



Report on an unannounced inspection of

## HMP Coldingley

by HM Chief Inspector of Prisons

10–20 November 2025



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## Introduction

HMP Coldingley is a category C adult male training and resettlement prison in Surrey. Opened in 1969, it is an aging facility that has undergone some additional development since then, although recent initiatives to update the prison had been disrupted. At the time we inspected, 505 men were in residence.

At this inspection we report some deterioration in safety outcomes, our principal concern being the widespread use of illicit drugs. Mandatory drug testing rates were among the highest nationally for all prisons, the smell of cannabis was evident around the prison and 43% of prisoners reported that drugs were easily available. The scale of the problem had now been acknowledged by leaders and they had revised their strategy, although many specific operational responses were still in the early stages of implementation. Other necessary measures, including the need for improved gate security, and other critical infrastructure requirements – such as adequate CCTV coverage and secure windows – would require significant investment, which had not yet been approved.

The scale of the problem had recently been gripped, and leaders had now reset their strategy, although many responses were still in the early stages of implementation. Others, like better gate security, and critical requirements, such as adequate CCTV coverage and secure windows, required major investment that had yet to be confirmed.

Serious prisoner-on-prisoner assaults remained high, and weaknesses in supervision, searching, and CCTV coverage all created opportunities for violence and the illicit economy to flourish. Staff presence on the landings was intermittent and inconsistent, and staff did not always challenge poor behaviour.

Living conditions on the older wings remained problematic, with some areas still reliant on antiquated cell sanitation arrangements. Some communal facilities were shabby and even unpleasant. Leaders had secured funding for refurbishment, but delays caused by contractual issues meant progress had stalled. Nevertheless, there had been improvements, notably the refurbishment of B Wing and the designation of the G Wing modular units as enhanced accommodation to incentivise positive behaviour. Cleanliness was, despite all the challenges, reasonably good, and prisoners took pride in their environment.

Staff-prisoner relationships were generally good; 80% of prisoners said they were treated with respect. Senior leaders were visible and accessible, and the governor's weekly drop-in session in the library was exemplary and highly valued. The key worker scheme was reasonably well established, although the quality of work was, at best, inconsistent. Consultation with prisoners was improving, with a democratically-elected prisoner council and regular forums, but further work was needed to ensure inclusivity and a focus on action.

Attendance at work and education was not good enough; too many prisoners missed planned activities and there were insufficient education places in, for

example, English and mathematics. Waiting lists for education and activity places were too long. While a wide range of enrichment opportunities was on offer, promotion and coordination was poor and participation consequently limited. Prisoners were generally positive about their time out of cell, and the regime was stable, but the lack of meaningful activities during the core day doubtless contributed to boredom and, for some, increased drug use.

Preparation for release was reasonably good, with effective support for maintaining family ties and resettlement planning, but gaps in accredited offending behaviour programmes meant some prisoners were released without interventions to reduce risk.

Leaders were regularly seen around the prison and were committed, with clear priorities. Progress had been made in staff retention and combatting absenteeism, and leaders constructively engaged with the inspection process. Nevertheless, there was a need for greater alignment across all levels of leadership, more robust operational responses to security risks, and better use of data to help drive improvements.

HMP Coldingley faced significant challenges, particularly with the ingress of drugs, but also demonstrated real strengths and some notable positive practice. We leave the prison with a number of priorities, which we hope will assist further progress.

**Charlie Taylor**

HM Chief Inspector of Prisons

January 2026

# What needs to improve at HMP Coldingley

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

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

## Priority concerns

1. **Illicit drug use was widespread.** Mandatory drug testing rates were among the highest nationally and drugs were reported as easily available across the prison.
2. **The living conditions on the older wings remained poor.**
3. **There was a lack of supervision and control on the residential units.** Staff were too often not present on the landings, and they did not consistently challenge poor behaviour or rule breaking by prisoners.
4. **Attendance rates at work and education were not good enough.**
5. **There were not enough education spaces for prisoners to study English and mathematics.** Waiting lists for these subjects were too long and too few prisoners successfully completed their qualifications.
6. **There were not enough opportunities for prisoners to demonstrate a reduction in risk and progress in their sentence.** Too little structured offending behaviour work took place to challenge and robustly address prisoners' attitudes, thinking and behaviour. Offender behaviour programmes were not being delivered. Some prisoners were released without the specific interventions they needed.

## Key concerns

7. **The rate of serious prisoner-on-prisoner assaults was high.** The quality of investigations was not sufficiently robust and undermined leaders' ability to take on learning.
8. **The kitchen was in poor condition and the quality of the food was inconsistent.** We observed some food being served which had not been fully cooked.
9. **Prisoners participating in employment, skills and work did not receive sufficient guidance on the risks associated with radicalisation and extremism.**

# About HMP Coldingley

## Task of the prison/establishment

Category C adult male training and resettlement prison

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

Prisoners held at the time of inspection: 505

Baseline certified normal capacity: 559

In-use certified normal capacity: 469

Operational capacity: 513

## Population of the prison

- 617 new prisoners received since January 2025.
- 26 prisoners released into the community each month.
- 16 prisoners are transferred to open prisons each month.
- 36% of prisoners from black and minority ethnic backgrounds.
- 29 foreign nationals supported by a dedicated specialist.
- 150 prisoners under the care of substance misuse services, with 42 prisoners actively accessing treatment.

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

Public

Physical health provider: Central and North West London NHS Foundation Trust

Mental health provider: Central and North West London NHS Foundation Trust

Substance misuse treatment provider: The Forward Trust

Dental health provider: Time for Teeth

Prison education framework provider: MK College Group

Escort contractor: Serco and GEO Amey

## Prison group/Department

Kent, Surrey and Sussex

## Prison Group Director

James Lucas

## Brief history

HMP Coldingley opened in 1969 as a category B industrial training prison. In 1993 it was re-designated as a category C training and resettlement establishment. The prison has seen significant development. The newest addition is G Wing, which provides 62 modular accommodation cells.

## Short description of residential units

- A wing holds 93 prisoners without in-cell sanitation.
- B wing holds 93 prisoners and is newly refurbished with in-cell sanitation.
- C wing is closed for refurbishment.
- D wing holds 93 prisoners without in-cell sanitation.

- E wing holds 162 prisoners with in-cell showers and toilets. There are two dedicated zones: one for incentivised substance-free living (ISFL) and another for long-term prisoners.
- F wing is a small unit for up to 10 prisoners.
- G wing holds 62 prisoners in modular accommodation.

**Name of governor/director and date in post**

Dom Ceglowski, July 2023

**Changes of governor/director since the last inspection**

Niall Bryant, to March 2023

Dave Breen (temporary governor), April to July 2023

**Independent Monitoring Board chair**

Sheila Souchard

**Date of last inspection**

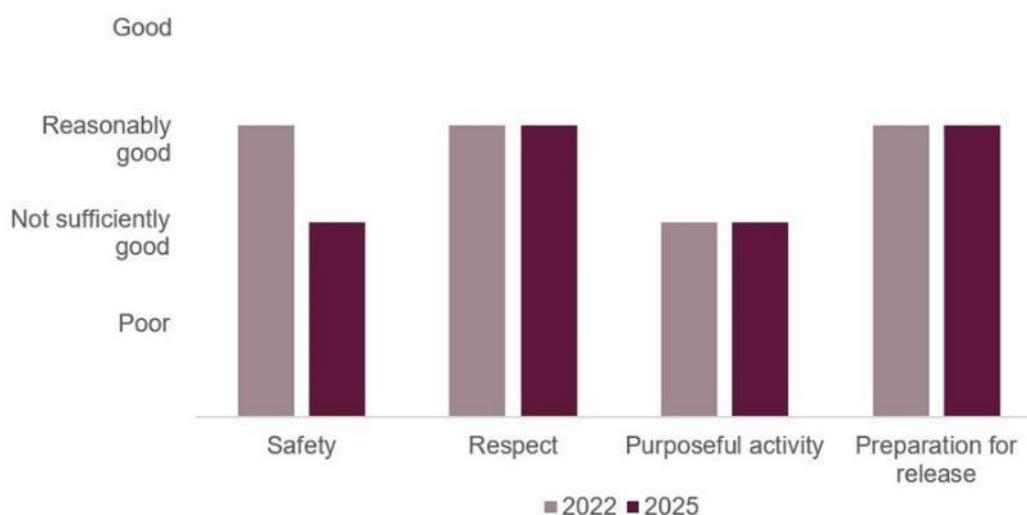
10–14 January 2022

## Section 1 Summary of key findings

### Outcomes for prisoners

- 1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.2 At this inspection of HMP Coldingley, we found that outcomes for prisoners were:
- not sufficiently good for safety
  - reasonably good for respect
  - not sufficiently good for purposeful activity
  - reasonably good for preparation for release.
- 1.3 We last inspected HMP Coldingley in 2022. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Coldingley healthy prison outcomes 2022 and 2025



### Progress on key concerns and recommendations

- 1.4 At our last inspection in 2022 we made 22 recommendations, 11 of which were about areas of key concern. The prison fully accepted 19 of the recommendations and partially (or subject to resources) accepted three.
- 1.5 At this inspection we found that 10 of our recommendations about areas of concern had been achieved, nine had been partially achieved and three had not been achieved. For a full list of the progress against the recommendations, please see Section 7.

## Notable positive practice

1.6 We define notable positive practice as:

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

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

### Examples of notable positive practice

a)	The governor spent time on the wings which supported the leadership of the prison; he undertook weekly one-to-one consultation with prisoners and carried out education walks to provide support to partner agencies.	See paragraphs 2.2, 4.20 and 5.12
b)	Leaders had enabled the development of creative and useful peer mentoring initiatives to promote conflict resolution and personal growth. The Turning Lives Around project and work by Belong were notable in fostering positive behaviour among prisoners.	See paragraph 3.18
c)	The prisoner council was democratically elected and worked well to enact positive change.	See paragraph 4.19
d)	The prison organised information events for indeterminate sentence prisoners to meet Parole Board and Public Protection Casework representatives, improving understanding of parole processes and hearings.	See paragraph 6.22

## 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 At the time of our inspection, the governor had been in post for around two and a half years. He was regularly seen around the establishment and was respected by both staff and prisoners. Leaders had set clear priorities for safety, purposeful activity and communication, which were reflected in a concise and accurate self-assessment report. Staff told us they understood and supported these priorities.
- 2.3 Leaders had made good progress in improving staff retention and reducing sickness through stronger support and line management oversight. However, for the 35 Commonwealth officers (see glossary) who made up around a third of the frontline staff, uncertainty caused by Home Office visa changes had created some concern and instability. We were informed of a national resolution to this issue some weeks after the conclusion to our inspection.
- 2.4 Leaders constructively engaged with the inspection, responding to emerging judgements with professionalism and thoughtful challenge.
- 2.5 While the self-assessment report made effective use of data, it was not used consistently across the prison. Not all managers, for example, used data usefully to drive improvement, notably in safety and fair treatment (see paragraphs 3.14 and 3.34).
- 2.6 Leaders had taken the findings of the recent HM Prison and Probation Service (HMPPS) security audit seriously and worked to strengthen compliance and assurance. Despite this, weaknesses in searching, challenge and supervision showed that improvements were not yet fully embedded.
- 2.7 Leaders recognised the severity of the drug problem in the prison and had recently reset their strategy, strengthened their partnership with the police and introduced a new manager to lead this work. This reflected clear intent, and some improvements were already evident, but many key changes were still at an early stage and the impact on outcomes had not yet been realised. While most leaders were ambitious about improving safety, a small number of managers made comments that appeared resigned to high levels of drug use. This contrasted with the governor's priorities and demonstrated the need for clearer alignment across all levels of leadership.

- 2.8 Efforts were further constrained by the absence of key physical security measures as used in similar prisons, including fit-for-purpose CCTV coverage and enhanced gate security to support effective searching. While these limitations were not fully within leaders' control, they had not yet developed a sufficiently robust operational response to mitigate the risks these gaps created.
- 2.9 Communication had improved and leaders promoted a respectful culture. However, despite clear expectations, some staff still required greater confidence and support to challenge poor prisoner behaviour, including responding effectively to the smell of cannabis, and to address the persistent loitering culture in corridor areas.
- 2.10 Leaders set a clear ambition for purposeful activity and maintained a stable regime with good time out of cell. However, delivery fell short of expectations for a category C training prison. This was due to short-term staffing shortages and curriculum instability following the recent transition to a new education provider.
- 2.11 Leaders sought to address long-standing decency issues and had realistic refurbishment plans, but delays caused by the collapse of the previous contractor meant poor conditions on some wings persisted.

## 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 On average, the prison received 14 prisoners each week who were processed through reception quickly. In our survey, 55% of prisoners said that they spent less than two hours in reception, compared to 42% at similar prisons.



**Reception**

- 3.2 New arrivals were offered a hot drink in reception and could take a shower on request. There were no facilities to provide prisoners with a meal on arrival, though reception staff maintained a small supply of snacks that they could offer to new arrivals. There were two comfortable holding rooms for prisoners which had noticeboards providing basic information about the prison.



### **Holding room**

- 3.3 Staff conducted an initial safety assessment with prisoners, and an interview room was now available to provide privacy. Prisoners also received an initial health screen in private.
- 3.4 The prisoner orderly in reception was a Listener (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), which was positive.
- 3.5 New arrivals had the opportunity to purchase a limited range of goods in a 'first night pack' and could pay this back over several weeks if they did not have sufficient funds on arrival. Depending on when they arrived, however, some prisoners could wait for up to 10 days before receiving their first purchase from the prison shop.
- 3.6 New arrivals were typically held on A wing in dedicated first night cells. Some prisoners we spoke to had been moved directly to E wing on their first night as the first night cells were full. First night cells on A wing did not have in-cell toilets, but induction staff explained to prisoners how to use the night sanitation system (see glossary).
- 3.7 First night cells were generally well equipped, however some lacked curtains and chairs. Cells were reasonably clean but were in worn condition with damaged windows and flooring. Noticeboards provided some helpful information to new arrivals.



### First night cell

- 3.8 First night safety procedures were reasonable. Prisoners were observed at four-hour intervals and this frequency was increased if prisoners were identified as vulnerable.
- 3.9 Induction officers conducted an induction interview with new arrivals, which included questions aimed at identifying prisoners vulnerable to exploitation by other prisoners (known as 'cuckooing'). A peer worker was available to meet with prisoners when they arrived on A wing but there was no peer worker available for those housed elsewhere on their first night, which was a gap.
- 3.10 While most prisoners told us they received what they needed on arrival, some described not being offered phone calls, showers or a conversation with a peer worker before being locked up on their first night. Prisoners arriving later in the afternoon were particularly affected as processes were rushed to move prisoners into cells before the end of the daily regime. In our survey, only 38% of prisoners said they were offered a shower and 32% a free phone call, both worse than at similar prisons.
- 3.11 In our survey, 94% of prisoners said that they had received an induction, which had improved from 75% at our last visit. New arrivals received induction materials that provided some basic information about the prison and what opportunities were available.
- 3.12 Inductions took place over two weeks and included face-to-face sessions with prisoner representatives and staff from different departments. Prisoners also received first aid and health and safety courses. However, inductions were not always delivered promptly or consistently.

## 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

- 3.13 In our survey, 12% of prisoners reported they felt unsafe at the time of our inspection. While the overall rate of assaults was just below the average for category C prisons (with 140 incidents recorded in the 12 months prior to inspection) the rate of serious prisoner-on-prisoner assaults was high. In the previous year there had been 27 serious incidents, the fourth highest of all category C prisons. Leaders had only recently begun to investigate serious assaults, and the quality of these investigations was not yet robust enough to develop learning and improve safety.
- 3.14 Leaders identified drug-related debt and gang activity as key drivers of violence and their prisoner safety survey highlighted boredom, staff attitudes and drugs as contributing factors. A major challenge was that 57% of assaults in the previous six months had no recorded cause, leaving gaps in understanding. In addition, while other data was collated, it was not always analysed well enough to inform action, although we did see exceptions; for example, identifying that localised issues on E wing related to canteen delivery had led to operational changes which had helped to reduce the number of incidents on the wing.
- 3.15 Evidence indicated that inadequate staff supervision and restricted CCTV coverage also played a role in incidents of violence. We observed that prisoners would whistle to alert each other whenever staff entered the landings. However, this behaviour went unchallenged and had not been reported through the intelligence system during the past year. These gaps in security created opportunities for illicit drug markets to operate unchecked (see paragraph 3.41).
- 3.16 Prisoners involved in violent incidents were managed through the Challenge, support and intervention plan (CSIP, see Glossary) process. However, investigations were often absent, and the quality of plans and reviews was inconsistent. Some prisoners were unaware they were subject to CSIP, and staff often lacked knowledge of who was actually on a plan or their targets.
- 3.17 Several specialist units promoted positive behaviour and, for example, provided better time out of cell and some enrichment activities. Some of these units were, however, more developed than others. For example, the G wing modular accommodation (see paragraph 4.9) and the long-term sentenced prisoners' unit in E wing had in-cell showers and better self-cook facilities, whereas the enhanced landing on B wing

offered only marginal benefits over standard accommodation. These initiatives were not coordinated in a coherent incentive strategy understood by prisoners, which was a missed opportunity.

- 3.18 Peer mentoring initiatives were an encouraging feature, promoting both conflict resolution and personal development. The Turning Lives Around project, created by prisoners at HMP Coldingley, supported those on the basic level of incentives to set and achieve realistic goals aimed at improving behaviour. In addition, Belong, an organisation specialising in restorative justice, facilitated monthly reflection sessions and worked to identify issues among new arrivals. While these projects showed promise, prisoners reported that they were not being used to their full potential.
- 3.19 At the time of inspection, two prisoners were self-isolating and subject to support plans. This ensured appropriate senior oversight of their care which was better than we usually see.

### **Adjudications**

- 3.20 The number of adjudications had risen by 22% compared with the previous year, with most charges relating to illicit substances. This reflected the ongoing risks and threats affecting the prison.
- 3.21 In the sample we reviewed, the quality of hearings was inconsistent and often insufficient. Many failed to explore the circumstances surrounding incidents, which limited understanding of underlying issues such as drug-related debt.
- 3.22 The adjudication awards tariff guide had not been updated for over 12 months and there were inconsistencies in awards issued by different adjudicating governors. As a result, some prisoners received sanctions that were either unduly lenient or disproportionately harsh.
- 3.23 There was no process in place for rehabilitative adjudications or community payback awards, which was a missed opportunity to support prisoners involved in illicit drug use.

### **Use of force**

- 3.24 While the rate of use of force had more than doubled since the previous inspection, with 298 incidents in the past year, it remained below the average for similar prisons. Nearly half of incidents in the previous six months involved low-level guiding holds.
- 3.25 In the sample reviewed, we observed missed opportunities for de-escalation both prior to and during the use of force. This increased the risk of unnecessary physical intervention. Local data indicated that body-worn video footage was available for 80% of incidents in the previous year, which was encouraging. Leaders scrutinised all incidents weekly, but meetings were often not multidisciplinary, and discussions lacked sufficient challenge to promote learning.

- 3.26 A staff member from Belong (see paragraph 3.18) aimed to conduct post-incident debriefs with prisoners who had been subject to the use of force. However, their limited capacity and the lack of consistent follow-up by prison leaders meant that not all prisoners received a full debrief.
- 3.27 High-level interventions were rarely employed. Batons had not been drawn or used during the previous year. PAVA (see Glossary) had been deployed on one occasion, which remained under investigation. The prison did not have a special accommodation cell and leaders confirmed that special accommodation had therefore not been used in the past 12 months. Anti-ligature clothing had been applied on seven occasions; however, leaders were unable to provide the required authorisation paperwork for these instances, as copies had not been retained within the prison.
- 3.28 The monthly use of force meetings were formulaic and did not sufficiently explore emerging themes. Leaders had only recently started keeping a use of force log.

### **Segregation**

- 3.29 In the last year, 190 prisoners had been held in segregation with an average length of stay of 13 days. Most prisoners were segregated because of incidents of violence or issues linked to the drug culture within the prison, either because they were involved in supply or use, or were under threat due to associated debts. While most stays were short, lasting less than a week, reintegration planning for those on longer stays was inadequate. There was no formal plan in place and personal targets intended to improve behaviour were too generic to be useful.
- 3.30 Since the last inspection, leaders had installed a constant supervision cell in the segregation unit, although there remained limited facilities on the main residential units. This had resulted in a very small number of prisoners being inappropriately separated due to being in crisis.
- 3.31 Staff-prisoner relationships on the unit were supportive, and prisoners told us they were treated well. For those staying longer, staff used one-page plans to identify key risks and triggers, which encouraged more constructive engagement.
- 3.32 Since the last inspection, daily visits by the mental health team and mental health training for all segregation staff had been introduced. These were good initiatives to help support prisoners' well-being.
- 3.33 Although it was clean, the segregation unit felt gloomy and unwelcoming, which was compounded by the lack of natural light. Most cells were in a reasonable state of décor, but many had flooring that was worn and in poor condition. None of the cells had curtains.



**Segregation unit (left), and lived-in cell (right)**

- 3.34 The daily routine for prisoners was consistent but basic, comprising only an hour in the open air, and there were limited interventions or opportunities for prisoners to demonstrate an improvement in behaviour.

## **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.

- 3.35 The illicit economy posed a major threat to the safety and security of the prison. In our survey, 43% of prisoners reported that drugs were easily available, and the smell of cannabis was evident at times during the inspection.
- 3.36 Random mandatory drug testing results were extremely high at 42%, placing the prison third among category C establishments and fifth among all male prisons nationally. Testing had not been conducted at the time of the previous inspection and only recommenced in March 2025. It was highly concerning that approximately two-fifths of the population were using illicit substances and that the scale of the problem had only recently been identified. Despite this, some leaders had not fully acknowledged the seriousness of the issue. The prevalence of drug use was also evident in other safety indicators, including the increased use of adjudications (see paragraph 3.21) and segregation (see paragraph 3.30).

- 3.37 There were multiple conveyance routes for contraband, with notable weaknesses identified in visits, reception and the gate. Supervision during visits was poor, and we saw prisoners engaging in inappropriate physical contact and behaviour that was often left unchallenged, creating a high risk of items being passed. Similarly, staff did not consistently challenge poor behaviour on residential units and overall supervision remained inadequate.
- 3.38 The incentivised substance-free living (ISFL) unit (see glossary) had been relaunched earlier in the year. However, support for substance misuse and the incentives offered were insufficient to make the unit fully effective. Conditions were better than elsewhere – for example, a kitchen area was well equipped – but prisoners reported that illicit substances remained accessible, which undermined the purpose of the unit.
- 3.39 Under the direction of the governor, leaders had recently reset their approach to tackling illicit drugs and associated violence, and this included investment in a supervising officer to help implement the drug strategy and carry out regular cell and staff searches. This was a positive step, but the initiative was very new.
- 3.40 An HMPPS internal audit had recently highlighted significant weaknesses in security. Leaders had worked to address the concerns raised, but it was too early to assess the impact on outcomes in key areas such as supervision of visits (see paragraph 6.11). The security team had improved intelligence processes, but they were not receiving sufficient information from other departments (see paragraph 3.15). During our visit, there was little intelligence about drug use on the wings beyond those prisoners who were visibly under the influence. In one case that had been reported, no action was taken and the record stated that the prison did not have the resources to conduct suspicion tests on all individuals. While this was accurate, two of the three prisoners involved remained on the enhanced level of the incentives scheme, which was an incongruity.
- 3.41 The prison lacked investment in critical security infrastructure to mitigate the risk of conveyance, such as enhanced gate security, adequate CCTV coverage and secure windows, which we often find in similar establishments.
- 3.42 There was early evidence of effective joint working with the police and other agencies to address drone incursions. Good relationships had led to an immediate police response to drone sightings and several joint operations in recent months.
- 3.43 The prison held a significant number of organised crime group nominals, some of whom were actively involved in the illicit economy within the establishment. While they were regularly moved to disrupt their influence, wing staff lacked sufficient awareness of this cohort, including the risks they posed, how their behaviour should be challenged and what intelligence needed to be reported.

- 3.44 Leaders were addressing staff corruption and had dealt with a few high-profile cases since our last inspection. The lack of enhanced gate security continued to allow illicit items to enter the prison, but leaders were well sighted on this risk.

## Safeguarding

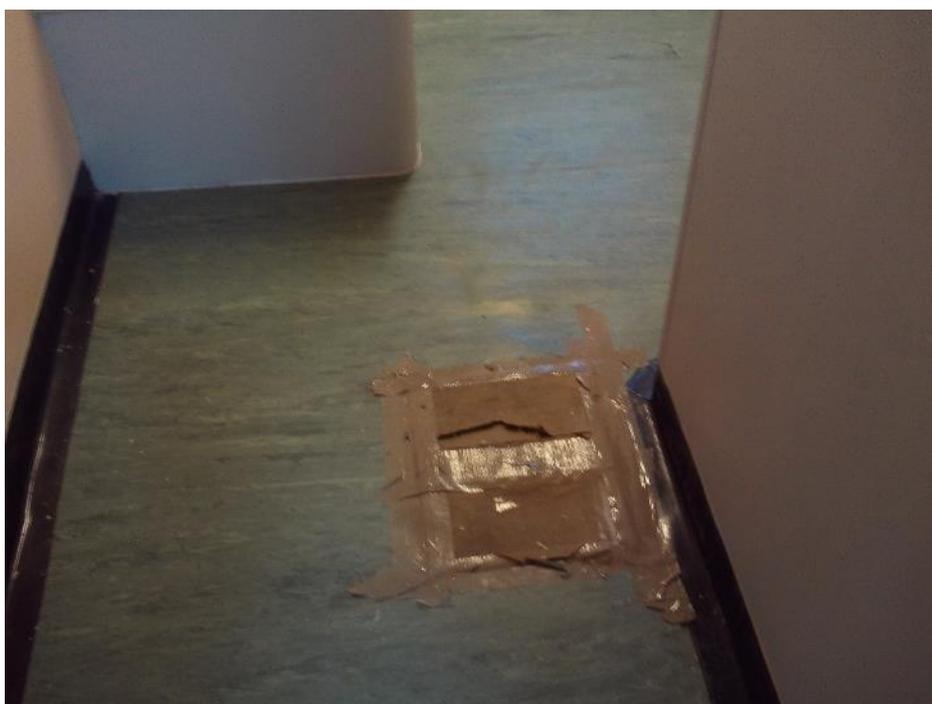
Expected outcomes: The prison provides a safe environment which reduces the risk of self-harm and suicide. Prisoners at risk of self-harm or suicide are identified and given appropriate care and support. All vulnerable adults are identified, protected from harm and neglect and receive effective care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

### Suicide and self-harm prevention

- 3.45 There had been two deaths since the last inspection, one of which was self-inflicted. Leaders had responded well to recommendations from the Prisons and Probation Ombudsman (PPO), though they were not being routinely monitored to ensure that processes were being sustained.
- 3.46 The rate of self-harm was low in the year prior to our inspection, and around a third lower than the same period before our last inspection. Incidents of serious self-harm were rare; however, investigations into these did not provide enough scrutiny into events leading up to the incidents and had not identified any opportunities for learning.
- 3.47 A good regime that provided prisoners with reasonable time out of cell and positive staff-prisoner relationships helped to support prisoners' well-being. Staff were generally knowledgeable about prisoners who were struggling and those identified as being at risk were referred to the weekly safety intervention meeting for discussion.
- 3.48 The safety intervention meeting was a reasonably good forum for discussing the support needs of vulnerable prisoners and we saw some evidence of good, cross-departmental working to address these individuals' needs.
- 3.49 The monthly safety meeting considered data on incidents, including when and where they occurred, but did not explore the underlying factors driving this behaviour.
- 3.50 A total of 98 assessment, care in custody and teamwork (ACCT) case management documents had been opened in the six months prior to our visit. Prisoners being supported through the ACCT process were generally positive about staff's willingness to help them. Mental health staff routinely attended ACCT reviews with prisoners.
- 3.51 The quality of ACCT documentation had improved since our last inspection, though care plans remained inconsistent. While we saw some well-developed care plans with appropriate actions, others we

reviewed were generic or did not fully reflect issues raised during case reviews.

- 3.52 Prison staff continued to use support plans to provide additional reassurance and supervision for prisoners who were identified as vulnerable but not in crisis. These were a positive initiative to provide additional support to prisoners who were, for example, isolating in their cells or who had experienced a bereavement. While these plans were a useful resource, not all staff we spoke to were clear about when they should be used.
- 3.53 The prison now had a constant supervision cell available for prisoners at the greatest risk of harm to themselves, though its location on the segregation unit was not always appropriate for the care of prisoners in acute distress. The use of constant supervision was infrequent, with eight instances in the six months prior to our inspection.
- 3.54 The prison had two cells with greater visibility on E wing, which were used to provide a higher degree of supervision for vulnerable prisoners following incidents. However, these cells were in poor condition.



**Damaged flooring in higher visibility cell**

- 3.55 The prison had 12 Listeners, who were well supported by the Samaritans. Two private suites were available for them to meet prisoners, although we were told that staff sometimes directed prisoners to use the Samaritans phone line rather than facilitating a Listener visit, which was not appropriate.



**Listener Suite**

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

- 3.56 Senior staff continued to attend the local adult safeguarding board. It was positive that prison and health care staff were active in identifying signs of vulnerability in prisoners, and these individuals were referred to the safety intervention meeting for discussion.
- 3.57 Induction staff were conscious of the risks associated with vulnerable prisoners, and questions aimed at identifying individuals at risk of exploitation (or 'cuckooing') were asked of all new arrivals.

## 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 generally good. In our survey, 80% of prisoners said that staff treated them with respect and we observed positive interactions between prisoners and staff. Staff on residential units were usually knowledgeable about the prisoners in their care and wings were mostly settled and calm.
- 4.2 Senior leaders were visible around the prison and accessible to prisoners. In our survey, 55% of prisoners said that they could talk to managers and governors in the prison, compared to 29% at similar prisons. It was very positive that the governor maintained a weekly access slot in the library where prisoners could raise issues with him directly (see paragraph 4.20).
- 4.3 While relationships were positive, day-to-day engagement was not always sufficient. The poor design of residential units limited staff's ability to interact with prisoners, particularly on the upper landings of older wings. We also observed staff congregating in offices during the day, which further reduced their visibility and weakened their engagement with prisoners. In addition, staff did not consistently challenge low-level poor behaviour, such as prisoners whistling to alert others when staff approached or inappropriate conduct during visits (see paragraphs 3.41 and 6.11). This lack of challenge undermined supervision and contributed to wider safety concerns.



**Older wing landing**

- 4.4 There was some good use of peer workers in parts of the prison, and it was positive that leaders had supported some prisoner-led initiatives, such as the Turning Lives Around mentoring scheme (see paragraph 3.18).
- 4.5 In our survey, 86% of prisoners said that they had a key worker, which was an improvement since our last inspection. It was positive that prisoners' key workers rarely changed over long periods, which enabled them to establish rapport.
- 4.6 Despite this, the quality of key work was inconsistent. Although we saw some good examples of key work supporting progression, too often sessions were perfunctory or infrequent. This limited its effectiveness in addressing prisoners' needs and risks (see paragraph 6.19). Leaders had identified this and planned to provide additional training for staff imminently.

## 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

- 4.7 The fabric of some areas of the prison was tired and worn, reflecting its age. Buildings required substantial ongoing maintenance and the contractor estates team worked hard to keep pace with these demands, but deterioration continued to affect living conditions.
- 4.8 A and D wings were run down and lacked in-cell sanitation. Communal bathroom facilities were shabby and, in some places, unpleasant. Leaders had secured funding to refurbish these wings, but the contractor undertaking the work had gone into administration. The night sanitation (see paragraph 3.6) process meant prisoners could be left waiting to use bathroom facilities, and we were told that some resorted to using receptacles in their cells. During our inspection, the smell of urine was noticeable in several areas of the prison, which undermined decency.
- 4.9 Prior to the contractor issues, investment by HMPPS had led to the refurbishment of B wing, which now provided in-cell sanitation. This was a welcome improvement and included the replacement of cell windows to enhance security. However, all cells on the older wings, including B wing, remained small and cramped. On G Wing, modular pod units had been converted into permanent accommodation. These units were in good condition, each equipped with an individual toilet, sink, and shower. They were allocated to trusted prisoners as part of the prison's strategy to incentivise positive behaviour.
- 4.10 Leaders had worked hard to improve decency, which helped maintain cleanliness across the prison. Middle managers carried out assurance checks to ensure areas were clean and issues were reported promptly. Landings on each wing were clean and well ordered, and prisoners took some pride in their living environment.
- 4.11 All wings had association rooms that had been updated with furniture and some cooking equipment. Prisoners on F and G wings appreciated the trust placed in them, but some facilities on these units were worn and required replacement.
- 4.12 Communal areas were clean and tidy, and outdoor spaces were free from litter. Leaders had begun improving green spaces. Prisoners had recently contributed to developing a neurodiversity garden and a garden for those aged over 60 and Gypsy, Roma and Traveller prisoners. Other areas of the prison were unsightly due to ongoing maintenance work.

## Residential services

- 4.13 In our survey, only 39% of prisoners said the food was very or quite good, which was a significant decline from 61% at our last inspection. Prisoners were often negative about the quality of the food available. While the portion sizes we observed were reasonable, we saw vegetables being served which were undercooked and still partially frozen.



**Evening meal (left), and partially frozen vegetables served at evening meal (right)**

- 4.14 The kitchen was cramped and in poor condition, with tired walls and floors, poor drainage and several equipment failures. Kitchen staff had been relying on temporary freezers for more than a year and we were told that these were subject to periodic breakdowns. Persistent staffing issues further contributed to challenges in catering for prisoners. Leaders had relocated a very experienced catering manager to the prison to provide support and this had helped address some of the immediate concerns.



**The kitchens**

- 4.15 It was disappointing that prisoners working in the kitchen could no longer attain any qualifications beyond a basic food hygiene course.
- 4.16 Leaders had taken some steps to improve supervision at mealtimes, but it remained inconsistent. Senior leaders and officers were present at serveries, but we observed staff were not always active in ensuring

that prisoners received the correct meal. Severy workers wore appropriate PPE but did not always use the correct utensils for halal and non-halal foods.

- 4.17 All wings had some self-catering equipment available, though it was often in worn condition. Prisoners made good use of these facilities and it was positive that there was a limited amount of seating available so that a few prisoners could eat communally.



**On-wing catering equipment**

- 4.18 Prisoners could order a range of goods through the canteen service and via catalogues, including some fresh and chilled food so that prisoners could cook for themselves. There were regular forums about the shop which allowed prisoner council representatives to raise any issues they had with the service.

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

- 4.19 The democratically-elected prisoner council was an excellent initiative, and we saw positive examples of change resulting from its work. Prisoners who wished to stand for election produced manifestos and their peers then voted for the council representatives. The process was well publicised and embedded in the prison's culture. Prisoners involved in the council told us they felt listened to and that leaders supported the ideas they put forward.
- 4.20 The governor held a weekly drop-in session in the library, which was well known and appreciated by prisoners. This provided an impressive opportunity for one-to-one consultation and was valued by those who attended.

- 4.21 Leaders had introduced wing forums to involve a wider group of prisoners in consultation. However, further work was needed to ensure these meetings were sufficiently action focused, took place consistently and included a diverse range of participants.
- 4.22 Complaints were generally managed well. Most responses were timely and thorough, and the governor carried out weekly quality assurance checks. However, we found examples where confidential complaints were answered by the staff member who was the subject of the complaint, which was inappropriate.
- 4.23 In our survey, 81% of prisoners said it was easy to submit an application, compared with 67% at similar prisons. Although oversight of the paper-based system was inconsistent, prisoners told us that, overall, it worked effectively.
- 4.24 Access-to-justice laptops (see glossary) were available, and we saw an example of a prisoner using one to work on his appeal, which he valued.
- 4.25 Provision for prisoners to meet legal advisers was inadequate. While facilities existed for online legal visits, in-person visits took place in the open visits hall, which compromised privacy.

## 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.

- 4.26 There was a diverse group of both staff and prisoners working and living in Coldingley, and leaders sought to promote an inclusive culture through the high-profile celebration of key events and festivals. For example, unlike at our last inspection, Black History Month was marked with multiple events which had been planned in consultation with prisoners.
- 4.27 Consultation had improved but was inconsistent, although foreign nationals, over-60s and Gypsy, Roma and Traveller prisoners were exceptions, meeting more regularly and benefiting from tailored activities. This inconsistency limited leaders' ability to understand and address the needs of other cohorts.
- 4.28 While equality meetings considered broad datasets, including areas we do not always see such as security and activities, the analysis was weak. This meant leaders did not consistently identify disproportionality and too often meetings failed to generate meaningful actions or discussion to ensure fairness.

- 4.29 Around 40% of prisoners were from a minority ethnic background yet, outside of preparation for Black History Month, there was no regular race forum. This limited opportunities for leaders to build trust and transparency with this cohort. Prisoners we spoke to were engaged and open to discussing potential disparities but sceptical about achieving sustained cultural change.
- 4.30 Gypsy, Roma and Traveller prisoners had met three times between March and November 2025, which was more than some other groups. Forums were well attended and while useful topics were discussed, some actions were slow to progress. Positively, Gypsy, Roma and Traveller could access a garden, which was valued by those we spoke to. Leaders had identified Gypsy, Roma and Traveller prisoners were over-represented in use of force and were exploring this further.
- 4.31 Older prisoners met regularly through forums and an over-60s club, supported by a dedicated functional head and through the chaplaincy team. They also had access to a garden area to work and meet with their peers in.
- 4.32 In contrast, provision for young adults was minimal despite their disproportionately negative outcomes in areas such as the incentives scheme and use of force. There were 40 young adults aged under 25. Those we spoke to wanted more opportunities to play team sports such as football and felt certain prison jobs were inaccessible to them because of their age. While some of these barriers may have been legitimate, too little effort had been made to understand their experiences or meet their needs.
- 4.33 The prison had recently appointed a foreign national officer specialist (FNOS). In addition to working on Home Office business and facilitating the process of deportation, they held monthly forums and were assisted by a dedicated peer mentor. There were 29 foreign nationals, which gave the FNOS sufficient time to provide individualised support. Eligible prisoners received complimentary PIN credit, though they had to apply for it. It was positive that the FNOS promoted the use of international video visits, which we do not often see.
- 4.34 There was a variety of support available for neurodivergent prisoners provided through the neurodiversity support manager, a dedicated nurse and a part-time occupational therapist. However, in our survey significantly more neurodivergent prisoners reported having been physically restrained in the previous six months (32% compared to 10% in the rest of the population). Leaders had not used data to explore potential disparities for this group.
- 4.35 Disabled prisoners reported significantly more negatively across several areas in our survey. For example, 70% said staff treated them with respect and 19% said they felt unsafe at the time of our inspection, compared with 92% and 2% of non-disabled prisoners respectively. Consultation with this group was inadequate, and over half of discrimination incident reporting forms (DIRFs) in the past six months related to disability. Too many personal emergency evacuation plans

(for those who would need help in an emergency) lacked sufficient detail in outlining the prisoners' disability and what help they would need.

- 4.36 There were 100 discrimination complaints (DIRFs) submitted in the past year; however, 46% were redirected to the general complaints process, often inappropriately. This undermined confidence in the system, and the quality of responses was variable. Independent scrutiny by a local university provided helpful feedback, but this had not yet led to consistent improvements.

## Faith and religion

- 4.37 The chaplaincy team provided a wide range of support in addition to faith-based activities. In our survey, 93% of prisoners said they could attend religious services if they wished. The team was well resourced, although there was no dedicated Rastafarian chaplain, which leaders explained was a national challenge. The managing chaplain facilitated a weekly session in lieu of this, but provision remained limited. Facilities were welcoming and included a dedicated chapel and mosque, as well as multi-faith spaces. In addition to corporate worship, the team offered faith-based classes such as weekly Bible study and three sessions for Islamic studies.



### Chaplaincy

- 4.38 Beyond statutory duties, the team provided pastoral support and facilitated social and recreational activities, including card making, music sessions and a movie club. Attendance at these activities was low, which reduced their potential impact. The team also periodically ran forums, delivered the 'Living with Loss' course and provided individual bereavement counselling sessions, which were valued by those who accessed them.

## Health, well-being and social care

Expected outcomes: Patients are cared for by services that assess and meet their health, social care and substance misuse 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.

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

### Strategy, clinical governance and partnerships

- 4.40 The strategic partnership worked well to ensure that patients received a safe and effective service.
- 4.41 There was good leadership across the health care teams and a strong commitment to delivering a responsive service.
- 4.42 Clinical governance processes were used to identify any concerns, trends or risks to patient safety, which were addressed through regularly reviewed action plans. Staff from all the regular health care providers attended daily huddles to discuss patients' care in a multidisciplinary approach which identified any early or potential concerns.
- 4.43 Our survey indicated that prisoners' evaluations of health care were significantly more positive than for comparable prisons.
- 4.44 We observed conscientious staff who knew their patients well. Clinical supervision and mandatory training were up to date which was good and supported safe practice.
- 4.45 Health care worked to the optimal efficiency given the constraints of the space available but there was a lack of appropriate rooms for therapeutic and counselling services.
- 4.46 The health centre was clean, and the health care orderly maintained an excellent standard of hygiene across the department which made a significant contribution to meeting infection, prevention and control standards.
- 4.47 NHSE Health and Justice SE directly commissioned EP:IC (a third sector organisation that employs ex-offenders to improve consultation with patients) to gain insight into the population members' views and experience of healthcare. A quarterly forum was facilitated on site at HMP Coldingley, and healthcare reported using feedback to support service development on site.
- 4.48 Responses to complaints addressed the concerns identified by the patient, were respectful and written in plain English.

- 4.49 As at the last inspection, there were electronic clinical records for all patients but The Forward Trust continued to maintain a separate system to collect data and for psychosocial interventions. The maintenance of two recording systems was a risk and not best practice.
- 4.50 We reviewed good quality clinical entries. However, care plans in physical and mental health were generic and lacked evidence of patient involvement which did not meet national requirements.
- 4.51 Staff responded well to the frequent emergency calls. They had access to all the appropriate emergency resuscitation equipment which was regularly checked and maintained.
- 4.52 Patient complaints were promptly addressed either face-to-face or in writing. We reviewed responses that addressed the key concerns, were written in plain English and gave guidance on the escalation process.

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

- 4.53 There was no joint prison-wide health promotion strategy. However, the health provider followed the national health promotion guide with a range of literature and resources for patients. There was good joint working with prison departments such as the gym and kitchen to meet individual patients' needs.
- 4.54 Information was displayed in health care, reception and on the wings, and could be provided in alternative languages upon request.
- 4.55 There were no peer health champions, which was a missed opportunity to improve shared understanding of health and well-being.
- 4.56 Patients could easily access health checks, disease prevention, screening programmes and NHS treatments, which were delivered in line with the national programme.
- 4.57 Multi-agency plans were in place to manage communicable disease outbreaks and, in the 12 months prior to inspection, there had been three outbreaks of a respiratory virus. It was noted that the partnership worked well together to minimise the risk of cross-infection.
- 4.58 Blood-borne virus testing was carried out. Condoms and lubricant were provided discreetly. Regular vaccination clinics were provided in addition to seasonal programmes, such as flu and Covid vaccinations.

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

- 4.59 Qualified nurses saw all new arrivals for a confidential health assessment and a second full health screening was conducted in a timely manner. Patients who declined screening were always followed up and received a further offer to participate.
- 4.60 The GP routinely reviewed clinical records for new arrivals to ensure that all needs had been identified.

- 4.61 There were a small number of vacancies in the primary care team. These were covered by bank staff and there was no detrimental impact on patient care. Staff felt well supported and morale in the team was good.
- 4.62 Emergency calls often meant staff had to close clinics. However, these cancelled appointments were rescheduled to the same day which ensured all patients could be seen.
- 4.63 Waiting times for all services were short and, if an urgent need arose, patients could see a GP or a nurse on the same day, Monday to Friday.
- 4.64 The service had more visiting consultants than average, including a gastroenterology consultant, pain consultant and musculoskeletal specialist, which supported multidisciplinary working and improved waiting times for specialist care.
- 4.65 Secondary care appointments were managed effectively by an administrator. Patients were encouraged to attend their appointments and there were few cancellations caused by prison staffing issues.
- 4.66 Long-term conditions were well managed. New arrivals were promptly scheduled into the appropriate clinic, which was good. All patients had a care plan which adhered to national guidance, but these needed to be personalised to the patient.
- 4.67 There were currently no patients with end-of-life care needs, but there were arrangements to cover this.
- 4.68 Patients due to be released were identified up to three months in advance, which enabled the multidisciplinary team to complete the necessary preparations. This ensured take-home medications were ready, there was liaison with community health services and follow-up appointments were in place, which was good practice.

### **Social care**

- 4.69 An up-to-date memorandum of understanding between the local authority, the health care provider and the prison identified key responsibilities and described how social care needs would be identified and addressed.
- 4.70 This helped ensure that additional support requirements were picked up promptly. Formal requests to the local authority for assessment were completed and we saw evidence of in-cell adaptations to support individuals appropriately. At the time of the inspection, seven patients were in receipt of social care and there was ongoing monitoring of patients with health vulnerabilities.
- 4.71 Staff screened patients on arrival and referrals were made to the local authority, if necessary, for further assessment of need. Dedicated social care staff responded in a timely manner to referrals.

- 4.72 A prisoner 'buddy' system had been established. Two buddies were trained by the local authority and gave support and supervision to those involved. The buddies also had a prison point of contact for additional oversight. They provided helpful support to those in need.

## **Mental health**

- 4.73 The integrated mental health team provided an effective and personalised service to patients. The services were highly responsive with a skilled range of clinicians who provided interventions and therapies. Mental health services were delivered on weekdays while primary care provided support to patients at the weekend.
- 4.74 All new arrivals were offered a screening with a mental health professional, and this took place within six days. This ensured that all arrivals had an early opportunity to discuss their mental health and well-being and enabled prompt referrals to appropriate services.
- 4.75 A weekly team meeting discussed new referrals, assessment outcomes and ongoing patient care. All decisions and allocations were recorded onto the electronic patient records, which supported safe continuity of care. Clinical record keeping was good, and mental state and risk assessments were carried out in a timely manner.
- 4.76 Annual physical health checks systems were in place, with appropriate monitoring to ensure patients received the checks in a timely manner.
- 4.77 There were no patients being cared for under the Care Programme Approach (see Glossary). Clinical records we viewed were clear and demonstrated the use of risk assessments and all had care plans. Risks were also appropriately shared with the prison. We saw kind and caring interactions with patients.
- 4.78 Counselling provision was available, with eight patients receiving regular care.
- 4.79 Although most waiting times were short there were long waits for patients who required assessment for neurodiversity, including ADHD assessments. Patients who received medication for ADHD were monitored and reviewed in line with national guidance.
- 4.80 Patients had access to a wide range of therapies including coping skills, sleep hygiene, mindfulness, trauma and relaxation groups.
- 4.81 A clinical psychologist and an assistant provided various psychological therapies, but this was impacted by lack of appropriate therapeutic space.
- 4.82 There were no patients awaiting hospital transfer. Following an incident, the provider had taken significant steps to improve the management of acutely unwell mental health patients who required assessment for mental health hospital. We were assured that the process for the escalation of assessment and care for patients who were seriously mentally ill was robust.

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

- 4.83 Patients were promptly referred to substance misuse services, needs were assessed and those on opiate substitution therapy received ongoing care.
- 4.84 Staff assessed each patient's needs during the initial assessment before adding them to the caseload. Following this, staff worked with patients to create individual recovery plans that reflected those assessed needs, were recovery-oriented and were updated as required to ensure they remained appropriate.
- 4.85 The service provided integrated person-centred care pathways with other service providers for patients with multiple or complex substance misuse needs. Staff assessed and managed risks to patients and themselves. Staff responded promptly to a sudden decline in a patient's recovery, including following up all reported cases of individuals being found under the influence of illicit substances.
- 4.86 Patients could access services easily. Referrals could be received from prison staff, application forms, clinical referral or in person. Staff assessed and treated patients who required urgent care promptly.
- 4.87 The service consisted of a range of staff including a team leader, administration, health and well-being practitioners, nurse prescriber and family worker. Staff had a mixed caseload of clients, which the team leads closely monitored.
- 4.88 At the time of inspection, 37 patients were receiving opioid substitution treatment. All clients had regular clinical reviews in line with national standards. Psychosocial support included in-cell activities, one-to-one sessions and group work such as mutual aid and fellowship groups.

## **Medicines optimisation and pharmacy services**

- 4.89 Medicines were dispensed by an off-site dispensary and delivered to the prison in a timely fashion. There was a good stock of emergency medicines, but record keeping for these medicines could be improved. Appropriate procedures and a well-defined homely remedy policy enabled the health care team to supply a wider range of medicines.
- 4.90 There were defined policies for the movement of medicines within the prison but the policy was not always followed, which may increase the risk of diversion or loss.
- 4.91 Regular administration of medicines that were not kept in patients' possession was managed by pharmacy technicians. Patients presented ID cards at each administration to confirm their identity and ensure safe, accurate dispensing. This process helped maintain security and reduce the risk of medication errors or misuse.
- 4.92 Medicines administration was safe and well controlled with active officer supervision.

- 4.93 We observed systems being followed to record, identify and refer patients who did not attend to collect their medicines. Patients who were being transferred or released were provided with a minimum supply of seven days, or an electronic prescription, to ensure medicine continuity.
- 4.94 The clinical pharmacist screened all prescriptions prior to dispensing. Prescribing trends of tradeable medicines were monitored and found to be at a low number. Audits had been undertaken to review antibiotic usage, mirtazapine usage and adherence to various policies. Clinical governance meetings were regular, well attended and contained positive examples of actions identified from medicine optimisation and error reports: for example, changes to current prescribing where drug safety alerts had been received and promptly acted upon.
- 4.95 The pharmacy team was well integrated with the rest of the health care department. The pharmacist provided weekly in-person medicine reviews. There were regular interventions raised by the pharmacist to the prescribers to help improve patient care.

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

- 4.96 The quality of dental provision was good with prompt access for urgent appointments and acceptable, but growing, waiting times. The maximum waiting time for examination and treatment was seven weeks.
- 4.97 Waiting list numbers were growing, as were waiting times for appointments. At the time of inspection, there were 69 patients waiting for a routine appointment, with seven patients waiting seven weeks to be seen. An additional treatment list, for those on a course of treatment, had 84 patients waiting until treatment was completed.
- 4.98 Governance processes were effective with good documentation, recording, traceability and accountability. Emergency medicines, which were in date and monitored, were available in the clinic room.
- 4.99 An appropriate range of NHS dental treatments was available. Patients were given education on oral hygiene and disease prevention during appointments and through advice from dental staff. Effective audit processes ensured the clinic room met infection prevention and control standards. There was a small, clean decontamination room and equipment was well maintained, with routine servicing monitored and scheduled.

## 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 In our survey, prisoners were overwhelmingly positive about their time out of cell and the consistency of the regime. Eighty-two per cent said that unlock and lock-up times were usually adhered to, compared with 51% at similar prisons. Data provided by the prison showed that regime curtailments had occurred only five times in the past year, which was commendable.
- 5.2 Prisoners in full-time employment could spend up to 10 hours out of cell from Monday to Thursday, while those who were unemployed, retired or long-term sick could have up to five hours. At weekends, prisoners had over eight hours out of cell. Overall, time out of cell was better than we typically see in similar prisons, and it was likely that the extended unlock periods contributed positively to prisoners' well-being.
- 5.3 During our roll checks, we found 64% of prisoners engaged in purposeful activity, either on the wing or in work and education. However, during unlock periods on the wings, many prisoners were milling around with little to do. Although association equipment was available, it was insufficient to occupy prisoners meaningfully. Prisoners told us that the lack of activities during the core day increased boredom and, for some, made them more likely to use illicit substances to pass the time.
- 5.4 Despite limited wing-based activities, a wide range of impressive enrichment opportunities were available across the prison. However, these were poorly coordinated and some prisoners we spoke to were unaware of what was on offer, which limited participation and the benefits of these activities.
- 5.5 Time in the fresh air had increased to one hour each day, which prisoners appreciated. The large, shared exercise yard was clean and well maintained throughout our visit.
- 5.6 Physical education provision met the varied needs of the population, with prisoners able to attend up to four sessions a week if they were on the enhanced level of the incentives scheme. This contributed positively to fitness and well-being.

- 5.7 Staffing shortages had affected the availability of courses, although a small number had recently been reintroduced.
- 5.8 The gym and sports hall facilities were good, with a large weights section, spin bikes and space for team games, although there was no outdoor area for sports.
- 5.9 The library was a pleasant and welcoming space, run by Surrey Council. Dedicated librarians made the best use of the space available. Access had improved significantly since our last visit, with 84% of survey respondents saying they could use the service once a week or more. Although there had been recent staff shortages, library orderlies were entrusted to keep the service running, which was a positive development. The library supported literacy and learning through a wide range of reading materials, including easy-read texts, foreign language books, graphic novels and audiobooks.
- 5.10 There was no weekend library provision, but evening access from Monday to Thursday allowed prisoners in full-time work to attend.

## 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.

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

Overall effectiveness: Requires improvement

Quality of education: Requires improvement

Behaviour and attitudes: Requires improvement

Personal development: Requires improvement

Leadership and management: Requires improvement

- 5.12 Senior leaders were active participants in education, skills and work (ESW) quality assurance and improvement. They challenged leaders and managers constructively and effectively to improve provision. The governor also carried out regular education walks to gain first-hand insight into the learning environment and identify areas for further development.
- 5.13 Leaders had fully met two of the four recommendations from the previous inspection and partially met the other two. They had made notable improvements to the quality of education provision, including staff development, and to the quality of careers education, information and guidance. They rightly recognised that although improvements had been made in areas such as the rates at which prisoners attended their activities, there remained more to do.
- 5.14 Leaders and managers provided sufficient ESW activity spaces for the population. Most prisoners undertook full-time activities. However, a small but significant proportion of prisoners did not participate in any activities, often because they refused to participate in the prison regime.
- 5.15 There were not enough education spaces for prisoners to study English and mathematics, in part due to teachers having recently left their roles. Waiting lists for these subjects were too long, with prisoners sometimes waiting several months for a space in a class. Leaders recognised this as an area for improvement and had advanced plans in place to increase the number of available spaces.
- 5.16 Leaders used well local employment information data and prisoner feedback to plan the curriculum. This included valuable work with employers and subcontractors to plan and teach a contemporary construction curriculum, and the inclusion of mental health first aid on the curriculum after consulting with prisoners. On vocational courses, employers conducted job interviews with prisoners and offered jobs to some of those close to release. In a small number of vocational curriculum areas, however, this work was less well developed. Prisoners had only a basic understanding of their future career opportunities.
- 5.17 The curriculum included relevant options for the many long-term prisoners to study at level 3 and beyond and gain qualifications in leadership or education and training. These led to prisoners taking on more advanced work roles in the prison, such as mentoring and leading sections of training in vocational classes. A small proportion of prisoners also studied distance learning courses, including university degrees. They benefited from helpful supported study sessions in the education department, including use of the Virtual Campus to access course materials.

- 5.18 Most workshop activities offered prisoners sufficient challenge and the opportunity to develop new technical skills in, for example, printing and sign making. Prisoners often used high-quality equipment. However, prisoners in these workshops did not have the opportunity to work towards useful accredited qualifications to back up their learning. Instructors did not recognise and record their skills development thoroughly enough.
- 5.19 Leaders did not exercise enough oversight of the productivity and skills developed in wing work areas. Wing workers such as cleaners were too often under-occupied during their working hours. They did not consistently come to work wearing the correct clothing. By contrast, a central prison cleaning team worked hard to improve the prison environment through deep cleaning activities.
- 5.20 Prisoners attended the ESW induction soon after they arrived at the prison but this was not comprehensive enough. Staff did not inform prisoners clearly about their study options and the links between course options and future career paths. However, helpful follow-up interviews enabled prisoners to discuss their work and study goals with trained staff. Staff produced learning and work plans which reflected the skills and knowledge prisoners needed to realise their ambitions.
- 5.21 Staff used the information gathered during induction to ensure that they, in most cases, allocated prisoners to appropriate activities. Although they had reduced considerably the number of vacant activity spaces since the last inspection, too many spaces were still unfilled. When prisoners left their work activities, staff and mentors quickly followed up to re-engage them. However, they did not follow the same useful process when prisoners finished education courses early.
- 5.22 Prisoners benefited from largely suitable careers guidance and employment assistance, which helped them to work towards their chosen career pathways. Through the prison employment hub they received help to produce CVs, undertook interview practice and got feedback from sector professionals. Prisoners close to release benefited from work with employment brokers, who supported them both in the open prison estate and after release.
- 5.23 Leaders had improved the pay policy. It offered prisoners sufficient incentives to study towards accredited qualifications in English and mathematics, and improve their reading skills through the Shannon Trust, through higher rates of pay and bonuses for achievement.
- 5.24 The education course and vocational training which MK College Group offered was largely well planned and taught. Teachers were subject specialists who structured their curriculums well, so that prisoners could build effectively on their previous learning. They mostly understood prisoners' starting points, including how they could best support those with learning difficulties and/or disabilities (LDD).
- 5.25 In lessons, teachers explained effectively new concepts to prisoners, such as the difference between diameter and radius in functional

mathematics lessons. This helped prisoners to grasp challenging topics. Teachers mostly assessed prisoners' knowledge and skills accurately and used their findings to provide prisoners with helpful feedback on areas for improvement.

- 5.26 Although many of the prisoners who studied vocational subjects such as barbering and industrial cleaning passed their qualifications, too few prisoners successfully completed functional English and mathematics qualifications. This was often because they left courses before they took their final exams.
- 5.27 Leaders had devised and implemented a well-considered and ambitious prison reading strategy. They provided sufficient, well-trained Shannon Trust mentors and phonics-trained teachers to work with prisoners who needed to develop their reading skills. Leaders ensured that reading mentors could carry out support sessions in appropriate locations across the prison. Prisoners valued highly this flexibility, which helped them to feel more comfortable when improving their reading. After they had developed their reading skills, prisoners joined education courses or undertook more challenging work activities.
- 5.28 Leaders, including the governing governor, focused closely on the development of reading for broader educational and leisure purposes, for example with activities in the library and reading trolleys throughout the prison. However, in workshops there was too often a lack of suitable reading material, in particular to support the needs of those with lower levels of reading ability.
- 5.29 Leaders had focused closely on developing support for prisoners with LDD. This included comprehensive staff training across education, skills and work, as well as training for those in mentor and orderly roles. Neurodiversity managers were visible and accessible in the education department, and prisoners attending education could access a sensory room to help them self-regulate.
- 5.30 As a result of leaders' focus, prisoners with LDD benefited from well-planned and implemented support in both education classes and workshops. Neurodiversity managers ensured that assessments of prisoners' needs took place before they started their education courses. When prisoners commenced their studies, teachers knew about the adjustments and resources – such as movement breaks and fidget tools – they could use with prisoners. Teachers monitored well the effectiveness of support strategies. Prisoners with LDD in workshop roles rightly valued the adjustments that instructors made for them.
- 5.31 Many prisoners developed valuable new knowledge, skills and behaviours through their purposeful activity. Those who studied English at level 2 learned to write well-structured letters, and those who studied art used techniques such as scumbling and cross-hatching well when they produced artwork. Prisoners in workshops developed technical and employability skills which helped them to complete tasks such as producing signage to relevant commercial standards. A small but significant proportion of prisoners from the first cohorts of new

construction courses had been offered employment opportunities on release.

- 5.32 Most prisoners in education, skills and work were well motivated, diligent and took pride in their work and studies. They built positive and productive relationships with teachers, instructors and mentors. This helped them to remain focused when they worked and studied. Prisoners also felt confident to express any concerns they had, both to fellow prisoners and to staff.
- 5.33 Although attendance rates had improved significantly since the previous inspection, they were still low. Approximately one quarter of prisoners did not attend their scheduled sessions. Too often, they missed their planned ESW activities to attend appointments in other prison departments, such as health care. Prison leaders had not undertaken enough work to fully understand the reasons why prisoners chose not to attend their activities. Attendance rates were high for most vocational training sessions and on some education courses.
- 5.34 Leaders offered a relevant curriculum to help prisoners develop their wider personal skills. They reviewed it regularly to reflect prisoners' needs. Prisoners could participate in workshops to develop their talents and interests, such as painting, choir and garden design, and attend groups to help them maintain mental well-being, or for those with LDD. They could also access a broad range of personal development courses via laptops. However, in many cases prisoners had only a limited knowledge of these activities.
- 5.35 Prisoners had only a basic knowledge of fundamental British values. They also did not receive sufficient guidance on the risks associated with radicalisation and extremism.
- 5.36 Staff in education rightly valued the professional development available to them, such as subject-specific nationwide events run by the education provider which enabled them to develop useful new resources. Although workshop instructors received relevant training for their roles, they did not benefit from the same opportunities to keep their technical skills and knowledge up to date.

## 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 In our survey, prisoners were positive about the ability to maintain family ties; 49% said they had been able to see family and friends in person more than once in the last month, which was notably better than in similar prisons (35%).
- 6.2 Provision of in-person social visits and remote video calls was good, exceeding demand. There were seven two-hour social visit sessions, held six days a week, including three at weekends. There was capacity for 780 social visits and 1,200 video conference calls per month. However, take-up over the past six months had not risen above 68% for social visits or 48% for social video calls.



**Visits hall**

- 6.3 The visitor searches we observed were respectful, with staff considerate of how children might experience the process. There was a fish tank in the search area to provide some positive distraction for children subject to checks. The hall itself was reasonable with a supervised play area for younger children.

#### **Play area**

- 6.4 All prisoners had in-cell telephones to maintain family contact. Calls to family and friends could be made at any time during the day or evening, and prisoners valued the regular contact this enabled.
- 6.5 There were monthly family days which had creative themes, creating quality family time. Family days were scheduled to coincide with school holidays, and a dedicated session was introduced for families with neurodivergent children. Activities included animal petting, Pets as Therapy dogs, musical instrument taster sessions and face painting. Each family day ran from 10.30am to 3.30pm and included a hot meal.
- 6.6 A private family room was available but in need of a cosmetic refresh. It could be booked for families with newborn babies, neurodivergent children or those experiencing bereavement.

### **Family room**

- 6.7 To meet the needs of the population, three family days a year were reserved for prisoners serving indeterminate sentences. During the inspection we observed 'A Lifer Family Day'. The atmosphere was relaxed, with families enjoying the food and a range of activities, including board games, painting, professional hand massages and a multi-use gaming console.
- 6.8 Prisoners without visits were catered for with twice monthly official prisoner visits and a men's social club that took place every two months, facilitated by New Bridge Foundation.
- 6.9 Pact (Prison Advice and Care Trust) provided the family service contract, but insufficient salaried staff meant casework needs were not being met. This limited the support available for prisoners and families experiencing complex issues.
- 6.10 Improvements had been made to the in-person visits process to address deficits identified by the HMPPS audit. These included arrangements to ensure that prisoners posing a risk to children did not have unauthorised contact with children (see paragraph 6.28).
- 6.11 However, during observed visits, staff did not consistently challenge close physical contact between individuals, which prisoners said could allow contraband to be passed. This lack of challenge undermined security and increased the risk of illicit items entering the prison (see paragraph 3.44).
- 6.12 Visitor surveys and prisoner consultations informed improvements to the visits provision. Positively, profits from the visitor snack shop were reinvested into the children and families budget.

### Snack shop

## Reducing reoffending

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

- 6.13 The establishment held a complex population in terms of offender management, public protection and release planning. Over half of all prisoners were serving long sentences of more than four years. A further 25% were serving indeterminate sentences and a similar proportion had been recalled to custody.
- 6.14 As a category C training prison, the prison's focus should be providing prisoners with the skills and insight to avoid reoffending and settle successfully on release. Leaders worked creatively to achieve this purpose with the resources they had, but there were some notable gaps.
- 6.15 The offender management unit (OMU) was well led. All those involved with offender management and resettlement planning worked conscientiously and cohesively and supported each other well.
- 6.16 Prison offender manager (POM) staffing levels had only recently improved following a sustained period of fluctuating shortfalls. While caseloads had reduced as new staff took up post, they were still high given the risk and complexity of the cases they managed.
- 6.17 In the previous 12 months, nearly half of all new arrivals had transferred to the prison without an initial assessment of their risk and needs, adding pressure to an already busy and overstretched team.

This meant that these prisoners were not ready to start their sentence plans when they arrived, resulting in some feeling frustrated and unsure of what they needed to do to progress.

- 6.18 Offender assessment system (OASys, see Glossary) reviews were not always timely, even within HMPPS timescales. However, countersigned OASys assessments completed by POMs were consistently of a reasonably good standard, reflecting effective management quality assurance processes and oversight. In cases where domestic abuse concerns were present, they showed skilful assessment and understanding of abuse risks.
- 6.19 POM contact with prisoners was usually led by priority needs and timebound tasks, which meant contact to support progression was insufficient for many. The quality of key work was inconsistent and was not used to its full potential to support offender management (see paragraph 4.6). This limited opportunities to address risks and promote positive behaviour.
- 6.20 At the time of the inspection, the prison held 124 prisoners serving indeterminate sentences. Of these, 24 prisoners were serving indeterminate sentences for public protection (IPP, see Glossary), all of whom were beyond their minimum tariff. Staff and peer orderlies provided good oversight, engagement and support for this group. Local progression panels took place to assess individual IPP prisoner needs, share expertise and troubleshoot complex cases. Engagement sessions were frequently held and offered good opportunities for these prisoners to discuss their experiences and generate ideas for improvement.
- 6.21 A designated longer-term unit, within E wing, had been created for those prisoners serving more than 10 years, but its role and purpose was underdeveloped and ill defined.
- 6.22 The prison had recently organised an information event for some prisoners serving indeterminate sentences to meet with representatives from the parole board and public protection casework section to learn more about parole processes and what to expect during a hearing, which was a positive initiative.
- 6.23 Prison-led parole arrangements were generally well-managed. Psychology staff contributed appropriately to reports and hearings. In the last year, 122 parole boards had been held, resulting in 48 prisoners being directed for release.
- 6.24 Categorisation decisions were generally defensible and moves to open conditions had improved and were usually swift. Transfers to category C prisons for progressive or resettlement purposes were rare.
- 6.25 In the previous 12 months, 99 prisoners had been released on home detention curfew. This was well managed but 67% had been released beyond their eligibility date, usually because of delays in the community and lack of suitable accommodation.

## Public protection

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

- 6.26 About 65% of the population were assessed as posing a high risk of serious harm to others. Due to the serious nature of their offences, a similar proportion were eligible for MAPPA (see Glossary).
- 6.27 The well-structured interdepartmental risk management meeting continued to be an effective forum for assessing and managing risks posed by individual prisoners, reviewing cases at appropriate intervals to ensure safety and security. Quarterly strategic meetings, attended by the governor or deputy governor, provided governance and direction by reviewing overall risk trends, setting priorities, and ensuring that agreed actions to manage high-risk prisoners were implemented.
- 6.28 Gaps in the prison's understanding and application of contact restrictions for prisoners posing a risk to children had been identified during a recent HMPPS-led audit and were being addressed appropriately by OMU leaders (see also paragraph 6.10).
- 6.29 We saw evidence of generally good information sharing between POMs and community probation teams. Sometimes, this had been compromised by the lack of response, frequent changes or the late allocation of responsible community offender managers. In these instances, there was a clear escalation process involving the senior probation officer to make sure relevant information was shared.
- 6.30 The prison's written contributions to MAPPA meetings were well informed and meaningful and, in a few cases, we saw evidence of best practice examples. The quality of prisoners' risk management plans was usually good and contained an appropriate focus on domestic abuse factors.
- 6.31 Arrangements to conduct and review telephone monitoring for public protection purposes were well managed but there were some gaps in the management of prisoners' outgoing mail.

## Interventions and support

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

- 6.32 Work undertaken by the OMU indicated a significant potential need for offending behaviour interventions.
- 6.33 Despite being a designated training prison, no accredited treatment programmes had been delivered since before the last inspection and very few prisoners had transferred to undertake one elsewhere. There were plans for the new suite of interventions, Building Choices (see

glossary), to be rolled out next year, but the exact date of implementation was uncertain.

- 6.34 The absence of such programmes and the overall lack of one-to-one work facilitated by POMs meant that some prisoners would leave the prison without being able to evidence risk reduction and sentence progression.
- 6.35 The psychology teams worked well to oversee and support some very complex prisoners who were struggling to progress due to trauma or because they lacked motivation to engage, or who were unable to apply learning from previous interventions, including some serving IPP sentences.
- 6.36 In a small number of cases, we saw examples of POMs delivering one-to-one approved toolkits to priority cohorts on their caseload, such as Choices and Changes (a maturity toolkit), Skills for Relationships (focused on domestic abuse factors) and New Me MOT (for graduates of aligned accredited programmes such as Kaizen, Horizon, i-Horizon, Becoming New Me plus, New Me Strengths and the Healthy Sex Programme).
- 6.37 There was a good range of structured and non-accredited brief interventions and self-directed learning for some prisoners to improve their self-awareness and life skills in preparation for release. These included individual and group work provided by The Forward Trust, restorative justice interventions facilitated by Belong (see paragraph 3.18) and certified in-cell packs which covered topics such as offending thinking, behaviour and lifestyles, facing up to conflict, victim empathy and living safely and parenting 0–12-year-olds. Prisoners we spoke to felt these learning opportunities were valuable.
- 6.38 An impressive employment lead was embedded in the prison. Regular events enabled prisoners to meet employers and learn about opportunities. A reasonably well-used employment hub had been introduced and provided an excellent environment for prisoners to access a range of staff and resources to help improve their chances of employment on release. This included support to prepare CVs and criminal record disclosure statements, apply for jobs and prepare for interview. Prisoners could apply to use one of 10 secure laptops to undertake employment-related in-cell work. Since January 2025, 80 prisoners had completed a total of 440 such modules.



### **Employment hub**

- 6.39 HMPPS data showed that between September 2024 and October 2025, about 17% of eligible prisoners were in employment six weeks after release. This increased to about 33% at six months.
- 6.40 Prisoners received good support with their finances. This included specialist debt advice from the Citizens Advice Bureau and help from the Department for Work and Pensions (DWP) with benefits and entitlements. A prison-employed staff member assisted prisoners to open a bank account, recover their national insurance number, and obtain identification documents such as a birth certificate or driving licence.

## **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.

- 6.41 In the previous 12 months, an average of 26 prisoners were released to the community each month; more than double the amount at the time of the last inspection.
- 6.42 The absence of a dedicated probation-led pre-release team was a gap. Despite this, resettlement planning arrangements were generally well managed. POMs, COMs and others involved in release planning (such as an activities custodial manager, the DWP, prison employment lead, and ID and banking administrator) worked well together to ensure prisoners' needs were identified and being managed. Upcoming releases were also considered as part of the monthly reducing reoffending meeting and interdepartmental risk management meeting.
- 6.43 In the 12 months before the inspection, most prisoners had an address to go to on the first night of release, but only about 40% had left to go to sustainable accommodation and 8% had left homeless. The strategic housing specialist undertook a significant amount of work to ensure the accuracy of the data recorded by community probation teams. We were provided with compelling evidence that not all positive outcomes were always captured.

- 6.44 Reception release arrangements were respectful, efficient and swift. Prisoners could obtain discreet black holdalls for carrying their possessions. Rucksacks containing toiletries, socks and £10 food vouchers were available for those being released homeless.



**Rucksack containing basic essentials and food vouchers**

- 6.45 There was no provision made for prisoners to charge their mobile phone but those not being met at the gate were offered a taxi to the local train station for onward travel.

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

### Recommendations from the last full inspection

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

#### Safety

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

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

#### Key recommendations

Leaders should develop a coordinated prison-wide strategy to detect and reduce the supply of illegal drugs and associated debt, bullying and violence.

**Partially achieved**

A robust quality assurance system should make sure that actions agreed at assessment, care in custody and teamwork (ACCT) reviews are clearly recorded on care plans and then completed by staff to help prisoners through their period of crisis.

**Achieved**

#### Recommendations

Use of force scrutiny meetings should fully analyse the data presented to monitor trends, identify good practice and learn lessons.

**Partially achieved**

#### Respect

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

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

#### Key recommendations

All prisoners should live in suitable accommodation with reliable heating, a toilet and hand washing facilities.

**Not achieved**

There should be effective consultation and monitoring to make sure that the needs of prisoners with protected characteristics are identified and met, and that disproportionate outcomes are addressed.

**Partially achieved**

Patients diagnosed with a need for psychological therapy should be treated promptly.

**Achieved**

### **Recommendations**

Effective staff supervision in all residential areas should enable staff to detect and challenge low-level poor behaviour.

**Not achieved**

Prisoners should be supported by a named keyworker to support their well-being and sentence progression.

**Achieved**

Responses to prisoner complaints should be prompt and fully address the issues raised.

**Achieved**

The prison should track prisoners' application forms so that leaders are clear about the nature of the problem, promptness and quality of responses.

**Partially achieved**

Patients should be able to make a confidential complaint or application for a health care appointment.

**Achieved**

All patient care should be recorded on SystemOne to maintain the integrity of a single clinical record.

**Not achieved**

Patient access to external appointments, assessment and treatment should not be delayed by the lack of escorts.

**Achieved**

### **Purposeful activity**

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

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

### **Key recommendations**

Leaders should identify accurate areas for improvement in teaching and assessment practices, and in curriculum design and content. They should also

identify and implement actions to make sure that teachers and instructors improve their skills in teaching, and enable prisoners to build on, and make progress in, developing their skills and knowledge.

**Achieved**

Leaders and managers should ascertain the reasons why prisoners do not wish to engage in education and work and take effective action to improve attendance and the proportion of prisoners allocated to appropriate activities. Prison staff should consistently promote the benefits of education to prisoners in their rehabilitation and future employability.

**Partially achieved**

Information about prisoners' aspirations and long-term employment goals should be used to inform allocations to education, skills and work activities, and they should receive impartial advice and guidance that promotes career development.

**Partially achieved**

The quality of prison-led activities should be monitored. Prisoners should be sufficiently challenged in all workshops, instructors should recognise and record the progress they make, and the number of accredited programmes in prison-led activities and prisoners who achieve these should be increased.

**Achieved**

**Recommendations**

No recommendations

## Rehabilitation and release planning / Preparation for release

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

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

### Key recommendations

Leaders should identify and understand the resettlement needs of the population and make sure that interventions and services are provided to meet those needs.

#### **Partially achieved**

Prisoners' offending behaviour needs should be identified and met to reduce their risk of reoffending on release.

#### **Partially achieved**

### Recommendations

Prisoners should have an up-to-date assessment of risk and need.

#### **Partially achieved**

The lifer forum, information day and family visits should be resourced properly and take place regularly.

#### **Achieved**

Prisoners should be moved promptly to category D prisons once they have been assessed as suitable for open conditions.

#### **Achieved**

### Recommendations

No recommendations

## 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:

Martin Lomas	Deputy Chief inspector
Ian Dickens	Team leader
Harriet Leaver	Inspector
Jade Richards	Inspector
Rick Wright	Inspector
Sumayyah Hassam	Inspector
Donna Ward	Inspector
Sophie Riley	Head of Research, Data & Thematics
Phoebe Dobson	Researcher
Tareek Deacon	Researcher
Jasjeet Sohal	Researcher
Sarah Goodwin	Lead health and social care inspector
Gift Kapswara	Health and social care inspector
Craig Whitelock-Wainwright	Pharmacist
Mark Griffiths	Care Quality Commission inspector
Saul Pope	Ofsted inspector
Andrea McMahon	Ofsted inspector
Matt Hann	Ofsted inspector
Chris Dearnley	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.

### **Access to Justice laptops**

Secure laptops provided to prisoners to access digital evidence and legal materials for their cases. They are part of the HMPPS Access to Digital Evidence (A2DE) framework, designed to support fair access to justice while maintaining prison security.

### **Building Choices**

An accredited HMPPS cognitive-behavioural programme, delivered through group and one-to-one sessions. It focuses on developing skills in emotion management, healthy thinking, relationships, sense of purpose, and – where relevant – healthy sexual behaviour. The programme is tailored to individual risk and need, including for those with learning disabilities or challenges, and aims to support positive change and reduce reoffending.

### **Care programme approach (CPA)**

A framework designed to assess and support individuals with a mental illness.

### **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.

### **Commonwealth officers**

Prison officers recruited from Commonwealth countries by HMPPS under a tailored skilled worker visa scheme to help address staffing shortages. They work in frontline custody roles alongside existing staff and support day-to-day prison operations.

### **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.

### **Incentivised Substance Free Living (ISFL) units**

Dedicated prison units for prisoners who commit to living drug-free. Residents agree to a behavioural compact, undergo regular drug testing, and receive incentives such as extra time out of cell or access to activities. ISFL units provide a structured environment that promotes recovery, positive relationships, and healthier choices.

### **Indeterminate sentence for public protection (IPP)**

Given to offenders who posed a significant risk of serious harm to the public. Although the IPP sentence was abolished in 2012, thousands of people subject to such a sentence are still in prison.

### **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.

### **Night sanitation**

An electronic system for prisoners in cells without toilets or running water to be unlocked to access a toilet individually through the night.

### **Offender assessment system (OASys)**

Assessment system for both prisons and probation, providing a framework for assessing the likelihood of reoffending and the risk of harm to others.

### **Offender management in custody (OMiC)**

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

**Official prison video conferencing (OPVC)**

Available in all prisons to enable remote court hearings, as well as official visits and meetings (including legal and probation visits). OPVC is not used for social visits.

**PAVA**

Pelargonic acid vanillylamide: incapacitant spray classified as a prohibited weapon by section 5(1) (b) of the Firearms Act 1988.

**Protected characteristics**

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

**Protection of adults at risk**

Safeguarding duties apply to an adult who:

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

**Secure social video calling**

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

**Social care package**

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

**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.

**Time out of cell**

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

## **Appendix III Further resources**

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

### **Prison population profile**

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

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

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

### **Prison staff survey**

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

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