



Report on an unannounced inspection of

HMP Warren Hill

by HM Chief Inspector of Prisons

3–21 February 2025



Contents

Introduction.....	3
What needs to improve at HMP Warren Hill.....	5
About HMP Warren Hill	6
Section 1 Summary of key findings.....	8
Section 2 Leadership	10
Section 3 Safety	12
Section 4 Respect.....	18
Section 5 Purposeful activity.....	36
Section 6 Preparation for release	45
Section 7 Progress on recommendations from the last full inspection.....	56
Appendix I About our inspections and reports	58
Appendix II Glossary	61
Appendix III Care Quality Commission action plan request.....	63
Appendix IV Further resources	65

Introduction

Warren Hill has a well-established reputation as a safe, decent category C prison for men heading towards the end of long, indeterminate sentences. I am pleased to say that these standards had generally been maintained since we last inspected in 2019.

Relationships between staff and prisoners were very good and we saw a level of engagement that we rarely see elsewhere. Prisoners were housed in single cells, communal areas were generally very clean and men really appreciated the opportunities they had to cook for themselves. There were some good facilities such as the coffee shop, the prison shop, a barber and a room in which trusted prisoners could earn unsupervised family visits. Men had a good level of freedom to walk around the jail, although it seemed to vary on different days.

Half of the prisoners released from Warren Hill were recalled, perhaps due to the huge gap between the institutionalised experience of men serving long sentences and the freedoms and responsibilities that they take on when released. I was impressed by the small unit that aimed to replicate the experience of being in an approved premises – to which most prisoners can expect to be sent in the early months after release. However, this unit only housed four prisoners and leaders had not done enough to understand and address the reasons why so many men were recalled. The prison needed to do more to reduce this rate.

Although prisoners were unlocked for up to 11 hours on weekdays, and there was a good range of activities available, it was disappointing that they were only unlocked for seven hours at the weekends. The education provider had made sure that most activities had qualifications attached. However, there were few links with possible future employers, which may have been a reason for the high recall rates. The opening hours of the library, which was now shut in the evenings and on the weekend, had been changed, but it was unclear why. I was told there were plans to develop it into something like the excellent facility at HMP Bure, but the reality was that there were fewer opportunities for prisoners to take out books.

Given that Warren Hill is supposed to replicate aspects of open prisons, there were not enough opportunities for prisoners to earn more and save money for their eventual release. Men were also unable to be released on temporary licence, which would have helped those directly leaving the prison to settle successfully and avoid future recall.

There was much to like about Warren Hill. There were many experienced staff who took responsibility for maintaining the strong, supportive culture. Drug use and violence were rare and generally prisoners were housed in decent conditions. Despite the many positives, there was a surprising amount of disgruntlement among prisoners, some of whom had expected more from the jail - the reasons for which needed to be further explored by leaders.

The prison is due to merge with its neighbour HMP/YOI Hollesley Bay, and with the right leadership, this will give both effective prisons an opportunity to flourish.

Charlie Taylor

HM Chief Inspector of Prisons

April 2025

What needs to improve at HMP Warren Hill

During this inspection we identified seven key concerns, of which four 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. **Not enough had been done to address the high rate of recall of prisoners released.**
2. **Release on temporary licence (ROTL) into the community to help prisoners prepare for release remained suspended.**
3. **Prison and health care partners had not taken action to address risks that included insufficient clinical space and the lack of emergency radios.** The needs assessment was out of date and arrangements for additional health care following the prison's planned expansion were still unclear.
4. **Leaders had not established good relationships with employers prepared to recruit those convicted of serious offences on release.** They had also not given prisoners suitable access to the virtual campus and/or laptops to develop their digital skills.

Key concerns

5. **Serious incidents of self-harm were not investigated to make sure lessons were learned.**
6. **Dental standards were not at the expected level for monitoring legionella and decontaminating dirty instruments.**
7. **High-quality education and vocational training were not offered across all aspects of education and industries.** Tutors and instructors were not always supported to deliver suitably paced lessons and feedback that is both helpful and developmental.

About HMP Warren Hill

Task of the prison/establishment

A category C adult male closed prison with a progression regime.

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

Prisoners held at the time of inspection: 267

Baseline certified normal capacity: 267

In-use certified normal capacity: 267

Operational capacity: 269

Population of the prison

- 42 prisoners were released in the last 12 months.
- 93% of prisoners were serving life sentences.
- five prisoners were foreign nationals.
- A quarter of prisoners were from black and minority ethnic backgrounds.
- 91 prisoners were receiving support for substance misuse.
- 43% of prisoners were aged over 50.

Prison status (public or private) and key providers

Public

Physical health provider: Practice Plus

Mental health provider: Practice Plus Group and The Forward Trust

Substance misuse treatment provider: Phoenix Futures

Dental health provider: Community Dental Services

Prison education framework provider: People Plus

Escort contractor: Serco

Prison group/Department

Hertfordshire, Essex and Suffolk Group

Prison Group Director

Simon Cartwright

Brief history

HMP Warren Hill opened in 1982 to accommodate category C young offenders in a closed environment. It was part of Hollesley Bay Colony; the other part of Hollesley Bay was an open youth custody centre/detention centre.

In April 2002, HMP & YOI Hollesley Bay became two separate establishments. The open complex retained the name Hollesley Bay, and the juvenile prison, comprising Warren Hill and Carlford, became HMP & YOI Warren Hill. Warren Hill then started to accept young people who had been remanded by the courts, as well as those who had been sentenced.

Warren Hill began operating as a category C adult male prison in 2014, delivering a progression regime for prisoners who had been given a life sentence, an indeterminate sentence for public protection (IPP) or an extended

determinate sentence. The prison accepts prisoners serving these sentences who are excluded from open conditions and those who have been recalled.

Warren Hill is an integrated site, with prisoners convicted of range of offence types. It promotes a culture of acceptance and tolerance. The prison has Enabling Environments accreditation from the Royal College of Psychiatrists, and was recredited in 2024.

Short description of residential units

- Oak – progression regime unit for the general population and incentivised substance free living (ISFL) wing
- Alder – progression regime unit for the general population
- Sycamore – progression regime unit for older prisoners and those with social care needs
- Elm – therapeutic community (TC) with 40 places
- Maple – psychologically informed planned environment (PIPE) with 20 places
- Willow – an independent living unit mirroring an approved premises in the community, with four places

Name of governor/director and date in post

Chris Huckle, June 2024 (temporary)

Changes of governor/director since the last inspection

David Nicholson, March 2019 – May 2024

Independent Monitoring Board chair

Geoff Rivers

Date of last inspection

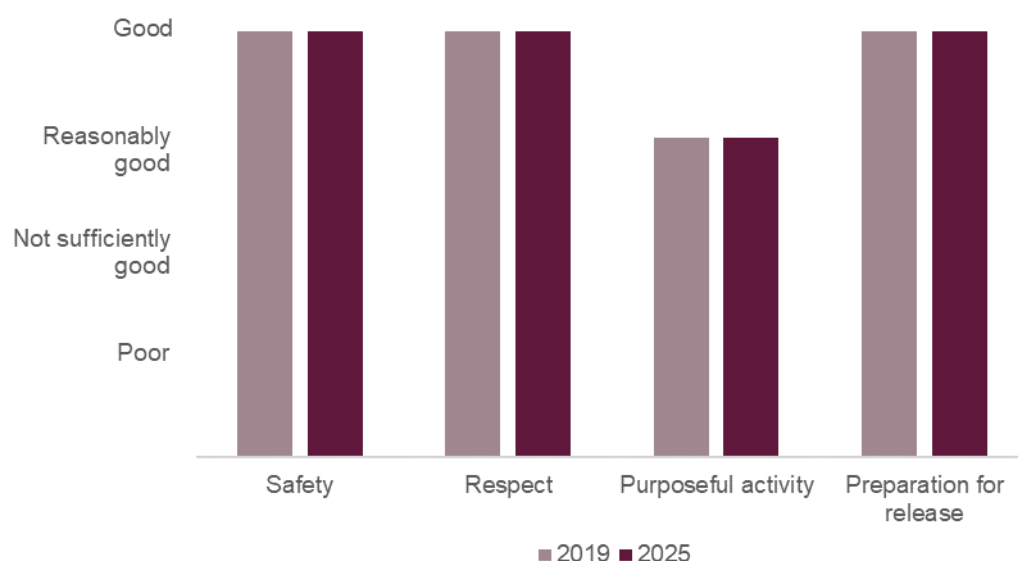
18 November – 6 December 2019

Section 1 Summary of key findings

Outcomes for prisoners

- 1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.2 At this inspection of HMP Warren Hill, we found that outcomes for prisoners were:
- Good for safety
 - Good for respect
 - Reasonably good for purposeful activity
 - Good for preparation for release.
- 1.3 We last inspected Warren Hill in 2019. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Warren Hill healthy prison outcomes 2019 and 2025



Progress on key concerns and recommendations

- 1.4 At our last inspection in 2019 we made 12 recommendations, one of which was about an area of key concern. The prison fully accepted 11 of the recommendations and partially (or subject to resources) accepted one.
- 1.5 At this inspection we found that our recommendation about the area of key concern had been achieved. All of our recommendations in the areas of safety, respect and purposeful activity had been achieved. For a full list of the progress against the recommendations, please see Section 7.

Notable positive practice

1.6 We define notable positive practice as:

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

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

Examples of notable positive practice

a)	The 'virtual village' continued to give some prisoners access to a peer-run café and shop, which provided some normality and promoted independent living.	See paragraph 4.15
b)	The neurodiversity support manager was well integrated into the prison, and provided good support for prisoners through support plans, sensory rooms and one-to-one sessions.	See paragraph 4.28
c)	A dedicated physical education instructor conducted good outreach for older prisoners and those unable to attend the gym, including weekly sessions where these prisoners could socialise.	See paragraph 4.32
d)	The prison's diversity and inclusion action team meeting scrutinised an excellent range of data, which was shared with prisoners regularly.	See paragraph 4.34
e)	The on-site Willow unit enabled some prisoners due for release to live more independently and learn to abide by the rules associated with external approved premises.	See paragraph 6.73
f)	The debt peer support mentor provided mediation between prisoners as well as help with budgeting for those who were in debt.	See paragraph 3.12

Section 2 Leadership

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

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 A temporary governor had been in post for eight months pending the introduction of joint governance with neighbouring HMP Hollesley Bay. A governor responsible for the two prisons was being recruited.
- 2.3 Leaders had maintained the good outcomes and examples of positive practice that we found at our last inspection. A whole-prison approach still underpinned the management of a complex population, which was largely made up of prisoners serving indeterminate sentences.
- 2.4 There was good oversight of the enhanced behaviour monitoring (EBM) model. This was integral to the prison's progression regime, the PIPE and therapeutic community.
- 2.5 Around half of the prisoners released in the past two years had been recalled, and not enough had been done by leaders to address the reasons for the high rates of recall. However, an analysis of recalls had recently been completed, and some consultation with prisoners had started, which was encouraging. The small on-site 'approved premises' unit was a good initiative, preparing some prisoners due for release to live more independently. However, ROTL remained suspended, which was a major gap in work to prepare the many long-serving prisoners for resettlement back into the community.
- 2.6 Leaders had also identified a need for more digital technology to support prisoners' reintegration. However, the library and its computers had recently been relocated, which meant that prisoners had even less access to IT.
- 2.7 While there was good partnership working between prison leaders and the education provider, work to prepare prisoners for employment on release was not yet good enough. Prison leaders also needed to engage better with potential employers prepared to recruit those convicted of serious offences on release.
- 2.8 Senior managers had continued to prioritise key work to support EBM, and quality assurance and key worker training was much better than we usually see.

- 2.9 Some members of the senior leadership team and the dedicated group of middle managers were both visible and approachable, others were rarely seen around the jail.
- 2.10 Leaders had successfully recruited the prison's full quota of prison officers. While a third had less than two years' experience, they were well supported and integrated into the culture and ethos of the prison.
- 2.11 Prison leaders were taking too long to resolve some very long-standing issues with health care services, including insufficient clinical space and dedicated rooms for group work and appointments. There had also been no review of the prisoners' health needs for five years and no information on how additional staff and clinics required for the planned prison expansion would be accommodated.
- 2.12 While leaders offered prisoners good opportunities to progress with their sentence, many men told us of their frustrations and said that they had expected more from the jail. This required further exploration.
- 2.13 Although good practice identified at our last inspection had continued, there was scope for leaders to focus on further innovation and continuous improvement to maximise the potential of the prison. This was particularly important given the planned expansion and integration with Hollesley Bay.

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 Only around five prisoners arrived from other prisons each month. Prisoners had to apply to come to Warren Hill, and were selected based on their suitability to engage with the progression regime.
- 3.2 Prisoners were well informed about the prison before their arrival. To avoid delays in transfers, Warren Hill staff collected most prisoners, and their property, in the prison's transportation instead of using the escort contractor's cellular vehicle.
- 3.3 The reception area was a welcoming environment. New arrivals were greeted by a friendly orderly, who was also a prison Listener (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). In our survey, the prisoners were far more positive about most aspects of early days than those at other category C prisons, and 95% said that they were treated well in reception.



Reception

- 3.4 Reception staff conducted safety risk interviews in private, and prisoners could contact their families once on their wings. If their telephone pin number or money had not yet been received from the sending prison, they were offered a free telephone call or credit. The prison's process of pursuing any property lost in transit was robust. In our survey, 91% of prisoners said they had received their property in the first few days.
- 3.5 New arrivals had the opportunity to buy items from the well-stocked grocery shop (see also paragraph 4.15), which was a good initiative to prevent prisoners from getting into debt.
- 3.6 A comprehensive induction programme started on the first working day after arrival and was delivered over a couple of weeks. A wide range of departments from across the prison contributed to the programme, which clearly set out the sequence for progression. Peer workers were integral to the programme, guiding new arrivals to each relevant department. Prisoners we spoke to were generally positive about their induction. In our survey, 80% said it covered everything they needed to know about the prison

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

- 3.7 Warren Hill was a safe prison. There were few violent incidents and little evidence of bullying. Prisoners lived in a generally supportive environment. In the previous 12 months, there had been nine recorded incidents of violence against staff and prisoners, which was the lowest of all category C prisons. In each of these cases, the prisoners involved had been transferred out due to the prison's zero tolerance approach to violence. This was managed appropriately in the cases that we reviewed.
- 3.8 In our survey, two thirds of prisoners thought that the culture within the prison encouraged them to behave, compared with 19% at other category C prisons. During our visit, prisoners told us that they had 'a lot to lose' if they misbehaved, as most of them were working towards a parole hearing. The acceptance criteria that required prisoners to be willing to engage also lent itself to more positive behaviour. The overall ethos of the prison was supportive.
- 3.9 Although the prison used the incentives scheme, and all prisoners were placed on the enhanced level on arrival, the EBM model that underpinned the progression regime was the main way of motivating positive behaviour. Prisoners could progress through the three stages of EBM and gain access to additional incentives by meeting targets on

their progression plan. At stage two, prisoners could take on trusted roles and go to the prison shop and barista café once a week. At stage three, they could cook their own evening meals and have more relaxed family visits in a purpose-built room (see also paragraphs 4.14 and 6.10). Prisoners told us that the opportunities available through EBM were a good incentive to behave and engage in the ethos of the prison.

- 3.10 Challenge, support and intervention plans had been used appropriately to support those who had been victims of bullying or violence, and the plans were better than we usually see. Referrals were completed for every violent incident, as well as in response to intelligence about bullying, isolation or other vulnerabilities. Leaders completed quality assurance on the referrals and investigations, and had plans to make further improvements.
- 3.11 There was good multidisciplinary working in the weekly safety and security meeting, and leaders took a proactive approach to managing those who presented a risk to others. 'Recommitment meetings' were held with prisoners who were disengaging or whose risk of violence had increased.
- 3.12 The safety team had trained several peer representatives to work with other prisoners and help to reduce violence (see also paragraph 4.5). There were a variety of peer support roles, including a debt reduction mentor, who offered mediation and help with budgeting. There were also trained restorative practice mediators, who could mediate between their peers, but they were under-used.

Adjudications

- 3.13 There had been 107 adjudications in the last year, which was a similar number to our last inspection and far lower than other category C prisons. The majority of adjudications were for possession of an unauthorised item.
- 3.14 In the sample of adjudications reviewed, we found good evidence of enquiry. The deputy governor completed quality assurance on the hearings and provided feedback to the adjudicating governors.
- 3.15 At the time of our last inspection, leaders had introduced community payback as an adjudication decision, but disappointingly the use of this had reduced. The few prisoners who had been given community payback appreciated the opportunity to make amends in this way.

Use of force

- 3.16 There had been nine incidents of force in the last year, but none had involved full control and restraint, and the majority were guiding holds.
- 3.17 We were able to review footage of the majority of incidents, and judged that all uses of force were proportionate to the risks presented. Statements by staff gave sufficient detail to explain what had happened in the incident and justify the use of force.

- 3.18 Staff involved in the incidents showed good use of de-escalation techniques and had stopped using force as soon as they were able. Oversight through quarterly meetings was proportionate to the levels of force used within the prison.

Segregation

- 3.19 As at the last inspection, there was no segregation unit and we found no occasions when prisoners had been segregated on residential units. Prisoners who were assessed as needing to transfer out of Warren Hill were moved promptly, usually to the prison from which they had come.

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.

- 3.20 Security processes were broadly proportionate to the risks presented in a category C prison. Overall, the approach of the security department was to contribute to the positive ethos of the prison rather than be a barrier to it.
- 3.21 However, there were some inconsistencies in the way the rules about free movement were applied, and prisoners expressed confusion about what they were and were not allowed to do. This led to frustration. Some prisoners told us that they did not feel as trusted as they had been in some other category C jails.
- 3.22 There was a good flow of intelligence and leaders had worked to increase the number of reports submitted. These were then shared appropriately at a weekly intelligence meeting, which created an open approach among staff to the security of the prison. Security objectives were agreed at the monthly meeting and reflected the current intelligence gaps and risks within the prison.
- 3.23 In our survey, only 9% of prisoners said that it was easy or very easy to get hold of illicit drugs, compared to 35% at our last inspection and 51% at other category C prisons. Leaders attributed this reduction, in part, to fewer prisoners arriving from HMP Hollesley Bay.
- 3.24 The positive rate for random mandatory drug tests in the last 12 months was 3.4%, which was the lowest for category C prisons. Prisoners told us that the community ethos and potential consequences for their progression stopped them from using illicit substances.
- 3.25 Leaders had recently introduced an ISFL landing on Oak unit to support recovery. Prisoners who lived on this unit had sessions with Phoenix Futures and undertook voluntary drug testing.

However, further work was needed to improve incentives (see also paragraph 4.90). Voluntary drug testing was offered to all prisoners, and 51% were doing regular tests to provide evidence that they were addressing substance misuse issues.

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

- 3.26 There had been one self-inflicted death since the last inspection. The Prisons and Probation Ombudsman report had not been published at the time of our inspection, but prison leaders had completed their own enquiry and implemented actions in response.
- 3.27 In the previous 12 months, there had been 61 incidents of self-harm, which was a significant increase from our last inspection. However, rates of self-harm were very low when compared to those in other category C prisons. The safety team had attributed the increase to a small number of prisoners who had complex needs.
- 3.28 The low levels of self-harm were underpinned by the supportive environment, which included good key work, relaxed living conditions and time unlocked out of their cells. Prisoners spoke of having hope for their future.
- 3.29 Support for prisoners was overseen and coordinated through the safety intervention meeting, which had good multidisciplinary membership. A useful 'trigger database' had been introduced, which staff could update when they identified significant dates that had the potential to affect a prisoner's mood and/or behaviour.
- 3.30 Leaders told us that there had been no incidents of self-harm deemed as serious. However, we identified a small number of incidents that we considered serious. The prison would have benefited from a learning review of these to ensure that the prisoners received appropriate post-incident care, and to identify good practice and lessons learned.
- 3.31 In the previous 12 months, 52 assessment, care in custody and teamwork (ACCT) case management documents had been opened for prisoners at risk of suicide or self-harm. The plans we reviewed were completed to a high standard and the multidisciplinary support provided to prisoners was better than we usually see. Staff knew their prisoners very well and prisoners were mostly positive about the support they had received.

- 3.32 Although not regularly used, there were two dedicated Listener suites and sufficient Listeners available in the prison. In our survey, more prisoners said it was easy to speak to a Listener if they needed to than at our last inspection (67% compared to 49%).



Listener suite

Protection of adults at risk (see Glossary)

- 3.33 A local safeguarding policy provided guidance on how to support a prisoner at risk of abuse and neglect, and links with the Suffolk County Council safeguarding adults board were established.
- 3.34 However, safeguarding risks were not fully understood by staff, and those we spoke to did not know how to make a referral.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

- 4.1 Staff-prisoner relationships were good. In our survey, 85% of prisoners said that staff treated them with respect, compared to 70% in comparable prisons. In addition, 73% of prisoners said that someone had talked to them in the last week to check how they were getting on. This was far higher than the 36% we see in other category C prisons.
- 4.2 We observed positive, respectful interactions between staff and prisoners. Staff on most units were visible and active. They carried out key work, checked in with prisoners and, during evening association, took part in activities with the men on their units. Staff demonstrated a good knowledge of the prisoners on their wings and their needs.
- 4.3 Key work continued to be a strength. Most sessions were thorough and meaningful, and demonstrated an in-depth understanding of prisoners' risks and targets for progression. Key workers worked well across departments as part of their role. We frequently saw staff consulting with the offender management unit (OMU), psychology and other partners to understand prisoners' progress.
- 4.4 Quality assurance processes for key work were also robust. Supervising officers on residential units assessed the quality of key work sessions and held staff to a high standard. We saw examples of poor sessions being challenged, and staff being assigned to additional training where necessary.
- 4.5 The prison made good use of peer work, and we saw examples of prisoners being given considerable responsibility, such as in supporting those with neurodiverse needs, delivering the ReSeT relationships skills course (a programme based on restorative practice principles) and acting as instructors in vocational training.

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 Overall, standards of cleanliness and decency were very good, and, in our survey, prisoners were positive about most aspects of daily life.
- 4.7 All prisoners were in single cells, which were clean and well equipped. However, some prisoners complained about their mattresses being worn out. The newer Maple and Elm units were well decorated and prisoners living in these units had in-cell showers. Conditions on Sycamore unit had improved since our last inspection, with well-maintained gardens for prisoners to access.
- 4.8 The newly developed Willow unit was a good initiative. It provided an independent living environment for up to four prisoners, which was similar to the conditions in approved premises and helped them to prepare for release (see also paragraph 6.73).



Willow unit kitchen (top left), lounge (top right) and bedroom

- 4.9 Residential and communal areas were bright and well maintained. Features such as artwork, fish tanks and comfortable seating made areas more pleasant. A work party of skilled prisoners supervised by the facilities management provider (GFSL) maintained a decent living environment. During the inspection, they were refurbishing showers on Oak and Alder units to a high standard.



Maple unit (left) and Elm unit

- 4.10 There was excellent access to cleaning materials and prisoners took personal and collective responsibility for the cleanliness of the communal areas. However, not all windows on Oak or Alder units opened or closed properly.
- 4.11 Exterior grounds were pleasant and accessible, which promoted prisoners' well-being. Prisoners had good access to outdoor exercise areas during the day. These also had seating areas (see also paragraph 5.13).
- 4.12 The prison had retained its Enabling Environments award, which was accredited by the Royal College of Psychiatrists. This recognised the prison's efforts to create a positive social environment.

Residential services

- 4.13 Food continued to be prepared at a nearby prison and transferred to Warren Hill at mealtimes. Many prisoners complained to us about the quality of food. However, in our survey, more prisoners (46%) than in other category C prisons (33%) said the quality of food was very or quite good. Prisoners could choose lunch and dinner from a four-week rolling menu with a variety of daily options, including fresh fruit and vegetables. Lunch and evening meals continued to be served too early.
- 4.14 Each unit had excellent cooking facilities, which encouraged prisoners to develop independent living skills. Prisoners on the highest stage of the EBM scheme valued the opportunity to opt out of eating the prison's evening meal. They were given £30 per month to buy and cook their own food, although some prisoners told us that this budget was insufficient without financial support from family or friends.



Elm unit kitchen

- 4.15 Prisoners could buy a reasonable range of goods through a national contract with DHL, and from a variety of catalogues. Those on stages two and three of EBM could also access the 'virtual village' and buy hot food and drinks from the peer-run barista café and items from a well-stocked 'village shop'. The shop stocked a variety of goods, including toiletries, utensils, and fresh and frozen foods. This gave prisoners some normality and an opportunity for more independent living. A selection of clothes at affordable prices were also sold two days a week.



Village shop

Prisoner consultation, applications and redress

- 4.16 The prison had effective consultation arrangements in place. There was a monthly prisoner council meeting alongside a wide range of forums on specific issues such as health and well-being, canteen, catering and the incentives framework.
- 4.17 In our survey, 74% of prisoners said they were consulted about things like food, canteen and wing issues, which was better than in other category C prisons (46%). Prisoners were generally positive about the prison's willingness to address issues when they were raised at these forums.
- 4.18 The prison council was a useful vehicle for raising and addressing issues. Managers made good use of these sessions to update prisoners on news about the prison and to share their analysis of complaints data. However, minutes showed that the council was not always well attended by senior leaders.
- 4.19 Since our last inspection, the complaints process had improved. Forms were readily available on wings. Local data showed that 82% of complaints were responded to within five working days, and only a few were very overdue.



Complaints box and prisoner information boards

- 4.20 The responses to complaints we reviewed were generally thorough and courteous, and often involved speaking to the complainant in person. In our survey, 81% of prisoners said it was easy to make a complaint and 64% said that they were usually dealt with fairly, compared to 49% and 29% respectively in other category C prisons.

- 4.21 Prison leaders conducted good quality assurance of around a third of complaint responses each month, and challenged staff appropriately where standards were not fully met. The process for managing confidential complaints was robust.
- 4.22 Leaders made good use of data analysis to assess trends in complaints each month. They shared this with prisoners through the council and noticeboards on each wing.
- 4.23 The application system was paper-based, which presented challenges in analysing the timeliness and quality of responses. Despite this, the available data indicated that applications were dealt with promptly. In our survey, 87% of prisoners said that applications were responded to fairly, and 75% said that they were dealt with within seven days. These were both much better than we have found in other category C prisons.



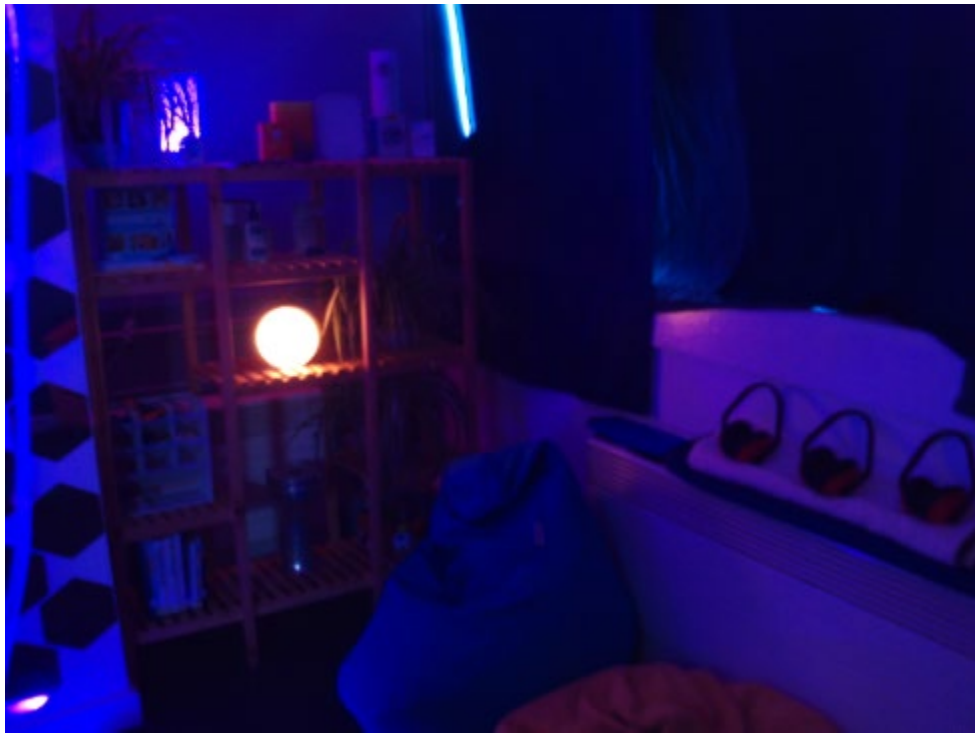
Application forms available on Oak unit

- 4.24 Legal visits were held weekly in the visits hall. It lacked privacy, but we were told that private facilities could be made available in the OMU on request. Legal video calling was available throughout the week, with three video link suites available. The library had a good range of legal reference texts available for prisoners to review.

Fair treatment and inclusion

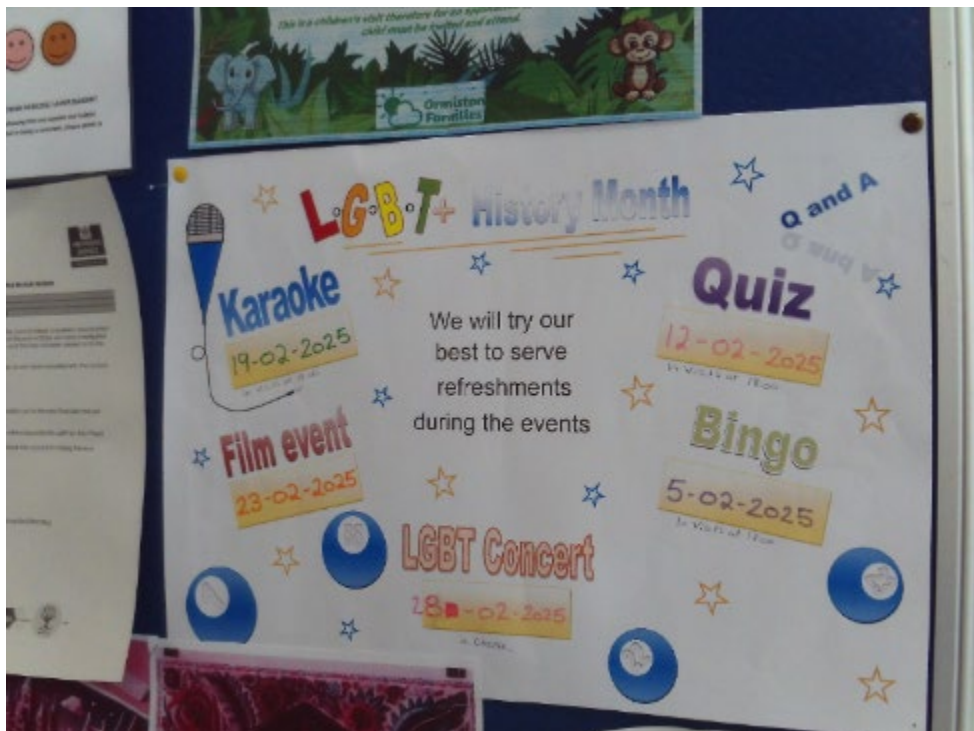
Expected outcomes: There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics (see Glossary), or those who may be at risk of discrimination or unequal treatment, 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.

- 4.25 Leaders were carrying out good work to ensure fair treatment and inclusion in the prison. This was underpinned by effective staff-prisoner relationships that helped to promote a respectful culture where people were treated as individuals (see also paragraph 4.1).
- 4.26 Prisoners with protected characteristics generally spoke positively of their treatment and the support they received from staff, as well as the opportunities they had to raise concerns. The prison ran a range of regular forums for prisoners from different backgrounds, each led by a member of the senior management team.
- 4.27 Forums on ethnicity were an exception to this. Only one had been held in 2024, and some prisoners from black and minority ethnic backgrounds said that their concerns were not being heard as a result. The prison had recently begun to address this, however, and we saw evidence that issues raised in recent meetings were being dealt with.
- 4.28 Support for prisoners with neurodiverse needs was very good. The neurodiversity support manager (NSM) was aided by two prisoner orderlies and was well integrated into the prison. They worked with the OMU, psychology and education to identify individuals in need of help. Both orderlies and nine staff 'neurodiversity champions' had been trained to level 2 standard in neurodiversity awareness, and the NSM was conducting rolling training with the wider staff group.
- 4.29 At the time of our inspection, 62 prisoners were being actively supported by the NSM, who provided support plans and guidance to staff, as well as one-to-one support for prisoners in three sensory rooms around the prison. Neurodiversity orderlies also checked in with those receiving support on a six-weekly basis, and used this information to tailor their care and assess the effectiveness of different departments of the prison in working with men with neurodiverse needs.



Sensory room

- 4.30 There was an active LGBT+ community in the prison, and at the time of our inspection these prisoners were holding a range of peer-led activities for LGBT+ History Month. The prison had good systems in place to support transgender prisoners.



LGBT+ activities poster

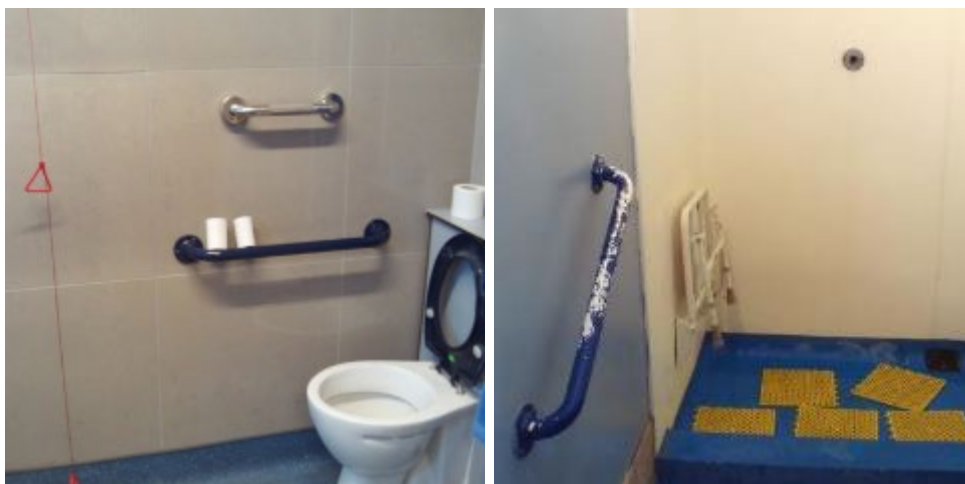
- 4.31 The Sycamore unit provided a very supportive environment for older prisoners and those with reduced mobility, with a pleasant garden and

on-wing activities for these men. Staff on the unit were caring and demonstrated an excellent understanding of the needs of prisoners held there.



Sycamore unit entrance (left), and activities on the unit

- 4.32 Around 43% of the population were aged over 50, and these prisoners spoke positively about their treatment. A prison physical education instructor held a weekly over-50s club and a dedicated session for those who were retired or unable to work (see also paragraph 5.12). Despite the sizeable population of older prisoners, the prison lacked a 'buddy' system of peer support outside the Sycamore unit.
- 4.33 Prisoners with disabilities were generally well supported, and staff were knowledgeable about their needs. Personal emergency evacuation plans for 36 men were regularly reviewed and updated to make sure that they would be supported in the event of an emergency. Accessibility around the site was reasonable, and mobility scooters were available for those who required them. While most prisoners with disabilities had access to some in-cell adaptations, some were waiting too long for social care assessments and prison leaders did not always have sufficient oversight of these prisoners' support needs (see also paragraph 4.65).



In-cell adaptations on Sycamore unit (left) and adapted shower on the Alder unit

- 4.34 The prison's diversity and inclusion action team meeting was very effective and well attended by senior leaders. The team made excellent use of data to analyse potential disproportionalities, such as inequitable access to desirable jobs, including regularly reviewing adjudications, complaints, intelligence-led searching and mandatory drug testing. This analysis was shared and discussed with prisoner representatives each month, which was positive. We also saw evidence of thorough investigations where possible disparities were identified.
- 4.35 The Ipswich and Suffolk Council for Racial Equality (ISCRE) continued to visit the prison weekly. They provided advice and guidance on black and minority ethnic issues, as well as external assurance on prison processes.
- 4.36 In the year before our inspection, the prison had only received six discrimination incident reporting forms (DIRFs). Investigations resulting from these were usually comprehensive. The deputy governor and ISCRE undertook good quality assurance.

Faith and religion

- 4.37 The chaplaincy was shared with neighbouring HMP Hollesley Bay and made up of one full-time managing chaplain and four part-time chaplains supported by sessional visitors. Despite working across two sites, the chaplaincy team delivered good pastoral care to prisoners, who spoke very highly of the support they received. In our survey, 82% of prisoners said that their religious beliefs were respected, which was higher than at other prisons.
- 4.38 The chaplaincy's multi-faith room was spacious and welcoming, with a pleasant garden attached that prisoners could use for reflection. The weekly timetable provided opportunities for communal worship and study groups for all faith groups, alongside regular Sycamore Tree courses on victim awareness.



Multi-faith room (left) and chaplaincy gardens

- 4.39 During religious celebrations, prisoners could cook meals for their peers, which was positive. The chaplaincy also benefited from an active group of 15 official prison visitors, who attended the prison weekly to meet with those who did not receive visits (see also paragraph 6.5).

Health, well-being and social care

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

- 4.40 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found a breach of regulations and issued a request for an action plan following the inspection (see Appendix III).

Strategy, clinical governance and partnerships

- 4.41 Despite several gaps in the governance of the services, health care at HMP Warren Hill was good overall; in our survey, 78% of prisoners said that the quality of the service was good.
- 4.42 Health provision was contracted to Practice Plus Group (PPG) for primary care, secondary mental health provision and on-site pharmacy provision. PPG had subcontracted Sigcare in Watford to supply medicines. Community dental services were directly commissioned by NHS England, as was the psychosocial service provision through Phoenix Futures. The Forward Trust was also separately commissioned to provide a range of psychological interventions known as Improving Access to Psychological Therapies (IAPT).
- 4.43 All separately commissioned health provision at Warren Hill had individual management and governance processes. As a consequence, the services were not sharing learning or good practice adequately and were not working cohesively to manage their joint risks. For example, PPG and Phoenix Futures had inadequate space to deliver care, while the IAPT service had recently given up allocated space because it was under-used.
- 4.44 Each service had separate complaints processes and reporting mechanisms and scrutinised its own trends and themes. It appeared that numbers of complaints were low for each service, but there was no overarching review of the total picture or joined-up approach.
- 4.45 Although local PPG managers knew their risks, they did not always use their risk registers dynamically to record their mitigating actions. For example, the recent vacancy for a pharmacist meant that an alternative process had been created for acquiring prescriptions. This had generated a higher number of incidents and complaints, although the increase was small. The head of health care had started to take mitigating action, while the risk continued, but had not logged this.
- 4.46 Commissioners had not carried out a review of the prisoners' health needs in the previous five years, and there appeared to be no agreed plan for health care provision for the anticipated increase in the prison's

population. This was particularly concerning given that there was already a shortage of allocated space for some of the services.

- 4.47 Partnership arrangements were in place, but some issues were taking far too long to resolve: For example, only one nurse could be directly summoned in response to an emergency, because there was only one designated radio. This had not been addressed for years. Most services did not have sufficient space to deliver care, which also remained unresolved. This reduced efficiency, and staff told us that at times they had been removed from rooms in the middle of a consultation, which was unacceptable. However, none of these issues were logged on the incident reports.
- 4.48 The commissioned IT support system was not fit for purpose. Access to the clinical information systems was slow, which limited the service. The psychosocial service staff were writing care notes on paper due to unacceptable delays. Records were not always written to the expected standards and not all patients had an appropriate care plan.
- 4.49 PPG governance meetings, such as quality assurance, were not conducted to a suitable standard, nor did they produce legible minutes. Although medicines management meetings were in place, they were not attended by senior leaders, a pharmacist, or a prescriber, which limited oversight.
- 4.50 Staff were well trained and felt supported; however, clinical supervision was not undertaken frequently.

Promoting health and well-being

- 4.51 Although there was no formal prison-wide strategy in place to promote health and well-being, 73% of prisoners in our survey told us they were able to lead a healthy lifestyle, citing good time out of their cell and frequent access to the gym as the key reasons.
- 4.52 Useful information on a variety of health-related topics was displayed around the prison, making it accessible to prisoners. Prisoners who attended the monthly health care forum were responsible for keeping these boards up to date.
- 4.53 There had been a recent focus on prostate cancer, and Prostate Cancer UK were due to visit the prison to deliver two education sessions to prisoners.
- 4.54 All new arrivals were offered screening for blood-borne viruses such as HIV and hepatitis. Take-up rates were good. NHS age-related health checks and screening programmes for bowel cancer and abdominal aortic aneurysm (AAA) were delivered appropriately, again with high take-up rates by prisoners.
- 4.55 The prison provided vaping cessation courses. Prisoners who had attended fed back that these had been instrumental in helping them to quit.

- 4.56 As there were no specific visiting sexual health services, health care staff provided most of the sexual health care and advice in the prison, although not all of them had undertaken the nationally recommended training for this. Condoms could be requested confidentially by prisoners through an application to health care, but this was not well advertised.

Primary care and inpatient services

- 4.57 There was a good primary care service, which provided nurses seven days a week, Monday to Friday from 7.30am to 7.30pm, and at weekends from 7.30am to 5.30pm. A GP clinic ran three mornings a week. A daily walk-in triage clinic meant that prisoners could access health care services easily. They could also submit a paper application to request a health care appointment.
- 4.58 New arrivals to the prison were seen by a registered nurse, who conducted initial health screenings to identify any immediate health care needs or long-term medical conditions that needed support. The nurse then made any necessary referrals. First and second reception screens had been completed within the required timescales, as had all reconciliations of medicines. Prisoners were given an information leaflet at reception about health care services and how to access them.
- 4.59 Visiting health professionals provided clinics for podiatry, optometry, and physiotherapy services. Waiting times for most health services were reasonable and prisoners in our survey felt well served.
- 4.60 Patients' long-term conditions and complex health needs were managed well, and their needs were discussed in appropriate multidisciplinary forums. However, care planning needed to improve to ensure patients' health and support needs were fully documented and understood.
- 4.61 The management of secondary care appointments by health care was good, and the prison provided two hospital escorts a day. However, some of these allocated slots were used for priority and urgent appointments. This caused delays to patients' planned care and treatment.
- 4.62 No patients were receiving palliative care at the time of our inspection. However, we saw evidence of good multidisciplinary working with external agencies, such as local hospitals and hospices, to meet the end-of-life needs for one previous patient.
- 4.63 All patients due for release were invited to attend a meeting to discuss their follow-on health care needs. They were also seen on the day of discharge for a final health check by health care staff. A RECONNECT service (that seeks to improve the continuity of care of people leaving prison) was available to assist prisoners in engaging with community health and care services.

- 4.64 Emergency response bags were available across the site to respond to emergency calls. Checking of equipment was not adequate, but this was addressed during the inspection. Primary care staff were suitably qualified to respond to emergencies but only one nurse had access to a prison radio to be able to respond, which was poor. Only custodial managers were trained in basic life support, which meant that only one member of staff was qualified to respond to a resuscitation incident at night, which was also inadequate.

Social care

- 4.65 Social care arrangements had deteriorated in recent months. Local authority staff had previously been highly responsive, but staff were no longer based on site. As a result, referrals were triaged remotely. They were not always progressed due to inadequate information, and wait times for assessments were unacceptably long. Both the prison and the local authority kept logs of referrals, but both had insufficient information on wait times and outcomes.
- 4.66 The local authority had a comprehensive policy on how to manage social care in the prison. But there remained some uncertainty about who was responsible for different types of equipment and how the equipment should be funded and accessed, which caused delays. However, there was a local information-sharing agreement.
- 4.67 The prison had rigid rules on how frequently mattresses should be replaced, which were based on time in use rather than their condition. This was creating some inappropriate referrals (see also paragraph 4.7).
- 4.68 We saw no evidence of regular meetings to monitor the equipment provided or referrals and waiting times for assessment by the local authority, even though these meetings were set out in the local policy and social care was part of the local health and social care meeting agenda. This created weaknesses in oversight.
- 4.69 One care package was in place. This was being provided well by externally commissioned care providers, which the prison facilitated each day.
- 4.70 There was an advertised advocacy service and prisoners knew how to self-refer to social services.
- 4.71 Peer support was only available on one wing and the role was voluntary, which created difficulties if none of the volunteers wished to support some of the more complex cases (see also paragraph 4.32). Peer supporters were aware of their responsibilities.

Mental health

- 4.72 PPG delivered a mental health service (MHS) seven days a week. The service provided support for those with secondary care needs and some crisis interventions. It worked effectively alongside The Forward Trust's IAPT service, which was available five days a week.

- 4.73 Patients' immediate mental health needs were assessed by a registered clinician on arrival and referred accordingly. Peer mentors delivered an induction for new arrivals to the prison to raise awareness of the IAPT service.
- 4.74 Patients could refer themselves to the MHS and IAPT or be referred by staff at any time. Both services received approximately eight to 10 referrals per month. Mental health nurses attended all ACCT reviews. A twice monthly multidisciplinary team meeting, which included the psychiatrist, IAPT, MHS, Phoenix Futures and the neurodiversity support manager, took place to discuss caseloads, new referrals and complex cases. Phoenix Futures and The Forward Trust ran some joint groups, which was good.
- 4.75 At the time of our inspection, the combined services were supporting 103 patients, approximately 38% of the population. In our survey, 78% of prisoners told us they had been helped with their mental health problem. Patients we spoke to were complimentary about services and the support they received,
- 4.76 The IAPT team were supervised regularly. The mental health nurses were long-term agency nurses and PPG had assurances from the agency that supervision was undertaken for these staff.
- 4.77 IAPT services offered a good range of talking therapies to patients through evidence-based one-to-one sessions and groups. However, there was no dedicated space for sessions, which affected service delivery. A small number of patients with higher intensity needs faced a long wait for psychological treatment. The IAPT team offered these patients alternative interventions while they waited.
- 4.78 The psychological well-being practitioners (PWP) and the peer worker facilitated groups. The peer mentors were trained and supervised by the PWPs. Patients also had access to virtual reality mindfulness through headsets that they could use in their cells. This was a new initiative, and the prison had not yet collated feedback on its effectiveness.
- 4.79 Only limited information was entered on to the NHS patient records, which meant there was a risk of key information not being shared with other health professionals.
- 4.80 Four patients were being treated under the care programme approach (a specialist approach to caring for patients with complex needs). Eighteen patients with attention deficit disorder (ADHD) were also monitored by the nurses and had six-monthly reviews with the psychiatrist. A small number of patients did not have care plans or risk assessments.
- 4.81 Blood monitoring was in place for patients prescribed medications with associated risks.

- 4.82 No patients had required transfer under the Mental Health Act in the year before the inspection.
- 4.83 Pre-release arrangements were in place for patients. Community mental health teams were notified before the patient was released and their care was transferred to them.

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

- 4.84 There was an up-to-date drug action plan. Health staff attended meetings when they took place. Rates of positive mandatory drug tests were low at just over 3% (see also paragraph 3.25).
- 4.85 A good drug treatment service was provided by Phoenix Futures. Only 8% of survey respondents said it was difficult to see a drug worker and 90% of those who declared a drug or alcohol problem said they had received help. This was because Oak unit had open-door access, and because most initial assessments were undertaken within 72 hours.
- 4.86 All newly arrived prisoners were offered an induction, which included information on reducing harm and on how to access the drug treatment service.
- 4.87 Caseloads were acceptable despite recent vacant positions. Each patient had a comprehensive assessment that was clearly documented. The service had no designated rooms to see patients in. Appointments took place on an ad hoc basis in education, workshops and on the wings, which was not appropriate (see also paragraph 4.47).
- 4.88 A wide range of psychosocial interventions were available, and the service offer was sometimes adapted after patient consultation events. For example, when prisoners said that Christmas was a risk as they did not get visits, a group was invited to the visits hall and were offered support and a 'visits experience'.
- 4.89 No patients were being prescribed opioid substitution therapy at the time of our inspection. The prison had funding for a part-time family worker role, but the position was vacant at the time of our inspection. Phoenix Futures had provided some training to prison staff, including on how to recognise when a prisoner was under the influence of prescription drugs. Mutual aid groups were in place and the group hosted a guest speaker every fortnight. Peer support workers also co-facilitated SMART recovery (see Glossary).
- 4.90 The ISFL wing on Oak unit housed approximately 20 prisoners who had signed up to the compact to remain drug-free and weekly voluntary drugs testing (see also paragraph 3.26). Most prisoners had remained drug-free in the previous six months and said they felt much less likely to deviate from their commitment due to the additional support they received from the co-located Phoenix Futures team, officers and peer

support workers. The unit had some additional incentives, such as access to some creative activities.

- 4.91 Most of the prison recalls were due to substance misuse. The team were working hard to reduce this by engaging with the drug services in the community; however, many prisoners did not hit thresholds for community services at the point of release. Those who could engage were able to access telerecovery. All prisoners being released were offered training and offered Naloxone to take home.

Medicines optimisation and pharmacy services

- 4.92 Most medicines were supplied by an external provider in a timely manner; however, a small number of delays in January had generated additional incidents and complaints. This had been reported in the recent medicines management meetings.
- 4.93 There was an in-possession policy and risk assessments were recorded on electronic clinical notes. Annual reviews were not always completed. Around 94% of the population received their medicines as in-possession, and 77% were given a 28-day supply. Patients on a 28-day supply ordered their own medicines. The pharmacy team had recently reviewed patients who received medicines not in-possession and moved those appropriate to in-possession status. Not-in-possession medicines were supplied from boxes which were named, with appropriate labelling and a dispensing audit trail. Prescribing and administration were recorded on the electronic clinical records.
- 4.94 Medicines were administered in line with national standards by pharmacy technicians and nurses from the wings twice a day. It was possible to supply night-time medicines when required. Queues for medicines were managed well by prison officers. Confidential space was provided for prisoners while taking their medicines. ID cards were checked when patients came to collect their medicines. Patients were given advice about their medicines by the pharmacy technicians when they attended the hatch. Staff followed up people who did not come to collect their medicines. Cells had locked cupboards for storing medicines and the pharmacy team carried out some cell checks to check for compliance or diversion.
- 4.95 Medicines were managed well on the wings. The treatment rooms had sufficient cupboard space to store all medicines safely. Controlled drugs were appropriately managed. Medicines requiring refrigeration were stored appropriately and fridge temperatures were monitored daily.
- 4.96 There was no pharmacist, which meant that the full support and clinical oversight of the service was not available to patients and the health care team. There were no pharmacy-led clinics or services such as medicine reviews.
- 4.97 There was good provision to supply medicines without the need to see a doctor. The out-of-hours and homely remedies cupboards were not

audited and needed a review to ensure appropriate medicines were being stocked.

- 4.98 Errors in all areas of pharmacy were recorded on Datix (the electronic incident reporting system) and reviewed. Written procedures and protocols were in place. The prescribing of abusable medicines was reported on in the regular medicines management meetings. However, prescribers and senior managers did not attend these meetings, which meant that governance and clinical oversight were less effective.
- 4.99 Patients who left the prison were given a 14-day supply of medication.

Dental services and oral health

- 4.100 Community Dental Services CIC was contracted to provide a full range of NHS dental health services in the prison. At the time of our inspection, the dentist was available two days a month, but this was about to double from April 2025.
- 4.101 The waiting time for a new patient check-up was 14 weeks, and for follow-on treatment was about three weeks. Emergency appointment slots were held each session for those in severe dental pain or with facial swelling. Patients had access to appropriate pain relief and antibiotics if needed.
- 4.102 Dental care records we reviewed evidenced that patients received appropriate assessment, treatment and advice on oral health.
- 4.103 The dental treatment room and decontamination areas were clean. However, we identified several shortfalls in relation to managing legionella and decontaminating dirty instruments. These needed to be addressed to ensure nationally recommended guidelines were followed.

Section 5 Purposeful activity

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

Time out of cell

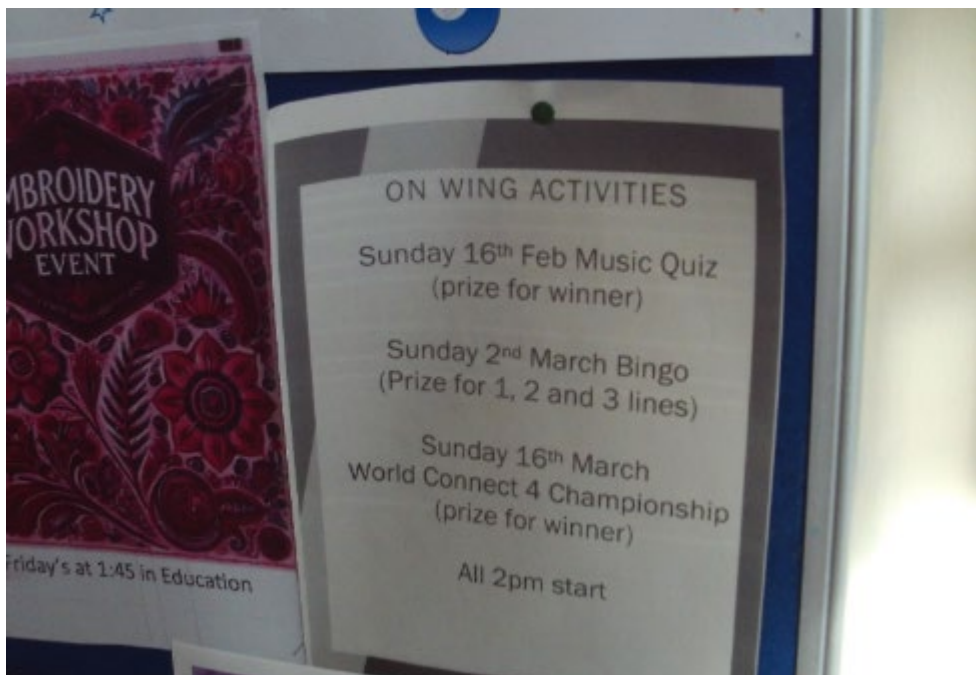
Expected outcomes: All prisoners have sufficient time out of cell (see Glossary) and are encouraged to engage in recreational and social activities which support their well-being and promote effective rehabilitation.

- 5.1 Time out of cell remained good. Prisoners could expect to have more than 11 hours unlocked from Monday to Thursday, and were not locked up during the lunchtime roll checks. However, Friday evening association had been stopped, which caused a slight reduction in the amount of time that prisoners spent unlocked. They also only had around seven hours unlocked at weekends which was disappointing.
- 5.2 Almost all prisoners were engaging in full-time purposeful activity. At the time of our inspection only seven individuals were unemployed or waiting to be allocated to a role, and prison leaders were active in encouraging these individuals to engage in activity. Our own roll checks found that 81% of men were engaged in some form of purposeful activity, and almost no prisoners were locked in their cells.
- 5.3 Residential units had a good range of recreational equipment available, including pool tables, dartboards and board games. Prisoners benefited from midday and evening association periods, which allowed them to cook together, socialise and attend the gym and other appointments. Prisoners were also able to use the evening association period to visit the prison's shop and barista café. This gave them a degree of independence (see also residential services section).



On-wing recreation equipment

- 5.4 A good range of enrichment activity was offered, including monthly bingo, chess clubs, on-wing tournaments and quizzes. These were mostly run by prisoners. Two enthusiastic activities orderlies supported this work, and both spoke positively about prison leaders' willingness to listen to and facilitate prisoners' suggestions.



Activities flyer

- 5.5 The library was staffed by a librarian and six prisoner orderlies, who were very active in delivering books around the prison. In our survey, 77% of prisoners said that they were able to get things delivered to the wing once a week or more, and 69% said that they were able to visit the library once a week or more. These were both significantly better than we see in other category C prisons.
- 5.6 However, the library had recently moved into the education building in a change aimed at promoting reading. While there was a reasonable range of books, the new location was somewhat cramped.



The library

- 5.7 At the time of our inspection the new library timetable meant that it was no longer open on Friday afternoons or at weekends. Prisoners expressed frustration at the new location and change in opening hours. Recent data showed that footfall had reduced substantially since the change in location, but it was too soon to say whether this would be an enduring trend. The prison continued to maintain an excellent range of DVDs, but these were now only available through ordering and delivery to the wings.
- 5.8 Despite this, the library continued to offer a reasonably good service, and 83% of prisoners had used it in the past three months. Reading stations were available around the prison, and the library ran a range of reading challenges alongside a monthly book group and Storybook Dads.



On-wing reading station

- 5.9 The gymnasium was staffed by five physical education instructors (PEIs) and continued to offer an excellent service. In our survey, 84% of prisoners said that they could go to the gym or play sports three times or more in a normal week, and prisoners spoke very positively about the gym. Local data showed that around 62% of the population were active users.
- 5.10 The gymnasium's timetable was comprehensive, and prisoners could attend daily. Specialised sessions were available for retired prisoners and remedial users, and the gym was open in the evenings and at weekends.
- 5.11 A part-time PEI continued to be active in conducting outreach to older prisoners and those who could not attend the gym. They attended the wings regularly to engage with these men, offering advice on fitness and well-being and taking part in activities. This PEI provided a weekly over-50s club as well as sessions for retired prisoners, which was positive.
- 5.12 The gym facility had a wide range of equipment, and the prison also made good use of a large sports field. We observed large numbers of prisoners taking part in outdoor sessions on the sports field during the lunch period.



The gym (left) and the sports field and outdoor equipment

- 5.13 The gymnasium team continued to put on a regular Parkrun session, which was popular with prisoners and periodically attended by community organisations. The gym also offered qualifications in PE instruction and first aid, which ran regularly through the year.

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.

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

Overall effectiveness: Good

Quality of education: Good

Behaviour and attitudes: Outstanding

Personal development: Good

Leadership and management: Good

- 5.15 Leaders had continued to maintain the good standards found at the previous inspection. They had high expectations of prisoners to become active citizens in and outside of the prison. To meet these expectations, leaders had put in place an effective strategy to provide full-time education, skills and work activities to develop prisoners' employability skills.
- 5.16 Leaders provided sufficient activity spaces for the entire prison population to take part in purposeful activity. Almost all prisoners were in full-time employment. They could study alongside work and other activities, and what they were allocated to was based on their needs and time in the establishment. Only a few prisoners were not working due to disabilities, ill health, being retired or their induction to the prison. Leaders had fully met the recommendation from the previous inspection.
- 5.17 The curriculum focused well on the development of prisoners' interpersonal, social and employability skills, offering largely accredited qualifications from entry level up to level 7. Since their previous inspection, leaders had introduced new qualifications, such as the level 3 award in education and training and a higher education offer. They had also started teaching new courses including forklift truck and barista training, to increase career pathways and enhance prisoners' employment prospects.
- 5.18 Prison leaders and managers had ensured all groups of prisoners had fair and reasonable access to the entire curriculum. They had changed most education courses to part-time to make them accessible to all prisoners, including those in rehabilitation and therapeutic programmes.
- 5.19 The allocation process was effective. Staff promptly allocated prisoners to education, skills and work. There were small numbers on waiting lists in a few subjects. In most instances, staff allocated prisoners to activities based on their individual needs and aspirations and that aligned with their sentence plans to help them in their next steps. Prisoners nearing release were assigned relevant courses, such as the diploma in progression to help them to develop an understanding of life on release and in open conditions.
- 5.20 Prisoners received thorough information, advice and guidance (IAG) when they arrived at the prison. At the prison induction, information and support offered in relation to making choices were good. Staff made clear the importance of achieving English and mathematics qualifications to progress to better paid roles within the prison, and to gain employment on release.
- 5.21 In work areas such as gardens, engineering and cleaning, prisoners gained accredited qualifications and developed new knowledge and skills. Leaders offered additional qualifications to qualified workers to develop their skills and to help them to become more employable in and outside of the prison. For example, prisoners could gain mentoring and assessor qualifications.

- 5.22 Many prisoners were working as instructors and mentors across education, skills and work areas. Mentors supported other prisoners well in their lessons and at work. For example, in English lessons, peer mentors helped prisoners to create healthy menu plans by supporting them to work out calories in different food types. In workshops, peer mentors worked closely with instructors to make sure prisoners understood the task briefs and produced work that met required standards. Instructors trained prisoners to complete work to industry standards. In a few areas, such as raptor (bird of prey) and forklift truck courses, instructors were recommended by the awarding organisations to train the trainers from other establishments.



Owl at the Raptor project

- 5.23 The vocational courses gave prisoners the necessary skills in areas where there is a demand from employers, such as welding and some construction skills. However, too few prisoners had gained employment on release. Leaders had not engaged sufficiently well with suitable employers to identify appropriate job opportunities for prisoners on release, which were limited due to the specific nature of their offences.
- 5.24 Leaders used the pay policy effectively to incentivise prisoners to take part in education and work. Prisoners earned incentives and rewards such as unsupervised family visits and bonus payments for good attendance and achieving qualifications.
- 5.25 Overall attendance was extremely high across education, skills and work. Staff, including prison staff, set high expectations of behaviour and challenged prisoners consistently well where those expectations were not met. Prisoners were punctual to their lessons and to work. They came prepared, ready to start on time and worked independently.

- 5.26 People Plus (PP) provided education and some of the vocational training in the prison. They had put in place suitable training for tutors such as teaching and assessor qualifications for those who did not already have them. Tutors used what they learned on the training to implement effective teaching methods. Prisoners benefited from well-planned and well-taught courses that were sequenced in a logical way. For example, prisoners studying level 3 award in education and training studied planning and enabling learning before they learned about the principles of assessment. Most prisoners achieved their accredited qualifications. However, in a very few subjects, such as functional skills mathematics and construction skills, the achievement of the small number of prisoners taking the qualifications was low. Leaders had suitable action plans in place to rectify the issues and improve the quality of teaching and training in these subjects.
- 5.27 Leaders had suitable quality assurance activities in place to monitor the quality of teaching and training prisoners received. They worked closely with PP and had a good understanding of the quality of the provision delivered by PP and the areas that they needed to improve.
- 5.28 Tutors and instructors were suitably qualified and occupationally competent. They used information about prisoners' starting points well to plan their teaching so that prisoners often worked at their own pace, gradually building on their knowledge. In industries, instructors used information about prisoners' starting points effectively to inform the tasks that they assigned to them.
- 5.29 Most tutors and instructors used effective teaching techniques, such as explanations and demonstrations, to teach the prisoners. They used questioning and observation of work consistently to check prisoners' understanding. Prisoners gained new knowledge and skills as a result of their studies and training. For example, in horticulture, instructors helped prisoners learn how to prepare the soil, sow seeds and complete seasonal cropping. In engineering, tutors taught prisoners how to use welding tools to join different metal components to create different shapes and models.
- 5.30 In a very few instances, the quality of teaching and training was not good enough. For example, tutors and instructors did not ensure that the feedback that they provided on prisoners' written work helped prisoners to improve the quality of their work. In engineering and the award for education and training (AET), the pace was either too fast or too slow. In AET, prisoners did not have enough time to process key concepts. In engineering, the slow pace limited prisoners' ability to replicate workplace expectations. In industries, instructors did not routinely set development targets focused on developing prisoners' employability skills. Consequently, prisoners lacked understanding of workplace requirements.
- 5.31 Across education, skills and work, prisoners with a learning difficulty and/or disability (LDD) received effective additional support specific to their needs. Tutors and instructors received helpful information on prisoners' needs and were advised of strategies to support prisoners in

education and work. Prisoners with LDD achieved well and in line with prisoners without LDD.

- 5.32 Prisoners benefited from broad and comprehensive enrichment and personal development activities. For example, they took part in reading, cooking, arts workshops, games and quizzes. These activities were prisoner-led and carefully planned to successfully improve prisoners' sociability, confidence, physical and mental health and well-being.
- 5.33 A small number of prisoners near to release and moving into approved premises received effective careers, advice and guidance. However, many prisoners felt they did not have sufficient opportunities to prepare for life outside prison. They did not have sufficient access to Virtual Campus (VC) or laptops to research information for their course work or to explore suitable employment opportunities. Prisoners did not have access to digital devices to use in prison for selecting courses or for ordering personal use items. Consequently, they did not develop their digital skills and felt anxious about being able to cope with technologies in daily life on release. Leaders had recently acquired laptops and tablets to help prisoners access helpful information about employment opportunities, but these were not connected to the internet.
- 5.34 Leaders promoted a culture of reading and had a suitable reading strategy in place. Prisoners had access to a reading group, book clubs, poetry events with visiting speakers and received financial incentives. Shannon Trust provided training for the reading mentors in phonics to help the emerging readers. Prisoners who were emerging readers also benefited from support to develop their reading through the reading programme 'That Reading Thing'. Prisoners read books for pleasure as well as to support their studies, with several reporting they had become avid readers, exploring different genres. They had suitable access to books on wings. However, the reading strategy was not well promoted in some areas such as industries and workshops.
- 5.35 Staff promoted well an environment which took account of the needs of a diverse prison population. They held a range of forums and events with themes such as Black History and LGBTQ+ month. Staff made reasonable adjustments in education, skills and work specific to prisoners' neurodiverse needs. They also provided scooters/stair lifts for those with mobility issues.
- 5.36 Prisoners behaved exceptionally well in education and workshops. Behaviours on the wings were consistently good. Prisoners felt safe and had positive relationships with each other and with prison staff. They demonstrated positive attitudes to their studies and work. In class discussions, prisoners took it in turns to speak, asked for help and sought clarification where needed. In workshops, on arrival prisoners calmly collected their personal protective equipment, changed and started work without any prompting from the instructors. They were highly motivated and took pride in their studies and work.

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 There was good support to help prisoners restore, build and maintain family ties. It was positive to see families involved in many aspects of prisoners' rehabilitation, such as preparation for parole, EBM, and therapeutic community (TC) reviews.
- 6.2 The family services provider, Ormiston Families, undertook casework with individual prisoners on relevant issues, including contact with children and liaising with local authorities, social services, adoption agencies and courts.
- 6.3 A programme of monthly topically themed family days was held throughout the year, which included specific children's sessions. These catered for up to 12 prisoners per session. All prisoners could apply, regardless of their stage in the EBM model.
- 6.4 In our survey, only 17% of prisoners said they had received a social visit more than once in the last month. Due to the nature and length of sentences, the distance from home and the rural location of the prison, data provided by the prison showed about 43% of the population did not receive any in-person social visits at all.
- 6.5 Good work took place to engage prisoners who did not get visits and offer them support. They were encouraged to access the official prison visitors scheme, two community-led pen-pal services and the monthly 'in-house visits experience', which was jointly run between the prison and Ormiston Families.
- 6.6 Face-to-face social visits were available on Friday, Saturday and Sunday afternoons. Visits last lasted for two hours and there were enough sessions to meet demand.

- 6.7 The visitors centre provided good facilities. Families could buy refreshments from a café located outside of the prison, which was run by prisoners on day release from a nearby prison.
- 6.8 The visits hall was welcoming, brightly decorated and reasonably spacious. It included a good selection of recreational equipment and toys for children.



Main visits hall

- 6.9 Families could purchase hot and cold food and drinks from the on-site café, called the Barista. Leaders were exploring opportunities to provide more healthy options following feedback from families.
- 6.10 Those who had achieved the highest stage of EBM could also invite their family to attend a minimally supervised private family visit. These visits took place in a sparse but functional private room, and sessions lasted about four hours.



Stage 3 visits room

- 6.11 During these visits, prisoners could attend the well-stocked on-site shop with their family members, buy food from the Barista café and dine together. Prisoners spoke extremely positively of these sessions and the opportunity to spend quality time with their family.
- 6.12 The 'email a prisoner scheme' was reasonably well used, but secure social video calls (see Glossary) were less popular.

Reducing reoffending

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

- 6.13 The main aim of the prison was to reduce risks so that prisoners could be safely progressed through their sentence or released, usually as directed by the parole board.
- 6.14 The management and oversight of work to reduce prisoners' likelihood of reoffending was strong, focused and strategic. A 'whole prison' approach underpinned the management of a complex population of prisoners with life or indeterminate sentences, who had very specific needs.
- 6.15 Staff coordinated their work ambitiously through regular, well-attended multidisciplinary meetings. These aimed to improve outcomes for prisoners across the resettlement pathways. We saw evidence of effective day-to-day communication and joint working between all those involved.

- 6.16 The collaborative approach to offender management continued to be enhanced by the co-location of the prison offender managers (POMs), the psychology team and case administrators in the OMU. The unit was well led, and fostered a professional, enabling and supportive environment. It was nearly up to full staffing capacity, and POM caseloads were manageable.
- 6.17 Prisoners came to Warren Hill to be part of one of three distinct regimes offered: the progression regime (PR), the PIPE, and the TC. Each of these provided a structure that offered valuable opportunities for prisoners to address offending behaviour and demonstrate progress in reducing their risk.
- 6.18 All prisoners were allocated a POM swiftly on arrival. The psychology team produced a robust, individualised psychological assessment of each prisoner using information from a wide range of sources.
- 6.19 This assessment was used to develop a progression plan, which detailed a clear set of recommendations and targets on which the team could focus its work to manage and reduce risk.
- 6.20 The quality of the PR progression plans was good. They were well structured, comprehensive and meaningful. POMs and key workers reviewed them regularly with the prisoners. This was also the case for prisoners who were participating in the TC and PIPE regimes (see also 'specialist units' section).
- 6.21 The prisoners we spoke to fully understood what they needed to do to achieve their objectives and were motivated to achieve them. Many expressed pride and ownership in the work they had undertaken and the progress they had made.

"The ethos of this prison is to try to get you to do things for yourself and make sure everything is done yourself... they should really open a lot more of these progression regimes."

- 6.22 Prisoners' positive feedback was also reflected in our survey findings. Far more respondents than at other category C prisons said they had a sentence plan (86% compared with 60%); that they understood what they needed to do to achieve their objectives (97% compared with 88%), and that staff were helping them to achieve them (84% compared with 46%).
- 6.23 POMs' contact with prisoners was appropriate to risk and need, typically at four- to six-week intervals. This ensured prisoners received good-quality support.
- 6.24 Overall, the frequency and quality of key work were impressive. Key workers worked closely with POMs and psychology staff. They received good support to help develop their skills in areas such as motivational interviewing techniques and pro-social modelling (see also paragraph 4.3).

“At Warren Hill it’s down to the individual, it’s always a choice, your choice to change but they’re there to guide you, offer support, they’re there.”

- 6.25 The EBM process was core to reducing risk and was used for all prisoners regardless of the regime they were participating in.
- 6.26 EBM required prisoners to identify and demonstrate how they were reducing the risks they posed. It was structured in three stages that gave the prisoner increasing levels of freedom, personal responsibility and access to additional incentives.
- 6.27 Progress through these levels was monitored at regular intervals and through EBM boards chaired by a governor. Prisoners struggling to comply with the regime were offered additional support. At the time of the inspection, one third of the population had progressed to stage three.
- 6.28 The OASys assessments we examined were mostly of a reasonably good standard. However, they were not always updated following a significant change in prisoners’ circumstances or informed by the locally developed progression plans.
- 6.29 Prison-led parole arrangements were managed well. All necessary documents were usually submitted on time, with a few exceptions because of late contributions from community offender managers (COM). POMs provided good support for prisoners preparing for parole, and the quality of the prison’s contributions to dossiers was excellent.
- 6.30 It was positive that 64% of prisoners who had had a parole review in the previous year (January 2024 – December 2024) received a positive outcome. These included 33 prisoners from the PR, two from the PIPE and one from the TC being released, and 28 being recommended for open conditions.
- 6.31 Categorisation processes were appropriate, with progression almost exclusively dependent on the decision of the parole board. For the small number of prisoners serving extended determinate sentences, prison-led oversight of recategorisation arrangements was well managed and decisions defensible.
- 6.32 There were sometimes delays in transferring prisoners to the open estate. This was usually because of the requirement for ministerial approval following a successful parole hearing decision, or because of delays in COMs completing OASys risk management plan reviews.
- 6.33 Around half of the prisoners released in the past two years had been recalled. An analysis of recalls had recently been completed and consultation with prisoners and ex-prisoners to explore the high rate of recall had started. However, at the time of our inspection, not enough had been done to reduce recalls through improvements to preparation for release, for example, ROTL remained suspended and work to

improve prisoners' job prospects was limited (see also paragraphs 6.46 and 6.47)

Public protection

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

- 6.34 All prisoners would be subject to management on release under Multi-Agency Public Protection Arrangements (MAPPA) because of the nature of their offences. Most were assessed as posing a high or very risk of serious harm. About half of the population were registered on VISOR (the multi-agency public protection database) and 17% were assessed as an ongoing risk to children.
- 6.35 Risk management procedures and work to protect the public were managed well.
- 6.36 Dedicated and experienced public protection case administrators made sure the risks associated with new arrivals were screened promptly and, where appropriate, restrictions were applied, shared and reviewed as required.
- 6.37 The well-structured interdepartmental risk management meeting was an effective forum for assessing and managing risk and considered prisoners at appropriate intervals. Multidisciplinary attendance at these meetings was excellent, and it was markedly evident that risk management was fully embedded across the prison.
- 6.38 We saw evidence of good working relationships and effective information-sharing between POMs and community probation teams. However, occasionally, this had been compromised by frequent changes or the late allocation of responsible COMs. In these instances, there was a clear escalation process involving the senior probation officer to make sure relevant information was shared at key stages to inform decision-making.
- 6.39 MAPPA levels for supervision in the community were usually confirmed six months before a prisoner's release or parole.
- 6.40 The prison's written contributions to community MAPPA meetings were completed to a good standard. In some cases, we saw evidence of best practice. In these, contributions were analytical and psychologically informed and struck an excellent balance between managing ongoing risk and striving for progression.

Interventions and support

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

- 6.41 The prison did not offer any accredited offending behaviour programmes, as most prisoners were expected to have completed such work before they arrived at Warren Hill.
- 6.42 Work to address prisoners' likelihood of reoffending and risk of harm was integrated into the prison's overall ethos. The Enabling Environment continued to be a significant intervention in itself (see also paragraph 4.12).
- 6.43 A range of other interventions across the prison complemented the EBM-led PR, PIPE and TC. These included support for prisoners who had experienced abuse, and the level one Diploma in Progression qualification, which covered topics such as relationships, personal social skills and budgeting.
- 6.44 Phoenix Futures provided sessions for those with a history of substance misuse to address risk factors such as maintaining recovery in open conditions and on release. Prisoners could access weekly peer-led Alcoholics Anonymous and Narcotics Anonymous self-help support groups (see also paragraph 4.85).
- 6.45 Since April 2024, 35 prisoners had completed the Sycamore Tree victim awareness course facilitated by the chaplaincy, and 64 prisoners had completed the ReSeT programme.
- 6.46 However, it was disappointing that ROTL, which is an integral part of preparation for release, remained suspended, despite prison leaders' attempts to reinstate it (see also paragraph 2.5).
- 6.47 Work to improve prisoners' job readiness and employment prospects on release was both challenging and limited (see also paragraph 5.24).
- 6.48 There was suitable advice and guidance for prisoners approaching parole or release, which included help to develop CVs and disclosure letters and help with preparing for interviews.
- 6.49 Prisoners did not have sufficient access to technology to develop their digital skills to help them to prepare for the modern world (see also paragraph 5.34). Many prisoners we spoke to felt anxious. They had spent many years in prison and felt underprepared for what prospective employers might expect from them.
- 6.50 The prison employment lead organised employer engagement events but described challenges in securing actual work opportunities with employers. Leaders did not have accurate data on outcomes for prisoners in employment six weeks after release.

- 6.51 Prisoners were given good support for their finance, benefits and debt needs. Eligible prisoners could get help to open a bank account and apply for recognised forms of personal identification before release, such as birth certificates, passports, and provisional or renewed driving licences. The Department for Work and Pensions provided support for benefits entitlements and claims. The Diploma in Progression included a module on finance and debt.

Specialist units

Expected outcomes: Personality disorder units and therapeutic communities provide a safe, respectful and purposeful environment which allows prisoners to confront their offending behaviour.

- 6.52 The TC and PIPE were funded through the national offender personality disorder (OPD) pathway. There was good partnership working between the units and the wider prison, the national OPD and NHS commissioners. Both TC and PIPE worked collaboratively with the mental health services and shared information appropriately. The EBM model was now incorporated into both areas.
- 6.53 The accredited TC was a 40-bed unit. It accepted prisoners from across the country but not those convicted of a sexual offence. Prisoners wishing to join the community had to write a letter of introduction to the community explaining why they should be accepted. At the time of the inspection there were eight men in the assessment phase, 26 engaging in core therapy, and six in the later stages of therapy or waiting to move on. There were 44 prisoners on the waiting list.
- 6.54 The skill mix on the TC included a combination of prison officers and psychology staff, who were well trained and received regular clinical supervision.
- 6.55 Lengths of stay were variable and dictated by treatment goals. On arrival at the TC, prisoners were automatically in the 'assessment phase'. Once this was successfully completed and, following a community commitment vote, they moved into the 'core therapy' stage and were allocated to a small group. All prisoners had a comprehensive therapy plan to identify personal targets developed collaboratively between prisoners, psychology staff and psychotherapy staff.
- 6.56 The small groups, facilitated by staff, ran every morning and addressed issues relating to the risk factors identified in the individual therapy plans. These were followed by a community 'wash up' to share any relevant issues with the wider community. Twice weekly all prisoners and staff attended a community meeting to discuss any issues they faced and work together to resolve them.
- 6.57 The TC provided an environment to facilitate prisoners' personal growth and help them to make positive changes to address offending

behaviour and reduce risk. Community members were very positive about the support they received and the progressive impact of being there. The physical environment was aesthetically pleasing, and both staff and prisoners had worked creatively to enhance the areas.

- 6.58 The TC had a dedicated POM, which was good. He attended the TC regularly and participated in the six-monthly reviews of treatment plans with the prisoners and unit staff. Once a prisoner achieved their treatment goals, there was a 'graduation phase' in which they remained on the unit while they waited for their planned move from the unit.
- 6.59 The progression PIPE's aim was for prisoners to consolidate, develop and practise the skills they had learned from previous treatment and intervention. Prisoners stayed on the unit for between six months and two years. There were 14 men on the waiting list, and four referrals in the previous year had been accepted from Warren Hill's TC.
- 6.60 The process for applying to the PIPE included the referring POM completing a referral with requested documents (OASys, OPD screening and intervention reports). Suitable candidates were invited for a video call interview with the POM. If an applicant was deemed unsuitable, they were sent a letter and offered the opportunity to question the decision. If it was felt the individual may be better suited to the progression regime, the referral was forwarded to OMU.
- 6.61 The PIPE offered a wide range of evidence-based therapeutic care and treatment, including structured interventions, group work linked to risk and progression, and an impressive range of enrichment activities. This was delivered by clinical staff and officers, prisoners themselves and external agencies. Prisoners were expected to attend three structured sessions per month and three creative sessions a week. They prepared and facilitated one session per month themselves. All structured groups took place in the afternoons. In the mornings, they were expected to engage with education and work, which allowed them to interact with prisoners on the other regimes. Numerous other groups were available, including meditation, yoga, gardening and beekeeping. The average length of stay was around two years.
- 6.62 After a month, prisoners attended their first review board, where progression targets were set and reviewed regularly afterwards.
- 6.63 The individual formulations we saw were extremely thorough and addressed the work required to reach identified targets. Staff regularly reviewed the prisoner's progress in relation to their objectives, and identified areas for development.
- 6.64 There were good systems in place to gather prisoners' views. Regular community meetings and a prisoner consultative committee chaired by the PIPE champions were held. The prisoners we spoke to were extremely positive about the support they received and about their own futures.

- 6.65 Prisoners had excellent levels of contact and support from key workers and POMs. There was a resettlement group, facilitated by a PIPE champion, to help with creating resettlement plans for those nearing their release date.
- 6.66 Prisoners leaving the PIPE usually moved to either Warren Hill progression regime, open conditions, an approved premises PIPE or a standard approved premises with a link to a community OPD service.
- 6.67 Both the PIPE and TC provided a structure that offered valuable opportunities for prisoners to demonstrate progress in reducing their risk

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.

- 6.68 Forty-two prisoners had been released into the community in the previous 12 months (January 2024 to December 2024), all on the direction of the parole board. These included 13 prisoners serving life sentences, 27 serving indeterminate sentences for public protection and two prisoners serving extended determinate sentences.
- 6.69 Practical release planning arrangements relied on the OMU, various prison departments and community probation teams working collaboratively, which they did well.
- 6.70 There was evidence that accommodation challenges threatened to undermine good release planning work. However, all those released in the last year had an address to go to and most went to a probation approved premises as a requirement of their licence conditions. In some cases, the prison had transported prisoners to their destination in the community.
- 6.71 All prisoners nearing their parole window or sentence release date were expected, encouraged and supported to prepare a resettlement plan.
- 6.72 The plans we viewed were comprehensive and meaningful. They focused on providing evidence for the parole board on how the individual had reduced their risks and how they intended to manage the challenges that a resettlement/progressive move to open conditions may present.
- 6.73 The on-site 'approved premises' unit (known locally as the Willow unit) was a good initiative. It enabled some prisoners due for release to live more independently and learn to abide by the rules associated with external approved premises.

- 6.74 The Willow unit had capacity for up to four prisoners, who were expected to 'sign in' with the OMU three times a day, as would be expected in the community. They were also required to attend weekly structured sessions covering topics such as understanding licence conditions, budgeting, dealing with setbacks, and relationships. The men we spoke to on the unit appreciated their independence and described how they felt better prepared for transition to an external approved premises. However, the rate of recall of released prisoners remained too high (see also paragraph 6.33).



The Willow unit

- 6.75 Reception release arrangements were efficient and swift. Reception staff issued an impressive release pack, which could include a mobile phone and sim card purchased in advance, along with toiletries and food.
- 6.76 Prisoners could obtain discreet black holdalls for carrying their possessions, and there was a small supply of clothes for those who needed them.

Section 7 Progress on recommendations from the last full inspection

Recommendations from the last full inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

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

Recommendations

The prison should ensure that property that has not arrived with a prisoner is traced and retrieved promptly.

Achieved

New arrivals should be able to access the PIN telephone system promptly.

Achieved

Respect

Prisoners are treated with respect for their human dignity.

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

Recommendations

Responses to prisoner complaints should be fair, courteous and fully address the issues raised.

Achieved

The prison's internal scrutiny of discrimination incident reporting forms should ensure that prisoners receive adequate replies to their complaints.

Achieved

Prison staff should have sufficient awareness of diversity issues to provide effective care and support.

Achieved

The prison should have an effective system to identify prisoners with disabilities so that they receive the support they need.

Achieved

All prisoners should have prompt access to clinically indicated psychologically informed therapies.

Achieved

Medication should be administered at appropriate time intervals to ensure clinical effectiveness.

Achieved

Purposeful activity

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

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

Key recommendations

Prison managers should ensure that prisoners allocated to education programmes are purposefully occupied for the full working week.

Achieved

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.

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

Recommendations

The prison should utilise the internet to facilitate video-enabled contact with families.

Achieved

OASys assessments should be updated following a significant change in a prisoner's circumstances.

Not achieved

The prison should ensure that support is available for prisoners who had experienced abuse.

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
Sara Pennington	Team leader
Natalie Heeks	Inspector
Harriet Leaver	Inspector
Jade Richards	Inspector
Rick Wright	Inspector
Sam Rasor	Researcher
Emma King	Researcher
Adeoluwa Okufawa	Researcher
Jasmin Clarke	Researcher
Tania Osborne	Lead health and social care inspector
Lynn Glassup	Health and social care inspector
Richard Chapman	Pharmacist
Janie Buchanan	Care Quality Commission inspector
Saher Nijabat	Ofsted inspector
Andrea McMahon	Ofsted inspector
Diane Koppit	Ofsted inspector
David Baber	Ofsted inspector
Joanna Luck	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.

Care Quality Commission (CQC)

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

Certified normal accommodation (CNA) and operational capacity

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

Challenge, support and intervention plan (CSIP)

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

Family days

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

Key worker scheme

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

Leader

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

MAPPA

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

Offender management in custody

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

Protected characteristics

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

Protection of adults at risk

Safeguarding duties apply to an adult who:

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

Secure video calls

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

SMART recovery

SMART stands for self-management and recovery training and is an approach to addiction recovery. This is a method of moving from addictive substances and negative behaviours to a life of positive self-regard and willingness to change.

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).

Special purpose licence ROTL

Special purpose licence allows prisoners to respond to exceptional, personal circumstances, for example, for medical treatment and other criminal justice needs. Release is usually for a few hours.

Storybook Dads

Enables prisoners to record a story for their children.

Time out of cell

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

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 Warren Hill 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.

Provider

Community Dental Services CIC
Location name: HMP Warren Hill
Location ID: 1-19894133291

Regulated activities

Treatment of disease, disorder and injury

Surgical procedures

Diagnostic and screening procedures

Action we have told the provider to take

This notice shows the regulations that were not being met. The provider must send CQC a report that states what action it is going to take to meet these regulations.

Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 states as follows:

Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.

Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—

assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

How the regulation was not being met:

There were no systems or processes in place to ensure that the decontamination of dirty instruments followed nationally recommended guidance in HTM 01-05 Decontamination in primary care dental practices. For example:

- Staff did not wear single use disposable aprons to prevent cross contamination during the decontamination process
- The temperature of the water was not tested prior to the submersion of dirty instruments to check it was lower than 45 degrees Celsius to prevent proteins coagulating to the instruments.
- The amount of water needed for the ultrasonic bath to ensure the correct solution dilution was not measured to ensure that instruments were cleaned effectively.
- Following cleaning in the ultrasonic bath, instruments were rinsed in the same sink as they were initially washed/submerged in, thereby risking recontamination.
- Evidence was not provided to demonstrate that periodic testing of the ultrasonic bath had been undertaken to ensure its safe and effective use.
- Instruments were not inspected with an illuminated magnifying lamp after the cleaning process to check for contamination and any wear and tear.

There was additional evidence which indicated a lack of oversight. In particular:

- There was limescale build up around taps in the decontamination area and there was no system in place to ensure its regular removal.
- Staff had not undertaken training in the management of legionella, and there was a lack of oversight of hot and cold-water temperature testing.

The equipment log to demonstrate that visual safety checks of the X-ray unit had been undertaken, had not been completed by staff.

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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