples of well-intentioned prisoners working, but who had not been adequately trained. For example, cleaners used the incorrect buckets and mops for the area they were cleaning, while server workers would only clean one side of chopping boards in food preparation areas. Staff overseeing the work of prisoners on the wings did not challenge or correct these poor working practices. Consequently, prisoners continued to make errors in how they approached these tasks and did not develop key employability skills.
- 5.13 Leaders' and managers' actions had increased the number of prisoners who attended off-wing activities. While prisoner attendance at activities

had improved in recent months, it remained too low. Prisoner movement to off-wing activities had to be carefully managed. This often resulted in prisoners being late for lessons and missing important information.

- 5.14 Prison staff provided prisoners with a thorough induction that included an assessment of their English, mathematics and reading skills. Prisoners were provided with helpful information on the education and work available. Prison staff used the results of assessments to ensure that prisoners were placed on suitable courses that would help them the most. Yet, too many prisoners refused to attend the education, skills and work induction, and prison officers did not prioritise their attendance. Consequently, prisoners did not know what opportunities were available to them.
- 5.15 Prison leaders worked closely with Novus, the education provider. They had a good understanding of the quality of the provision offered and the areas that they needed to improve. However, their quality improvement plan focused too much on the tasks that needed to be completed, rather than the impact of their actions.
- 5.16 The quality of teaching in education was too varied. Most tutors planned lessons that focused on the achievement of new knowledge and skills. For example, prisoners in the construction multi-skills lessons developed knowledge of the importance of keeping toxic liquids such as white spirit in labelled containers and out of the reach of children, while those in catering learned about the risks of washing and not washing raw chicken. In English for speakers of other languages lessons, tutors had planned a curriculum that supported prisoners to improve their language skills. However, in lessons tutors did not model long and short vowel sounds or provide prisoners with sufficient opportunities to practise these skills. In English lessons, tutors did not ensure that their own spelling and punctuation were correct. Consequently, prisoners repeatedly made mistakes with their own work.
- 5.17 Within industries, prisoners did not have sufficient access to accredited qualifications. Too many participated in mundane tasks, such as making breakfast packs, and in waste management. Prisoners were, however, learning personal development skills, such as working as a team and ensuring that they met the required standard for the breakfast packs that they produced. Staff did not work with prisoners to identify the skills they needed to develop. Furthermore, prisoners' progress towards achieving these was not recorded.
- 5.18 Staff in vocational workshops effectively used their industry expertise to make lessons interesting and relevant. Tutors in multi-skills helped prisoners to develop their envelope-cutting techniques, so that they could effectively wallpaper around electrical sockets and switches. In textiles, tutors taught prisoners how to use commercial machinery to embroider logos onto the fleeces worn by prison orderlies.

- 5.19 Too few tutors provided sufficient developmental feedback. In better examples, tutors set targets that helped prisoners to improve their written work, such as guidance on how to structure a sentence better. In weaker cases, feedback on written work was too vague and did not identify the steps that prisoners needed to take to improve.
- 5.20 Prisoners with additional learning needs were identified at induction. Despite staff having received training on supporting prisoners with neurodiverse needs and resources being available in classrooms, they did not routinely access prisoners' support plans. Consequently, they frequently did not know what needs prisoners had, and how best to support them.
- 5.21 Staff in education, skills and work created an inclusive environment for all prisoners. Prisoners benefited from tutors who provided them with opportunities to contribute to lessons, share their views and make mistakes. Prisoners responded well to staff. They were polite, courteous, and well behaved towards their peers, officers and tutors. Prisoners demonstrated mutual respect and tolerance towards each other, including those who identified as transgender. They worked in groups effectively in class, supporting and integrating those with learning difficulties and disabilities. Prisoners felt safe when attending their activities.
- 5.22 Careers advisers skilfully drew out the prisoners' prior education and work experiences, and used these to help guide prisoners towards appropriate and realistic goals. They used their detailed knowledge of the education, skills and work opportunities available at the prison to help prisoners select activities that would help them towards their career goals. For example, where a prisoner had previously worked in the leisure industry, they were quickly identified as being suitable to become a gym orderly.
- 5.23 Prison leaders had implemented an appropriate reading strategy. Prisoners had their reading ability assessed at induction and were allocated to English classes where a support need was identified. Tutors ensured that reading in English classes was prioritised. Prisoners from across the prison had good access to the library, which was popular, and where Shannon Trust (see Glossary) peer mentors could support them. Prisoners regularly took part in literature-based activities within the prison, which included frequent talks from authors and about how reading literature could help explore their feelings. Prisoners had access to well-stocked reading trolleys that were available on all accommodation wings, including in the health care department.



## 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 Family contact was overseen by a small enthusiastic team, which had one vacant post at the time of the inspection. They delivered a range of family events, including visits for neurodivergent prisoners or visitors, bonding sessions with babies, toddler groups and family days (see Glossary). Storybook Dads (in which prisoners record stories for their children), pop-up book events for prisoners to share a book with their children, and the email-a-prisoner scheme were other options available.
- 6.2 The main reception lounge, where visitors booked in for their visits, was not welcoming. Leaders were aware of the negative experience that some visitors had on arrival at the prison and were addressing this.
- 6.3 The visits hall was a bright and spacious facility, with separate rooms for video calling, legal visits and other private visits. The tea bar offered a selection of hot and cold drinks, a small choice of warm food, and snacks and confectionery.



**Visits hall**

- 6.4 A well-furnished and equipped family visits room was used extensively for private family contact.



**Family visits room**

- 6.5 The team provided some one-to-one support to prisoners who needed help in gaining access to their children. They produced a useful newsletter for staff and prisoners.



- 6.6 Prisoners could now book their own visits, using the CMS terminals in their cells and on the residential units (see paragraph 3.7). Although this process was relatively new, it was a positive step to give prisoners more responsibility for arranging their visits. There were safeguards to prevent prisoners from booking visits with people they should not have contact with or at the same time as prisoners they were not able to mix with.
- 6.7 Social visits took place daily throughout the week, with morning and afternoon sessions available. Up to 45 visits could take place at any one time and, overall, there was capacity for just under 1,000 visits each week.
- 6.8 Secure video calls (see Glossary) were available at the same time as social visits and took place in private rooms adjacent to the main visits area. Leaders provided some examples of visits and secure video call arrangements having been altered to meet the requirements of prisoners with specific needs.
- 6.9 Prisoners appreciated having in-cell telephones, but some were not working at the time of the inspection, which was poor and at odds with the otherwise good focus on maintaining family and other external contacts.

## Reducing reoffending

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

- 6.10 The prison held a diverse population of remanded, sentenced and unsentenced prisoners, which included licence recalls (some of which were for very short periods), young adults, prisoners convicted of sexual offences (PCOSOs) and a small number serving indeterminate sentences.
- 6.11 Leaders generally understood the complexity of their population and the services they needed. There had been less strategic oversight of this function than at the time of the previous inspection; for example, reducing reoffending meetings had not taken place for several months. However, collaborative working across teams was being embedded by the leaders now responsible for the area and they had plans to reintroduce a strategic forum. Pathways meetings, which included partners delivering resettlement services, were convened regularly.
- 6.12 In our survey, more respondents than at similar prisons said that their experiences at the prison made them less likely to offend in the future.
- 6.13 Offender management was delivered jointly by Catch 22 (see Glossary) and London Probation Service staff. Prisoners were allocated to prison offender managers (POMs) promptly after sentencing. The Catch 22 POMs held manageable caseloads, often in a supporting role for a

community offender manager (COM) and were able to make early contact with newly allocated cases, and to maintain contact thereafter.

- 6.14 By contrast, as a result of a long-standing probation officer vacancy, the one remaining probation-employed POM had a caseload of over 90 high-risk prisoners, which was too high. There was a backlog of offender assessment system (OASys) assessments and contact with prisoners beyond that necessary to complete key time-bound tasks was difficult.
- 6.15 All POMs had regular supervision with a manager and could access case support from the inhouse psychology team and take part in group reflective practice sessions. The Catch 22 team had a robust set of quality assurance processes, which were used to inform individual supervision sessions. POMs described a positive work environment in which expertise was shared between Catch 22 and Probation Service staff, and the managers of the two teams were mutually supportive.
- 6.16 Of the cases we examined in detail, most had an OASys assessment less than a year old. Sentence plans we saw were generally accurate, in terms of identifying the main targets within the plan, and, overall, prisoners made reasonably good progress against their plans.
- 6.17 At the start of the inspection, nearly 61% of prisoners were on remand. They were not allocated to POMs, although the probation team was responsible for any public protection work that needed completing for them. Some had been remanded for extended periods; one had been waiting nearly three years for his case to be heard and 27 prisoners had been on remand for more than a year. An on-site bail information service had recently been introduced, but it was too early to assess the impact this would have on the number of prisoners given bail. Remand prisoners could now get housing support on arrival into custody (see paragraph 6.33).
- 6.18 Key working (see Glossary and paragraph 4.4) was reasonably good. Prisoners, both sentenced and remand, were likely to experience regular sessions with the same officer. Records of their discussions were well structured, but could be repetitive. On average, prisoners had around one session each fortnight, but these did not involve much support for progression, and better liaison was needed between key workers and POMs for sentenced prisoners. A lack of private interview rooms around the prison made face-to-face prisoner contact difficult for staff.
- 6.19 Initial categorisation took place promptly. Most prisoners were assessed as category C and transferred to other prisons soon after being sentenced. It was not unusual for the prison to be asked to arrange for two or three van loads of prisoners to transfer each day, which made reception and the observation, classification and allocation function in the offender management unit (OMU) very busy. However, there were too many PCOSOs who stayed at the prison for long periods without any opportunity to address their offending or reduce their risk to others, as the prison was not resourced to hold this

population and did not offer the accredited interventions they needed. Leaders were aware of the issues this presented and were developing a PCOSO management plan.

- 6.20 A small number of prisoners serving indeterminate sentences were held. They were either newly sentenced or had been recalled from the community. The psychology and OMU teams worked collaboratively at progression panels to help prisoners serving indeterminate sentences for public protection to move forward, but there was no other dedicated support for prisoners with indeterminate sentences.
- 6.21 Home detention curfew (HDC) processes were managed efficiently, but many prisoners transferred to other prisons before their applications were completed. Of those who remained, several were released after their eligibility date, often for reasons beyond the control of the prison – for example, prisoners sentenced with very little time left before their HDC release date, or because a COM had not been allocated or suitable accommodation was not available. In these cases, the prison tried to escalate the applications where possible, but some prisoners spent longer in custody than they needed to.

## Public protection

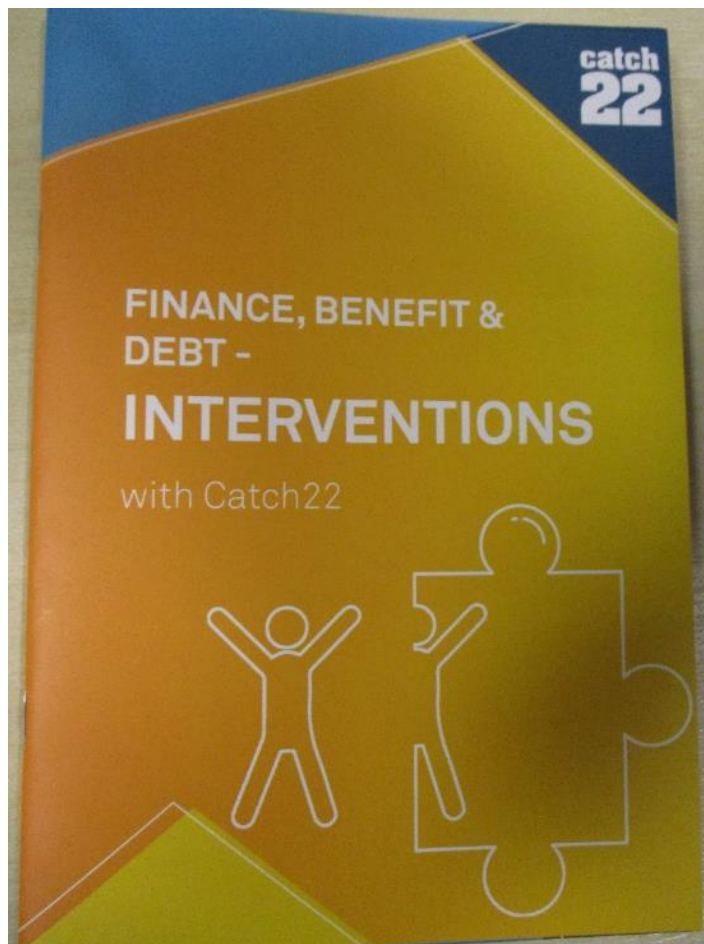
Expected outcomes: Prisoners' risk of serious harm to others is managed effectively. Prisoners are helped to reduce high risk of harm behaviours.

- 6.22 A monthly interdepartmental risk management team (IRMT) meeting gave oversight to release planning for high-risk prisoners. Minutes showed good case knowledge from participants and clear action points to be followed up, but the security team did not attend the meetings sufficiently often.
- 6.23 For high-risk release cases in our sample, we mostly found evidence of reasonably good risk management, although a few were overdue. Multi-agency public protection arrangements (MAPPA; see Glossary) management levels were not always clearly recorded on electronic case notes.
- 6.24 MAPPA information-sharing forms completed by POMs were of reasonably good quality but not sufficiently analytical. Some were now being completed by the on-site pre-release team, which relieved some of the pressure on the probation-employed POM and provided variety and skills development to the probation officers in the pre-release team.
- 6.25 Leaders had identified some weakness in their processes to identify and oversee prisoners who presented a potential risk to children and would need contact restrictions. These processes had now been reviewed and strengthened, with input from a manager with relevant expertise from another prison.

## Interventions and support

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

- 6.26 In keeping with its function as a reception and resettlement prison, the establishment did not run any accredited programmes. However, prisoners were able to access a variety of other useful interventions.
- 6.27 Community volunteers worked with the chaplaincy to deliver the Sycamore Tree victim awareness programme three or four times each year (see also paragraph 4.46). The gangs team (see paragraph 3.16) delivered group work and supported prisoners to complete in-cell packs and the substance misuse team facilitated a range of groups (see paragraphs 4.101 and 4.102).
- 6.28 The equine intervention for young adults, developed by the psychology team, continued to run and use was made of the Choices and Changes toolkit to support maturation in younger prisoners. Some interventions were completed by remand prisoners, including work in substance misuse, gangs and the Sycamore Tree programme.
- 6.29 Catch 22 had an impressive range of individualised interventions for POMs to deliver. Some of these were offence related and prisoners we spoke to were able to describe learning points from the intervention(s) they had completed. Others focused on personal well-being and development and, again, were delivered to individual prisoners by Catch 22 POMs. In total, these POMs had delivered over 350 interventions in the last 12 months.



**A Catch 22 interventions resource**

- 6.30 A prison employment lead had been appointed in the previous year and support for prisoners to gain employment on release was developing. The employment hub was used for individual and group events; for example, during the inspection Key4Life (a crime prevention charity working with young men) was delivering a seven-stage programme that incorporated through-the-gate support and a post-release mentor to help with life/employability skills. There were advanced plans to start regular prisoner drop-in sessions in the hub. One employment fair had taken place, with another planned for April 2025, and help with writing CVs and disclosure letters was available, along with support to open bank accounts and obtain identification documents. The on-site Department for Work and Pensions team met prisoners' needs for benefits advice and claims, and appointments with community work coaches on release.

## 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.

- 6.31 The demand for resettlement help was high, with an average of over 110 sentenced prisoners released each month.
- 6.32 The pre-release team worked hard to make sure that prisoners' immediate resettlement needs were identified and addressed on arrival. They then reviewed these for sentenced prisoners ready for release, made referrals to available services and liaised with COMs. The coordination of release planning for individual prisoners benefited from a regular multi-agency pre-release meeting. Teams aimed to start release planning 12 weeks before prisoners' release, but for many it started later because of the short amount of time left to serve after sentencing, and timeframes to work with prisoners on short-term (seven or 14 days) recall, in particular, were very limited.
- 6.33 Remand prisoners were now helped to retain tenancies and avoid rent arrears when they came into custody. This support had been introduced at the start of 2025 and the St Mungo's housing team had increased from two to four workers to meet the additional workload. A strategic housing adviser had also been introduced since the previous inspection. This role included being part of housing panels for the local authorities to which the prison most often released prisoners, and making sure that prisoners' need for suitable accommodation was recognised.
- 6.34 Despite the efforts made, many sentenced prisoners released over the past year had not had an identified address to go to or had unsustainable accommodation. Data provided by the prison showed that only around 40% of sentenced prisoners had been released to sustainable accommodation and a quarter were recorded as being homeless when they left the prison. The outcomes for many others, such as those released directly from court, were not known.
- 6.35 Planned releases of sentenced prisoners often took place in the afternoon, which gave them limited time to get to their destination and comply with any reporting conditions. When there was a particular concern that a prisoner needed more time to reach their destination by a specific hour, this was identified in the IRMT and pre-release meetings, and the custody office and reception teams were asked to ensure an earlier release. A number of immediate releases after court decisions were taking place later in the evening, which was concerning; for example, on one evening during the inspection four prisoners were released after 8.30pm.
- 6.36 Release arrangements were adequate. Reception staff could provide suitable bags for released prisoners' possessions and a stock of

donated items of clothing for anyone who needed them. Officers checked that prisoners were aware of their licence conditions and any areas they were not allowed to go to. Prisoners did not have access to a 'departure lounge' where they could charge mobile phones, check travel arrangements or contact families or professional contacts, although leaders were working to provide one. Some through-the-gate support was available from organisations such as Key4Life and One Million Mentors (which had recently started to work with five prisoners) and from the on-site Turning Point team (see section on support and treatment for prisoners with addictions and those who misuse substances).

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

### Recommendations from the last full inspection

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

#### Safety

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

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

#### Key recommendations

All aspects of prisoners' arrival at the establishment should be safe and decent, and include a thorough, private assessment of their needs and access to a comprehensive induction.

**Not achieved**

There should be routine, documented scrutiny of video footage of use of force incidents by suitably qualified staff, with effective management oversight.

**Achieved**

#### Recommendations

Challenge, support and intervention plans should be tailored to individual need, and monitoring should evidence meaningful engagement with the prisoner.

**Not achieved**

Subject to risk assessment, segregated prisoners should be able to collect their meals from the servery, exercise together and have access to suitable regime activities.

**Not achieved**

Assessment, care in custody and teamwork (ACCT) documents should be completed comprehensively, with coherent and complete action plans and all summaries and observations filled out.

**Not achieved**



## Respect

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

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

#### Key recommendations

The local delivery board, in conjunction with NHS England and Improvement, should make sure that patients requiring transfer to hospital are transferred within the national guideline of 28 days.

**Not achieved**

The local delivery board should make sure that robust procedures are in place, so that patients receive their medication in a timely and safe manner, including good supervision by officers.

**Not achieved**

#### Recommendations

The key worker scheme should be applied consistently, with regular interaction that should be recorded fully in prisoners' electronic case notes.

**Achieved**

Remand prisoners should not share cells with convicted prisoners.

**Achieved**

The prison should make sure that all prisoners are able to access the custodial management system regularly and that the in-cell technology is repaired promptly when broken.

**Not achieved**

The prison should make sure that all prisoners are able to access the custodial management system regularly and that the in-cell technology is repaired promptly when broken.

**Not achieved**

Leaders should make sure that equality and diversity work has sufficient oversight, resourcing, and profile, so that they can understand and address the experiences and support needs of prisoners from protected groups.

**Achieved**

Foreign national prisoners and detainees should have timely access to information, help and face-to-face support.

**Achieved**

Responses to health care complaints should be polite, timely, address the issues identified and indicate how to escalate concerns if the complainant is not satisfied with the response they receive.

**Not achieved**

All clinical environments should comply with infection control standards.

**Achieved**

There should be an integrated substance misuse record on SystmOne to provide a unified view of the patient and enable all practitioners easily to share information on risk and progress.

**Partially achieved**

The dental service should make sure that all incidents are shared with the head of health care, and that parts needed for the dental chair and X-ray machine are bought and installed promptly.

**Partially achieved**

## **Purposeful activity**

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

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

## **Key recommendations**

Leaders should increase time unlocked as a matter of urgency.

**Achieved**

Leaders should provide an hour's access to the open air.

**Achieved**

Leaders and managers should ensure that there are sufficient education, skills and work opportunities available to all prisoners.

**Achieved**

## **Recommendations**

Leaders should ensure that curriculum pathways are communicated effectively, and that prisoners receive appropriate information, advice and guidance so that they can make informed choices about their education, skills and work activities.

**Achieved**

Leaders and managers should ensure that prisoners who are allocated to activities attend them.

**Not achieved**

## **Rehabilitation and release planning**

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

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

### **Key recommendation**

Leaders should make sure that there is effective housing support for all prisoners, including those on remand.

**Achieved**

## Appendix I About our inspections and reports

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

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

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

### **Safety**

Prisoners, particularly the most vulnerable, are held safely.

### **Respect**

Prisoners are treated with respect for their human dignity.

### **Purposeful activity**

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

### **Preparation for release**

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

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

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

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

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

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

concerns. Procedures to safeguard outcomes are in place.

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

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

**Outcomes for prisoners are poor.**

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

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

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

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

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

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

## **This report**

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

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

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

### **Inspection team**

This inspection was carried out by:

Charlie Taylor	Chief Inspector
Angus Jones	Team leader
David Foot	Inspector
Angela Johnson	Inspector
Esra Sari	Inspector
Donna Ward	Inspector
Sam Moses	Researcher
Alicia Grassom	Researcher
Sophie Riley	Researcher
Tareek Deacon	Researcher
Paul Tarbuck	Lead health and social care inspector
Sarah Campbell	Health and social care inspector
Jen Oliphant	Pharmacist
Bev Gray	Care Quality Commission inspector
Jacob Foster	Care Quality Commission inspector
Steve Lambert	Ofsted inspector
Judy Lye-Forster	Ofsted inspector
Andrea McMahon	Ofsted inspector
Viki Faulkner	Ofsted inspector
Martyn Griffiths	Offender management inspector

## Appendix II Glossary

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

### **Body belt**

A very restrictive physical restraint which ties a prisoner's hands to his sides by two handcuffs attached to a thick leather belt.

### **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>

### **Catch 22**

Catch 22 is a registered charity providing a range of support services in prisons and in the community. In prisons, its aim is to provide long-term support to prisoners, to promote positive outcomes and reduce reoffending.

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

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

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

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

### **Family days**

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

### **Key worker scheme**

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

**Leader**

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

**MAPPA**

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

**Offender management in custody (OMiC)**

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

**PAVA**

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

**Protected characteristics**

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

**Protection of adults at risk**

Safeguarding duties apply to an adult who:

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

**Secure video calls**

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

**Shannon Trust**

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

**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.

**Virtual campus**

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

## Appendix III Care Quality Commission action plan request



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

The inspection of health services at HMP Thameside was jointly undertaken by the CQC and HMI Prisons under a memorandum of understanding agreement between the agencies (see [Working with partners – HM Inspectorate of Prisons \(justiceinspectorates.gov.uk\)](http://justiceinspectorates.gov.uk)). The Care Quality Commission issued a request for an action plan following this inspection.

### Breach of regulation

**Provider:** Practice Plus Group Health and Rehabilitation Services Limited

**Location:** HMP Thameside

**Location ID:** 1-15020225081

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

### Regulation 16 (1) and (2) Receiving and acting on complaints of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Complaints received must be investigated and necessary and proportionate action must be taken in response to any failure identified by the complaint or investigation.

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

### How the regulation was not being met:

Service users did not always have their complaints investigated and responded to in line with the providers policy and proportionate action was not always taken. We also found that two of the complaints received from service users had been closed without a response being provided to the complainant. The provider was unable to demonstrate what stage of the process each complaint was at. For example, there were multiple examples of complaints logged without sufficient information such as unique identifiers. In addition,

original documentation relating to complaints was stored without sufficient organisation to ensure staff were readily able to find pertinent information.

## **Appendix IV Further resources**

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

### **Prison population profile**

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

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

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

### **Prison staff survey**

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

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Printed and published by:  
HM Inspectorate of Prisons  
3rd floor  
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Canary Wharf  
London  
E14 4PU  
England

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