



Report on an unannounced inspection of

HMP Exeter

by HM Chief Inspector of Prisons

18 November – 4 December 2025



Contents

Introduction.....	3
What needs to improve at HMP Exeter	5
About HMP Exeter.....	6
Section 1 Summary of key findings.....	8
Section 2 Leadership.....	10
Section 3 Safety	12
Section 4 Respect.....	20
Section 5 Purposeful activity.....	33
Section 6 Preparation for release	41
Section 7 Progress on concerns from the last inspection	47
Appendix I About our inspections and reports	50
Appendix II Glossary	53
Appendix III Further resources	56

Introduction

HMP Exeter remained a prison facing deep rooted and longstanding challenges, but one where determined leadership and a more stable staff group was beginning to make a real difference. When we last inspected in 2022, the prison was in serious difficulty, culminating in an Urgent Notification that highlighted grave weaknesses in safety, decency and the protection of those most at risk. At that time, the prison was struggling to keep people safe, and too many were spending long periods locked behind their doors with little to do.

This inspection found a prison that was still far from where it needs to be, but one that was no longer overwhelmed. Leaders had brought clarity and purpose to the work of the jail, and the benefits of this were visible in several important areas. The governor, who took up post in 2023, had commendably shown a level of commitment to the prison that was desperately needed; he had built a leadership team with a shared sense of direction, which combined with improvement in staffing stability, had been striking. Frontline officers were far more consistent in their approach, relationships on the wings were better, and some of the chaos and drift we saw previously had begun to recede.

Safety, however, remained the prison's most pressing concern. The rate of self-harm, though nearly halved since our last inspection, remained too high, and seven self-inflicted deaths since 2022 underlined the vulnerabilities of many held here. Work to support those who self-isolate through fear of others was not yet reliable or sufficiently focused, despite this being a factor in several recent deaths. Violence had reduced to a rate more in line with other reception prisons, but it continued to be driven by debt, drugs, population churn and the limitations of the cramped Victorian site. Leaders had improved their understanding of these issues and were responding more quickly to emerging conflicts, but weaknesses in oversight of use of force and the inconsistent application of incentives undermined efforts to sustain a safer environment.

Conditions across much of the prison remained unacceptably poor. Exeter is a severely overcrowded local jail, with most prisoners sharing cells designed for one person, and too many cells on C and D wings continued to suffer from broken windows, mould and inadequate toilet screening. While refurbishment work was under way and further capital investment was planned, progress had been hampered by delays and weak project management. The governor and prison group director were right to retain several safety critical posts originally introduced during the post Urgent Notification rectification period, but for meaningful improvement in living conditions the prison will require sustained national attention and resourcing.

Purposeful activity also remained a significant weakness. Although leaders had ensured there were enough activity places for the population, attendance was still too low and too many prisoners spent long periods locked up when they could have been doing something constructive. Staff were not consistently focused on motivating prisoners to take part, and wing-based work roles lacked the training and structure needed to offer anything meaningful. Teaching in education was generally sound and the curriculum was sensible given the short

stays of many prisoners, but weaknesses in induction and allocation continued to limit the impact of this provision.

One area where progress had been more assured was in the work to prepare prisoners for release. Offender management at Exeter was now a strength. Prison offender managers made early contact with individuals, worked effectively with community colleagues and other agencies, and ensured that even those on very short stays received some level of planning and support. Innovative arrangements, including joint working with probation, courts and community organisations, helped manage risk and support those likely to be released directly from court.

HMP Exeter was still a prison under strain from its infrastructure, its population churn and the demands of operating in buildings that are barely fit for purpose, but also a prison where strong leadership and a more stable workforce were creating the foundations for improvement. To build on this, leaders will need continued support to address safety, improve conditions, and ensure that prisoners are able to benefit from the purposeful activity that is essential for rehabilitation. Our report highlights a series of priorities which we hope will assist on-going improvement.

Charlie Taylor

HM Chief Inspector of Prisons

January 2026

What needs to improve at HMP Exeter

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

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

Priority concerns

1. **Prisoners self-isolating through fear of others was a recurring theme in several of the self-inflicted deaths.** The systems leaders had put in place to increase contact and offer support to this group were not sufficiently robust.
2. **Handovers between staff responsible for the care of newly arrived prisoners were inadequate and some prisoners did not receive a complete induction during their first few days.**
3. **Use of force had increased and was now high and rising.** Staff did not routinely draw or switch on their body-worn cameras and leaders did not have adequate oversight.
4. **Attendance remained too low. This was in part because many prisoners were allocated to more than one activity in each session.**
5. **Leaders and managers had not ensured that prisoners working on the wings or in work parties received sufficient training or guidance to carry out their roles effectively.**

Key concerns

6. **Weaknesses in searching at the main gate and inconsistent commissioned cell searches and suspicion drug tests undermined overall security at the prison.**
7. **Work to identify and address unfair treatment of prisoners from minority groups was limited.**
8. **The prison remained very overcrowded with 84% of prisoners sharing cells designed for one person.** The standard of cells on C and D wings was poor: many had broken or missing window glass and some were affected by mould.
9. **The education induction focused too heavily on completion of initial assessments and did not provide prisoners with sufficient information to make informed choices about the options available to them.**

About HMP Exeter

Task of the prison/establishment

Reception prison holding adult males

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

Prisoners held at the time of inspection: 307

Baseline certified normal capacity: 307

In-use certified normal capacity: 193

Operational capacity: 310

Population of the prison

- 2,021 new prisoners received over the last year
- 981 prisoners released into the community in the last year
- 152 prisoners receiving support for substance misuse
- 75 prisoners referred to mental health over the last reporting month

Prison status (public or private) and key providers

Public

Physical health provider: Oxleas NHS Foundation Trust

Mental health provider: Oxleas

Substance misuse treatment provider: Oxleas

Dental health provider: Oxleas

Prison education framework provider: Milton Keynes College

Escort contractor: Serco

Prison group/Department

Devon and North Dorset

Prison Group Director

Paul Woods

Brief history

Built in 1853, HMP Exeter is a Victorian prison of radial design, with three wings positioned around the centre. In the late 20th century, D wing was added and, more recently, education blocks were built. In recent years a new visits building, including a visits hall and official prison video conferencing (used primarily for court hearings see glossary), has been introduced.

Short description of residential units

A wing: under refurbishment

B wing: vulnerable prisoners' unit

C wing: induction and main location

D wing: enhanced and incentivised substance-free living unit

F wing: temporary reception and health care

Name of governor and date in post

Ian Walters, May 2023 to date

Changes of governor since the last inspection

Richard Luscombe, November 2019 – May 2023

Independent Monitoring Board chair

Sue Thomas

Date of last inspection

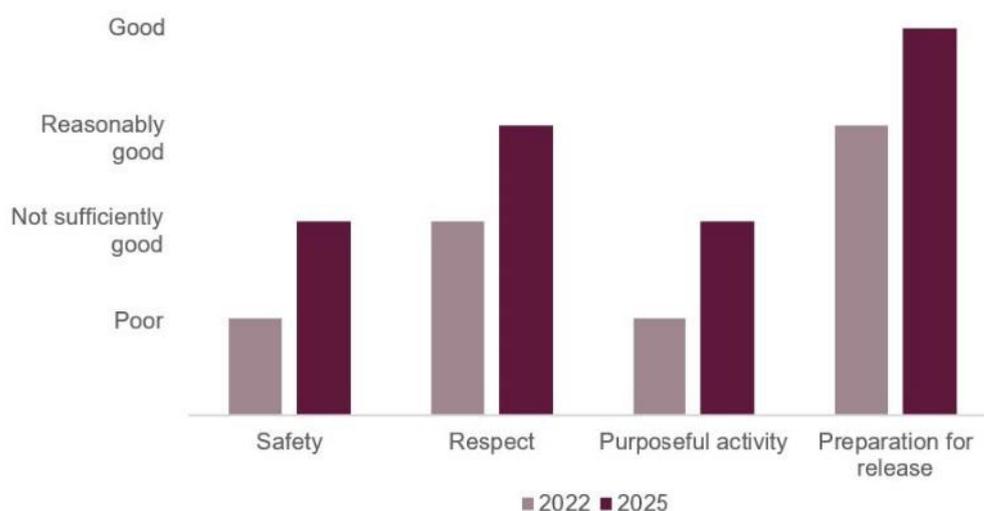
October/November 2022

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 Exeter, we found that outcomes for prisoners were:
- not sufficiently good for safety
 - reasonably good for respect
 - not sufficiently good for purposeful activity
 - good for preparation for release.
- 1.3 We last inspected HMP Exeter in 2022. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Exeter healthy prison outcomes 2022 and 2025



Progress on priority and key concerns from the last inspection

- 1.4 At our last inspection in 2022, we raised 11 concerns, four of which were priority concerns.
- 1.5 At this inspection we found that seven of our concerns had been addressed, one had been partially addressed and three had not been addressed. For a full list of progress against the concerns, please see Section 7.

Notable positive practice

- 1.6 We define notable positive practice as:

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

- 1.7 Inspectors found nine 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 practice of regularly inviting families to take part in ACCT reviews, both in person and virtually, was good and helped to support prisoners in crisis.	See paragraph 3.42
b)	The foreign nationals lead provided very good levels of support, especially for prisoners for whom English was not their first language.	See paragraph 4.33
c)	The patient engagement lead talked to prisoners face to face to resolve any concerns about health care promptly.	See paragraph 4.48
d)	The on-site machine to test for Hepatitis C enabled staff to raise awareness of this condition and provide patients with early support and treatment.	See paragraph 4.52
e)	The monitoring of prisoners who posed a particularly high risk of harm to specific victims or continued to breach restrictions was completed by dedicated POMs who managed cases effectively.	See paragraph 6.15
f)	The OMU and other criminal justice agencies met every fortnight to make sure that risk management measures were in place before court hearings.	See paragraph 6.17
g)	The young adult group intervention helped prisoners to develop problem-solving skills and pro-social behaviours in a group to reduce reoffending.	See paragraph 6.19
h)	A weekly resettlement and immediate needs board focused on prisoners who were approaching release and those who were likely to be released from court having served their time.	See paragraph 6.26
i)	A member of the resettlement team visited the prisoner the day before their release to identify particular needs. Prisoners were met in reception by the DWP who activated benefits for those who needed them. The departure lounge was open to prisoners on the morning of release offering practical advice.	See paragraphs 6.29 to 6.31

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 Leadership at Exeter had greatly improved. The governor, appointed in 2023, understood the many serious weaknesses we identified at the last inspection. He had set clear priorities for improvement and communicated them well to staff. There had been much more continuity and stability in the senior leadership team and the previously high levels of attrition among front line staff had been similarly addressed. This stability and the shared sense of direction it engendered had undoubtedly contributed to the improved outcomes we observed around the prison.
- 2.3 In the wake of the Urgent Notification (see glossary) actioned following the last inspection, several temporary additional posts had been established at Exeter. These included a deputy head of safety, a first night and de-escalation coordinator and Assessment Care in Custody and Teamwork (ACCT – see glossary) floor walkers. The governor and prison group director had made the right decision to maintain these posts after the initial national support and funding ended, ensuring vital improvements to safety outcomes could be sustained.
- 2.4 The governor had worked collaboratively with others to address protracted issues. This included a prototyping pilot where a service designer was embedded in the senior team to understand problems in systems and co-design solutions; this included an automated system for booking legal visits and an initiative that eliminated the time-consuming manual work involved in issuing gate passes, both of which freed up staff time to focus on other tasks. The governor had continued this approach after the pilot through an initiative termed the ‘sticky fixer café’ where a multidisciplinary team met to tackle problems at the prison.
- 2.5 The head of safety understood the causes of self-harm and violence at the prison and had used data effectively to promote improvement. Leadership of first night and induction, in contrast, was fragmented. In particular, the residential and inductions teams did not work well together, which meant some prisoners went unsupported during this high-risk period of custody. As a result, some prisoners experienced a confusing and frustrating first few days at Exeter.

- 2.6 Leaders on residential units had improved relationships between prisoners and staff which had a positive impact on many other areas of prison life.
- 2.7 It was positive that national leaders had planned several capital investment projects at the prison to address the failing infrastructure. Ongoing and planned projects included refurbishment of residential units, the health care centre, CCTV and reception. However, project management of these schemes was not good enough and had led to long delays.
- 2.8 Oversight of use of force required improvement to identify and address the increasing rate of restraint and high proportion of incidents related to non-compliance.
- 2.9 Leaders had not addressed deficits in security that had been identified by a recent internal audit. As a result, these frailties were still present during our inspection.
- 2.10 There was good partnership working between health care and the prison. This had successfully mitigated the impact of the closure of the health care centre on services for prisoners.
- 2.11 Partnership working between the prison and the education provider was better, but attendance at education remained a weakness.
- 2.12 Leadership within offender management and reducing reoffending was a strength at Exeter and delivered a very good service to prisoners. It was impressive that leaders had reconfigured their service to meet the needs of groups previously excluded from support, including those on remand and younger prisoners.

Section 3 Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

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

- 3.1 The purpose-built reception area was due for refurbishment and reception was temporarily located in F wing. It was very busy with a throughput of around 40 prisoners a day, coming to and from court, transferring out or being discharged. About 40 new prisoners arrived each month.
- 3.2 Far too many prisoners arrived after 8pm, limiting the support that could be offered before they were locked in their cells. Prisoners told us that they had experienced long waits at court followed by convoluted journeys to Exeter.
- 3.3 Staff had adapted well to the temporary reception arrangements and did their best to move prisoners through quickly. However, with the combination of temporary accommodation and most prisoners arriving in the evening, many regularly spent more than two hours in reception waiting to go to the wing. This was reflected in our survey where only 29% of respondents said they spent less than two hours in reception.



Holding cell

- 3.4 Assessments of prisoners' risk and need on arrival were good, as was the initial health screen. Prisoners were positive about the peer support they received on arrival and 46% said in our survey that they had the chance to talk to the Samaritans or a Listener (prisoners trained by the Samaritans to provide emotional support to their peers), compared with 25% in comparable prisons. Insiders (prisoners trained to offer support to those new to custody) were also readily available.
- 3.5 In our survey, only 17% of prisoners said they were offered a shower on arrival compared with 31% in similar prisons. This was compounded for some prisoners who told us they had been in police custody for three days with no access to showers.
- 3.6 Forty-six per cent of prisoners we surveyed said they were offered a free phone call on arrival, but too many prisoners we spoke to said the phones in their cells were damaged or not working or there were delays in getting their phone numbers cleared to ring their families.
- 3.7 First night cells were much cleaner than at the previous inspection and there was little graffiti. Most had adequate furniture, although we saw too many cells ready for occupancy which had no kettle or television.
- 3.8 Newly arrived prisoners were not consistently located on the designated first night unit on C4 landing and could be placed anywhere on C wing. During our night visit, staff on the units were unaware of where new receptions were located and had not been briefed about their needs or any risks they presented. This lack of awareness was concerning.
- 3.9 In our survey, 74% of prisoners said they had received an induction, which was similar to the last inspection but significantly worse than comparable prisons at 85%. Just 47% of prisoners who had received an induction said that it covered everything they needed to know about the prison and many new prisoners were confused about how to complete basic tasks and unsure about what would happen next.
- 3.10 This was a particular problem for prisoners convicted of an offence of a sexual nature. If B wing was full, they were located on C wing until a space became available on B wing but were kept separate from the other prisoners. They should have been taken to B wing to associate and take part in induction, but this did not happen consistently and we met prisoners who had missed critical parts of the induction process.

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

- 3.11 Rates of violence had reduced since the previous inspection and were now similar to other reception prisons. A serious incident had, however, occurred shortly before the inspection, resulting in a homicide, and a police investigation was in progress during the inspection. Leaders had taken reasonable steps to learn lessons from the incident while not interfering with the investigation.
- 3.12 In our survey, 54% of prisoners said they had felt unsafe at Exeter and 24% that they felt unsafe at the time of our inspection, which was similar to other reception prisons. There had been 123 recorded assaults in the previous 12 months, although the number of assaults on staff had reduced considerably, with 39 recorded incidents. There had been a smaller reduction in prisoner-on-prisoner assaults with 84 incidents.
- 3.13 Leaders were aware of the causes of violence and effective reviews were carried out at the weekly safety intervention meeting and monthly safety meeting. Most violence was linked to debt and disputes, often exacerbated by the rapid turnover of prisoners, the limited number of wings to separate those in conflict and the illicit economy. Licence recalls and the frequent movement of short-term prisoners contributed to the instability.
- 3.14 Leaders investigated and responded promptly to emerging conflicts, which was an improvement since the last inspection. All incidents were investigated through the challenge, support and intervention plan process (CSIP, see Glossary) within three days, which was a considerable improvement over the three-week backlog we found at the previous inspection.
- 3.15 The CSIPs were used for perpetrators, victims and prisoners who felt they needed to self-isolate. The CSIPs for perpetrators and victims had improved and were generally good. In contrast, targets to support self-isolating prisoners were vague or missing. Three prisoners were self-isolating at the time of our inspection and staff seemed not to know how to support them.
- 3.16 Residential staff used informal conflict resolution to address issues before they escalated into more serious incidents. This was particularly important in a prison that had very few wings and so was unable to keep prisoners who were in conflict apart from one another.
- 3.17 There was little difference between the levels of the incentives policy and it was applied inconsistently. Some staff did not know which prisoners were subject to the basic regime, and some wing boards did not reflect case notes accurately. Some prisoners were at an unfair disadvantage because they had been left on the basic regime when this was no longer appropriate. Incentives for those on the enhanced level were limited. Despite plans for improvements, D wing (the incentivised substance free living unit) offered little that was motivational, aside from a calmer environment.

Adjudications

- 3.18 There had been 1,674 adjudications in the past 12 months, 260 of which had been dismissed mostly because they had been delayed beyond the required timeframes or the prisoner had been released.
- 3.19 Most charges related to disobeying a lawful order or returning a positive drug test. Adjudication standardisation meetings were not taking place, and the most recent minutes we saw dated back to 2020. Leaders could not explain this omission in oversight but planned to restart the meetings imminently.
- 3.20 Adjudications were conducted using a restorative approach that prisoners valued. This gave prisoners the opportunity to receive a shorter punishment if they addressed some of the harm they had caused including repairing broken items, being involved in litter picking or involvement in mediation.
- 3.21 Some records of adjudications records did not contain sufficient detail concerning the evidence considered.

Use of force

- 3.22 Use of force remained high and was increasing. There had been 399 recorded incidents in the past 12 months, which represented a 30% increase compared with the previous inspection, despite a smaller population.
- 3.23 In our survey, 37% of prisoners said they had been restrained by staff compared with 13% at the previous inspection. Only 23% of those restrained said someone had spoken to them about the incident afterwards, although we saw good records of use of force debriefs following most restraints. Some prisoners who had been restrained felt that these conversations focused more on an automatic downgrade to the basic regime rather than exploring the reasons for the restraint and identifying lessons to prevent future incidents.
- 3.24 Most restraints were unplanned and 94% were related to prisoners' non-compliance. This was unusually high, and leaders were unable to explain the reason. The weekly use of force and monthly safety meetings reviewed some data. but no clear actions of follow-up to improve outcomes was evident.
- 3.25 Oversight of use of force was inadequate. Many CCTV cameras remained broken (see paragraph 3.33), limiting managers' ability to view incidents. In addition, too few staff wore body-worn cameras and even fewer activated them when required to do so. This meant that for many incidents there was no footage, which prevented leaders from providing effective oversight.
- 3.26 We referred some of the restraints that we reviewed back to senior leaders for further investigation because of concerns about proportionality and the necessity for use of force.

- 3.27 There had been one incident where a baton was drawn but not used. PAVA (see Glossary) had been drawn or used on four occasions: in one incident, PAVA was drawn and used against three prisoners, in the second PAVA was drawn but not used. A reasonable level of enquiry by senior managers had taken place in response to these more serious incidents.

Segregation

- 3.28 Segregation had been authorised 219 times in the past 12 months, a reduction from 314 at the previous inspection. However, the average length of stay had increased considerably from six to 25 days. Four prisoners had been held for more than 42 days, compared with none at the previous inspection. These had all been authorised by the prison group director and 42-day reviews had been carried out in a timely manner. Segregation records that we reviewed were timely and reflected appropriate justification. Reintegration planning started when the prisoner arrived in segregation and staff were proactive in ensuring prisoners could return to ordinary location as soon as it was appropriate to do so.
- 3.29 Conditions in the segregation unit were poor. The unit was described as a temporary facility, despite being used for four years while the original segregation wing was under refurbishment. The environment was shabby and crumbling, showers were mouldy and some cells contained damaged furniture. Cameras were installed in segregation cells and could be monitored continually from the wing office, which was intrusive and disproportionate.
- 3.30 In our survey, 52% of prisoners said they were treated well by segregation staff and we observed positive engagement between staff and the segregated prisoner. At the time of our inspection, one prisoner was segregated whom staff had supported to engage in wing painting and in-cell activities to manage his behaviour and alleviate boredom. Unfurnished accommodation, (cells without furniture or water used in response to very refractory behaviour) had not been used in the previous 12 months.

Security

Expected outcomes: Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence and positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse and effective drug supply reduction measures are in place.

- 3.31 There had been 5,306 intelligence reports in the past 12 months, most of which related to disorder, drugs and violence. A recent security audit had identified shortfalls in key areas, including body-worn camera use, searching, accounting and control for prisoners, and the issuing of

personal protective equipment to staff (see paragraph 3.25). Many actions on the action plan still required completion.

- 3.32 The prison was undergoing significant refurbishment, and an additional temporary gate was in place. This understandably caused concern given the high levels of additional staff with tools entering and leaving the prison throughout the day. While the main gate had enhanced security measures, we identified weaknesses in staff searching procedures which we brought to leaders' attention.
- 3.33 Commissioned cell searches and suspicion drug testing were not always carried out and the CCTV system remained largely inoperative and unfit for purpose. Leaders had been assured that funding was available for a camera replacement programme scheduled for January 2026, but at the time of our inspection this had not yet been signed off.
- 3.34 At the time of the inspection, there was one prisoner convicted of a terrorism-related offence, who was managed appropriately. There was also one prisoner on the escape (E) list whose status we referred to the head of security for review, as our observations did not align with the recorded justifications. We were concerned about the proportionality of his E list status, in the light of records and descriptions given to us by segregation staff, health professionals and other senior managers.
- 3.35 The mandatory drug testing rate was 18.3%, which was lower than in similar prisons. Most drugs entered through reception and visits or were thrown over the perimeter fence. In our survey, 91% of prisoners said they had disclosed drug or alcohol problems to staff, of whom 73% said they had received help and 93% that they knew whom to contact for support. Overall, support for illicit substance users was good.

Safeguarding

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

Suicide and self-harm prevention

- 3.36 There had been seven self-inflicted deaths since our last inspection, the highest rate of all adult male prisons in England and Wales over the period December 2022 to October 2025.
- 3.37 Early learning and recommendations from the Prisons and Probation Ombudsman's investigations into these deaths had been responded to quickly and a comprehensive action plan was monitored closely. We were concerned that one of the actions to use CSIPs to monitor prisoners isolating themselves, an identified trend in five of the deaths, was not providing the level of contact and support that leaders expected (see paragraph 3.15). Priority key work (see Glossary)

sessions should also have taken place, but records showed that these sessions happened infrequently.

- 3.38 The rate of self-harm had reduced by 43% since our last inspection but remained high compared to other reception prisons. There had been 282 instances of self-harm in the preceding 12 months compared to 626 at our last inspection.
- 3.39 Prisoners at risk of self-harm were supported by ACCTs (assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm). Fourteen prisoners were subject to these arrangements at the time of the inspection, nearly all of whom were in some form of education or employment, which was positive.
- 3.40 These prisoners told us they felt well supported by staff and case managers and they appreciated the fact that they had someone to talk to. Our survey supported this, with 83% of prisoners saying that there was a member of staff they could turn to if they had a problem compared with 66% in similar prisons.
- 3.41 The ACCT documents we reviewed were of a higher standard than at the previous inspection and generally identified triggers and causes of self-harm well. However, care plans were inconsistent, and some actions were not sufficiently focused on addressing causal factors.
- 3.42 It was really good to see the families of prisoners in crisis involved in their care, and they were regularly invited to attend reviews either in person or virtually. Prison staff were proactive in arranging this and cited examples of contacting families while the prisoner was in transit from court to make sure joint support started at the earliest opportunity. This was good practice.
- 3.43 Oversight was good: all serious incidents or near misses were investigated thoroughly and early learning added to the safety action plan. Good, targeted data were reviewed at monthly strategic meetings so that leaders were familiar with the drivers for self-harm and took proactive steps to try to reduce it. A weekly safety intervention meeting considered immediate actions and the day-to-day management of those in crisis effectively.
- 3.44 This was particularly evident with prisoners who self-harmed prolifically, where leaders could demonstrate considerable reductions in the number of self-harm incidents with some of this group. Those we spoke to told us regular staff contact and support contributed greatly to reducing their levels of anxiety and crisis.
- 3.45 A busy and well-supported team of Listeners (prisoners trained by the Samaritans to provide emotional support to their peers) were deployed regularly. Listeners we spoke to said staff allowed them to see prisoners on request and they had little difficulty in accessing them.
- 3.46 Constant supervision was authorised appropriately when necessary. The supervision cells were, however, worn and shabby and needed

refurbishment, but prisoners were allowed a television and personal items to occupy them. Regular reviews ensured that prisoners were only subject to constant supervision when it was necessary.

- 3.47 One prisoner was subject to constant supervision at the time of the inspection. We observed him socialising with his peers each day and exercising, staff having brought him over to the wing to take part in the regime activity.

Protection of adults at risk (see Glossary)

- 3.48 The safety strategy included a safeguarding section which informed staff of their legal obligations and duty of care. Details of the local authority were available if staff identified a lack of care for any vulnerable adult.
- 3.49 Social care links with the local authority remained good. Staff regularly made referrals if they felt a prisoner needed a social care assessment. The local authority responded swiftly and we saw evidence of helpful adaptations and support from visiting care staff which prisoners appreciated. Support continued for many prisoners when they left custody, which was good.

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, 76% of prisoners said staff treated them with respect and 83% said there was a member of staff they could turn to if they had a problem compared with 66% at other reception prisons.
- 4.2 Interactions between staff and prisoners were relaxed and staff were usually visible on the wings and accessible to prisoners. Prisoners we spoke to were positive about staff and many named individuals they found particularly helpful. However, relationships were not helped by the increasingly transient nature of the population, and some prisoners said that everyday requests often took too long to resolve.
- 4.3 The key worker scheme (see Glossary) was in operation, but only about 54% of the scheduled sessions had been delivered in the past three months. Even this was an overestimate, as a sizeable proportion of these sessions were first night interviews conducted by induction staff that had been mis-recorded as key work. While we saw some good examples of key work being used to motivate and support prisoners, quality and consistency remained too varied.
- 4.4 Prison leaders were aware of these weaknesses and had credible plans to improve both the quantity and quality of delivery through better staff support and training and more robust quality assurance.
- 4.5 The number of peer support workers had increased. They were used effectively in several areas, including induction, with the Shannon Trust (charity that supports people in prison to learn to read, see paragraph 5.31), and as well-trained buddies providing day-to-day support to vulnerable prisoners. However, in some important areas, such as equality and prisoner information desks (PIDs) on the wings, there were no peer workers. This was a missed opportunity to improve communication and provide valuable support to prisoners.

Daily life

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

Living conditions

- 4.6 Leaders continued to face considerable challenges associated with the ageing infrastructure. Conditions across the prison remained severely overcrowded, with 84% of prisoners sharing cells originally designed for one.
- 4.7 Since the previous inspection, A wing had closed for refurbishment and B wing, which had previously been closed, had reopened. The condition of cells on C and D wings remained poor, with many broken windows, insufficient screening around some toilets, a lack of secure storage space, and some cells affected by mould.
- 4.8 Despite this, there had been some improvements. Cells contained a reasonable amount of furniture, damaged flooring had been replaced, and most cells were clean and free of graffiti. Showers were in good condition and communal areas were clean and well maintained.



C wing double cell (left), and C wing single cell (right)

- 4.9 Leaders had developed a system for monitoring the state of cells through regular checks. However, we found that some in-cell phone ports were missing, severely limiting the ability of prisoners to maintain contact with family and support networks.

- 4.10 Prisoners had reliable access to clean prison-issue clothing, bedding, towels and cleaning items and at least weekly access to laundry facilities for their clothes. In our survey, 73% said they could get clean bedding every week compared with 40% at the previous inspection and 60% at similar prisons.
- 4.11 Outside exercise areas for B and D wings were acceptable and well maintained and promoted well-being with seating and outdoor exercise equipment. In contrast, the C wing area had no equipment or seating and prisoners with mobility issues were unable to use the area because it was approached by a steeply inclining path.



Exercise yard B wing (left), and exercise yard C wing (right)

- 4.12 During the inspection, most cell bells were responded to promptly, although quality assurance checks were not sufficiently frequent for leaders to be confident that the response to cell bells was consistent and prompt.

Residential services

- 4.13 In our survey, 44% of prisoners said the food was very or quite good, compared to 32% at other reception prisons. This reflected the views of most prisoners we spoke to. Meals were selected on wing kiosks from a weekly menu choice, which included a hot evening meal. The quality and quantity of portion sizes were good, and it was positive that around 70% of food was freshly cooked. However, meals were served too early and started before prisoners had returned from work and education, which reduced their motivation to attend these sessions.
- 4.14 Consultation arrangements were effective, with regular forums and a biannual survey. Feedback from these consultations had resulted in adjustments to menu choices. The main kitchen and wing servery areas were clean and well maintained. Weekly audit checks of wing serveries were undertaken by kitchen staff, which helped to maintain good standards of hygiene. Most prisoners involved in food preparation undertook basic training, but no formal qualifications were awarded.
- 4.15 Staff supervision at mealtimes was reasonable, and all servery workers that we observed wore the correct personal protective equipment. For most prisoners, there were no self-cooking facilities or opportunities to eat together. The enhanced incentivised substance-free living wing had

some self-catering facilities, but these were limited to a microwave and three toasters, which was a missed opportunity to motivate good behaviour.

- 4.16 The prison shop provided a reasonable range of goods, including some fresh fruit and vegetables, and regular prisoner forums were held to gather feedback. Newly arrived prisoners could buy some groceries, a vape pack and telephone PIN credit on their first night, but prisoners could wait up to 12 days before they received their first regular shop order.
- 4.17 In our survey, 68% of respondents said the prison shop sold the things that they needed compared with 54% at similar prisons.
- 4.18 There was a reasonable range of catalogues for larger purchases, although prisoners said that it took too long for items to arrive.

Prisoner consultation, applications and redress

- 4.19 While there was a wide range of consultation forums, they were regularly cancelled, attendance was poor and actions were not recorded. Records of meetings were not regularly published or communicated to prisoners, which limited considerably their effectiveness.
- 4.20 Prisoners could make applications easily using the wing kiosks (see glossary). Over the last 12 months, more than 46,000 applications had been submitted. Management oversight of the process was good, and a monthly report identified trends, late responses and areas of concern. Most applications (96%) were answered within seven days, which was much better than we usually see.
- 4.21 In our survey, 59% of respondents who had made applications said they were answered within seven days compared with 39% at similar prisons.
- 4.22 The number of complaints had increased by 71% since the previous inspection, averaging around 80 a month. Prison data showed that only about 5% of complaints were responded to late, which was a significant improvement from 16% at the last inspection. About a quarter of all complaints related to property issues.
- 4.23 Management oversight of the complaints process was reasonable. Data were analysed for trends and discussed at the quarterly performance and assurance team meeting, where the reasons for the increase in the number of complaints were scrutinised. Most responses that we reviewed were courteous and addressed the issues raised, although some lacked sufficient detail and very few were followed up face to face.
- 4.24 In our survey, 38% of prisoners who had made a complaint said they were answered within seven days compared with 17% at our last inspection.

- 4.25 Access to legal services was good. A large suite of interview rooms enabled both face-to-face and video interviews. The bail officer worked effectively with the prison and made sure that every new prisoner was contacted. Prisoners applying for bail were supported with the completion of bail reports and liaison with solicitors.

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 The oversight and promotion of fair treatment was limited. A full-time band 6 equality, diversity and inclusion lead had been filling the post on a temporary basis for 18 months. A monthly equality meeting had ceased in July 2025 and had only just restarted in November. Records of these meetings showed that attendance was poor.
- 4.27 The use of data to identify unfair treatment and discrimination was limited to the nationally gathered statistics. Where potential discrimination was identified, there were limited or no investigations into the causes and very few actions taken to resolve any concerns.
- 4.28 Discrimination incident report forms (DIRFs) were available on the wings and most prisoners that we spoke to were aware of them.
- 4.29 During the previous 12 months, 29 DIRFs had been submitted, most of which were responded to in a timely manner, which was an improvement since our last inspection. The responses that we saw were respectful but did not always fully answer the subject of the concern raised. This weakness had been previously identified through independent quality assurance, but leaders had not addressed the issue.
- 4.30 There were regular consultation meetings regarding fair treatment and inclusion. However, very few actions originated from these forums and outcomes rarely changed for the prisoners involved.
- 4.31 In our survey, 9% of prisoners said they were from an ethnic group other than white, which was fewer than at many prisons. A series of events had been organised to celebrate Black History Month, most of which were led by the chaplaincy. Prisoners from a black, Asian or other minority ethnic background we spoke to raised similar concerns to other groups regarding their treatment at Exeter.
- 4.32 Events for LGBTQ+ prisoners were rare and support for this group was underdeveloped. At the time of the inspection, there were two trans prisoners, one living fully in their acquired gender, but the other not

because they were concerned about the response from other prisoners. Both prisoners told us that staff helped them if they needed items such as female clothes, but other practicalities such as showering were more difficult and privacy could be a concern at these times.

- 4.33 Support for foreign national prisoners was very good. A designated member of staff provided tailored assistance, including a bespoke induction for those whose first language was not English, translated into their preferred language. They also helped with communication and day-to-day issues on the wing, ensuring that foreign national prisoners' basic needs were met.
- 4.34 The POM also linked with Home Office enforcement, so prisoners knew their status, if they were being deported, and were kept up to date with events or changes to their case. They also sourced independent advocacy with a local support agency for those who wanted to challenge their deportation or had family concerns.
- 4.35 Foreign national prisoners who did not receive a visit for 28 days were automatically granted additional PIN phone credit and did not need to request it.
- 4.36 In our survey, 70% of prisoners said they considered themselves to be neurodivergent, suggesting a high level of need. Neurodiverse prisoners were well supported, and the prison had funded a neurodiversity support manager who was very active and visible around the prison. He had a case load of 156 prisoners and saw every new reception who said they had a need shortly after arrival to offer support. He had also invested in staff training and about 60 officers were now trained in neurodiversity awareness.
- 4.37 We saw good examples of the practical help the neurodiversity support manager provided, including distraction toys, ear defenders to reduce the noise of day-to-day activity and phased entry into work, which allowed prisoners who struggled socially or with their environment to adjust at their pace and thus engage more effectively with work and education. In addition, the PECO model railway workshop, where prisoners were employed to paint plastic figures, provided a less hectic work environment for this group. Trained neurodiversity peer mentors helped with day-to-day support for this large cohort.
- 4.38 There were good links with the local authority and social care help was given where needed. A team of prisoner buddies had been well trained to offer support with things like meal collection, general cleaning of cells and helping disabled prisoners to get around the prison. They were very much appreciated by the prisoners they helped to care for. However, in the absence of appropriately adapted buildings, physically disabled prisoners had a very limited experience. The cell doorways were very narrow and those who used a wheelchair struggled to get in and out. They could not get to education, work or the chapel because of the lack of a lift or other adaptations.

Faith and religion

- 4.39 An experienced team of chaplains was able to provide for the needs of most faiths and there was good and equitable access to corporate worship.
- 4.40 The chapel and multi-faith room were busy with bible study, Islamic study classes and other groups, including a music group which met frequently and was very well attended. Pastoral care was good and about 100 prisoners attended the chapel each week for worship or support from the team.
- 4.41 The chaplaincy organised a comprehensive calendar of religious festivals which they helped prisoners from different faiths to celebrate.
- 4.42 The team visited each segregated prisoner every day and attended ACCT reviews. They saw every prisoner who was self-isolating and those who were supported by ACCT case management at least once a week.

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.

- 4.43 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

- 4.44 Oxleas NHS Foundation Trust was the lead provider of health care and was contracted to deliver GP and psychosocial substance misuse services.
- 4.45 There were clear and effective governance arrangements which delivered accountability and provided an impetus to enhance services. Health care had improved since our last inspection, with 60% of prisoners in our survey viewing the quality of health care as very or quite good compared to 32% at our last inspection. The dispersal of health care across the site during major construction work and the cancellation of clinical activity through regime challenges had proved to be major obstacles to the delivery of effective care. This had tested partnership working and compromises had had to be made. Health care staff had shown great resilience in delivering safe and timely patient care.
- 4.46 Staffing had stabilised, but some longer-term absences in key positions presented additional pressures. Nevertheless, health care leaders

provided a positive and visible presence that enabled staff to work flexibly as a unit. They were better able to meet patients' needs through a new model which emphasised early days and preparation for release as critical elements of service. Staffing levels were largely appropriate, but the demands of dealing with late arrivals in the evening, particularly after 9pm, regularly stretched the agreed staff capacity and presented a tangible risk. Staff training, supervision and professional development were given appropriate priority, and most staff told us they felt well supported.

- 4.47 Audit was routinely undertaken and used to develop practice. Incident management arrangements supported a reporting culture, and we saw examples of sharing information and learning from such episodes. The service had contingencies in place to manage the identified risks, although full compliance with infection prevention standards was not achievable in the existing environment. Clinical records that we sampled were of a good standard and we observed professional and courteous interactions with patients, which was confirmed by prisoners we spoke to.
- 4.48 Patient engagement was a particularly positive element in a rapidly changing population. The patient engagement lead collated and addressed prisoners' concerns face to face which was clearly valued by many prisoners who received this support. As a result, most queries and concerns were dealt with satisfactorily. There were few formal complaints and any that were made elicited a thorough and professional response.
- 4.49 Arrangements to respond to medical emergencies were appropriate and facilitated by trained staff with access to suitable and regularly checked equipment. The reduced staffing profile at night meant the responding nurse could have to walk a significant distance which presented a potential risk.

Promoting health and well-being

- 4.50 There was still no overarching local health promotion strategy, but Oxleas produced a good range of activities aligned with the national calendar. The patient engagement lead ran targeted campaigns across the prison, such as prostate cancer, diabetes and World Mental Health Day. Health promotion information was included in a monthly health newsletter for patients. No medical information in other languages was displayed but telephone interpreting services were used for health consultations when needed.
- 4.51 NHS age-related health checks and screening programmes were delivered appropriately, and smoking cessation support was available. Vaccinations, including MMR, influenza and shingles, were offered to identified groups. There was only one newly recruited prisoner health care champion and the rapid turnover of prisoners made retention difficult.

- 4.52 New prisoners were offered screening for blood-borne viruses (BBVs) and uptake was good. A lead for BBVs and the hepatology team visited each week. There was a machine on site to test for Hepatitis C which produced results within an hour, enabling patients to access treatment much more quickly. Condoms were available on request from health care staff.
- 4.53 A policy to prevent the spread of communicable diseases was in place and there were good links with the UK Health Security Agency.

Primary care and inpatient services

- 4.54 Prisoners received an initial health screen which identified any immediate health need, including medication requirements. New prisoners often arrived late when health care cover, including medical support, was much reduced. The secondary health screen was not always completed within agreed timescales. Contingencies were in place to mitigate these risks, but the lack of a timely full review and assessment of health needs often delayed access to effective treatment.
- 4.55 Assigned tasks and waiting lists were generally well managed, but the X-ray waiting list suggested that patients were waiting too long. However, the provider submitted additional evidence and assurances following the inspection which resolved this anomaly.
- 4.56 Waits for most primary care services were reasonable, with an average waiting time for a routine GP appointment of 24 hours. The two regular GPs from Dr PA Secure were an asset and made a good contribution. However, locum provision was inadequate leading to poor continuity of care and increased risk. Oxleas had taken measures to mitigate this and were in regular contact with Dr PA at a senior level to resolve this in the longer term.
- 4.57 Patients with long-term conditions were identified on arrival and provided with any medicines they required. Patient records demonstrated that other long-term conditions were well managed with appropriate management plans. The long-term condition nurse gave patients personal guidance to help them care for themselves.
- 4.58 A range of pressures affected delivery, yet health care continued to provide an effective service and to meet most needs. Risks remained in relation to building works, limited space and an ageing infrastructure. The health care team and prison staff worked closely to minimise the impact on patients. However, the number of missed appointments remained a concern, although this was mitigated by prioritising booking of re-appointments. Waits for most clinics, including visiting professionals such as the optician and physiotherapist, were reasonable.
- 4.59 The prison provided three escorts a day for external hospital appointments. The majority of these proceeded as planned and only a small number of appointments were cancelled. Administrative staff kept

in regular contact with hospitals to make sure that patients received an appropriate appointment date when referrals were made.

Social care

- 4.60 A memorandum of understanding captured partners' responsibilities to identify and meet prisoners' social care needs. Occupational therapy support, specialist equipment and environmental adaptations could be provided as required, including for patients needing intimate personal care. However, while F wing was closed, no cells were specifically adapted for wheelchair users (see paragraph 4.38).
- 4.61 New referrals had up to a 28-day processing period which meant that some patients could have transferred to another prison before the assessment was completed. Good continuity of care was maintained if the patients stayed in Devon, but those moving out of the region experienced longer delays.
- 4.62 Patients whose referrals were pending assessment received good care while they waited. At the time of inspection, only one patient had a social care package (see Glossary) with the additional support of a well-trained buddy.

Mental health

- 4.63 Mental health support for prisoners had improved since our last inspection and recruitment and retention of skilled staff had stabilised provision. Despite significant demand, most need was being met through a multi-professional approach covering mild to moderate and severe conditions using individual and group work. Caseloads reflected practitioner skills and experience and were generally manageable, although the service was readjusting its profile to enhance the range of psychological support available to address need and reduce waiting times. The team also had access to specialists in cognitive decline, ADHD and speech and language therapy. The facilities used by the team to conduct individual therapy and engagement were located on wings which afforded a very poor environment.
- 4.64 Prisoners' immediate mental health needs were identified during reception screening and referrals triaged by a duty worker. This ensured that urgent need was identified promptly and appointments allocated based on clinical need or risk. This was reviewed each day.
- 4.65 A weekly multi-professional team meeting oversaw care and release planning well and records showed evidence of care planning, including assessment, planned interventions and agreed contacts. Patients with complex or severe and enduring mental health need were allocated a care coordinator and managed through the community mental health framework. This ensured effective monitoring of risk, medication, physical health care and requirements for continuing support in the community.

- 4.66 Eight patients had been transferred to hospital under the Mental Health Act in the last 12 months. Many had faced delays, but most were not excessive. The small number of delays which did occur were largely caused by differences of opinion from outside experts as to the security levels required.

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

- 4.67 Oxleas and Change Grow Live (CGL) delivered clinical and psychosocial substance misuse services respectively.
- 4.68 There was an up-to-date drug strategy and action plan and the embedded team attended drug strategy meetings to discuss approaches to reducing demand and respond to emerging treatment and recovery requirements.
- 4.69 At the time of inspection, 55 patients (approximately 18% of the population) were receiving opiate substitution therapy. In October 2025, 165 patients were on CGL caseloads, and a total of 744 had accessed support over the previous year.
- 4.70 Patients who disclosed previous or current substance or alcohol misuse were routinely assessed by a GP, although on occasions a doctor was not available for late arrivals. This resulted in delays in initiating prescribing which posed a clinical risk. To mitigate this, nurses were authorised to administer Diazepam under a patient group direction where clinically indicated.
- 4.71 A non-medical prescriber nurse specialising in substance use worked three days a week, but this was not enough to meet the prescribing demands. As a result, the service relied on GP support, although not all GPs had expertise in substance misuse. Despite these challenges, prescribing practice remained flexible and patient centred.
- 4.72 The needs of all prisoners were assessed promptly with regular engagement following entry to treatment. CGL saw every prisoner entering the prison, which was good. Patients starting prescribing regimes were also routinely monitored to ensure safety and continuity of care.
- 4.73 Clinical and CGL staff worked effectively together to complete 13-week reviews. Clinical staff were still frequently required to administer medication caused by continuing gaps in pharmacy provision. This reduced the time available for clinical substance misuse work, although recruitment was progressing to address these gaps.
- 4.74 Patients could access services easily and, in our survey, 61% of respondents said it was quite or very easy to see a substance misuse worker.
- 4.75 CGL offered a good range of evidence-based interventions through one-to-one and group work and self-directive workbooks. The notes we

reviewed were comprehensive and indicated a strong person-centred culture.

- 4.76 An incentivised substance-free living wing was in development to support prisoners with their recovery.
- 4.77 Prisoners were helped to access community support services on release. Harm minimisation advice was given and training and supply of naloxone (to prevent overdose) where appropriate.

Medicines optimisation and pharmacy services

- 4.78 Medicines were delivered and dispensed safely by a registered pharmacy from a nearby prison. A range of stock was maintained for urgent use, with records providing a clear audit trail. A homely remedies policy enabled the health care team to supply simple analgesics. Patient group directions (PGDs, enable nurses to supply and administer prescription-only medicine) were in place, mainly for nurse-administered vaccinations, although a broader range of PGDs would have supported wider access to medicines.
- 4.79 Medicines were not always stored appropriately in administration rooms. One temporary treatment room lacked British Standard-compliant drug cabinets and a fridge for cold-chain medicines. Another room had no suitable storage for controlled drugs. Processes for transporting medicines across the prison were appropriate.
- 4.80 Not-in-possession medicines were administered three times a day, with night-time doses available when clinically necessary. Officer supervision at medicine hatches was robust, and ID checks were carried out. Systems existed to record and refer patients who did not attend, but these were not consistently followed. Compliance cell checks were routinely undertaken. Patients being transferred or released were usually given at least seven days' supply to maintain continuity. In the case of sudden release, an electronic prescription was issued which could be collected at a community pharmacy.
- 4.81 In-possession risk assessments and medicine reconciliation were completed within designated timescales following reception screening. At the time of the inspection, 48% of the population were receiving medicines in possession, with risk assessments regularly reviewed.
- 4.82 Prescribing trends for tradeable medicines were monitored at regular medicines management meetings and overall prescribing levels were low. Prescribing audits were conducted frequently and actions implemented to improve outcomes. Clinical checks of prescriptions were completed by the supplying pharmacist. Out-of-hours remote prescribers did not always furnish the pharmacy with a signed prescription for controlled drugs within 72 hours, which was concerning. Pharmacist-led clinics were very limited because of their availability and the lack of appropriate space for consultation. However, pharmacy technicians maintained active clinic lists and provided patient advice and support on the wings.

- 4.83 The pharmacy team was well integrated with health care and offered development opportunities, including reflective supervision. Vacancies created some pressure, but recruitment was progressing to alleviate this.

Dental services and oral health

- 4.84 Time for Teeth delivered separately commissioned dental services. A permanent dental team was on site three days a week to triage, assess and treat patients. At the time of the inspection, waiting times were short with 68 patients waiting an average of 2.5 weeks for a routine appointment. Continuity of care was good when patients were transferred to other prisons in the region.
- 4.85 Governance of the service was strong with regular auditing of key processes. Staff were up to date with essential training and felt well supported.
- 4.86 Equipment was well maintained and infection control was good. However, the dental chair was obsolete. At the time of inspection, a purchase order had been presented to the prison for prompt action to maintain service provision.

Section 5 Purposeful activity

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

Time out of cell

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

- 5.1 Time out of cell remained limited for many prisoners. Our roll checks during the working day found that 31% of prisoners were locked in their cells, while only 27% were engaged in activities away from their wing. A further 10% were unlocked to work as cleaners or orderlies on the wings, but these roles offered little to occupy their time or develop skills (see paragraph 5.14).
- 5.2 Unemployed prisoners, who comprised around 30% of the population, typically had just over two hours unlocked each day. Those attending activities were unlocked for approximately 4.5 to five hours on weekdays, while most prisoners could expect about two hours at weekends.
- 5.3 There were very few regime curtailments and there was sufficient purposeful activity to provide at least half-time employment for all prisoners. However, staff were not focused enough on encouraging and motivating prisoners to engage with the regime, and attendance at workshops and education remained low.
- 5.4 The atmosphere during association periods was generally relaxed; however, there was very little recreational equipment on the wings and some of that was in poor condition. As a result, most prisoners spent association standing on landings or sitting in cells. Off-wing activities were limited mainly to gym, chapel or library sessions. Exercise periods were scheduled for 60 minutes each day.
- 5.5 In our survey, 91% of respondents said they were able to complete domestic tasks once or more a week compared with 78% in similar prisons.



B wing broken pool tables

- 5.6 The library was well used, with about 180 prisoner visits each month, and local data indicated that 60% of prisoners used the library. Although the space was small, it was welcoming and functional, offering a good range of stock in various languages, including easy-read materials for those developing literacy skills. Each wing also had a reasonable selection of books for prisoners.



Library

- 5.7 Prisoners valued the support of the two librarians, who provided activities such as sudoku, reading challenges, book-folding activities, chess and Scrabble. The Storybook Dads scheme, which enabled prisoners to record stories for their children, was popular, with 17 recordings sent to families in the previous three months.
- 5.8 In our survey, 77% of prisoners said they could visit the library at least once a week and 77% that the library had a wide enough range of materials, compared to 45% and 49% respectively in similar prisons.
- 5.9 Gym facilities were reasonably good and included a sports and weights area and a well-being centre. In our survey, 86% of prisoners said they could attend the gym at least once a week, compared with 74% at similar prisons. Local data showed that 60% of prisoners were active users, and most could attend more than twice a week, although sessions were only about half full.



Gym well-being centre

- 5.10 The gym team had been short-staffed for the previous 12 months, which had affected delivery. The timetable offered no specialised sessions, and prisoners who found it difficult to engage with the wider population – such as older or neurodiverse prisoners or those who were isolating – had limited opportunities to access physical activity in a safe and supportive environment. Gym staff were delivering no accredited courses or structured programmes.
- 5.11 There was good partnership working with the health care team and assessments and advice on exercise were offered to prisoners with long-term health issues, such as diabetes and obesity.

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.

5.12 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

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

5.13 Leaders had ensured that there were sufficient purposeful activity places for the prison population. A broad range of part-time activities and training, including cleaning, waste and recycling, and classroom assistant roles, ensured prisoners had frequent opportunities to develop skills and participate in meaningful activity.

5.14 Leaders had not ensured that prisoners working on the wings or in work parties received sufficient training or guidance to carry out their roles effectively. Wing workers relied largely, for their training, on information being passed between prisoners. They had limited access to training and, as a consequence, prisoners with cleaning and servery responsibilities were not adequately trained to carry out their roles.

5.15 Training in the prison kitchens had improved since the last inspection. Prisoners completed initial training where they developed foundational skills through basic tasks. They received food hygiene awareness training, but this was not formally accredited. This meant that they did not have a formal record of their training to take to other establishments and enable them to move more swiftly into similar jobs.

5.16 Opportunities for prisoners to achieve meaningful, employability-focused qualifications were insufficient, particularly as accredited learning depended on substantial self-directed study in cell.

5.17 Attendance at education and industries activities had improved substantially since the previous inspection but too many prisoners still did not attend their scheduled classes. This was in part because many prisoners were allocated to more than one activity in each session. Leaders had recognised this and had planned to rearrange the working day for prisoners so that they could attend enrichment activities in the new evening sessions.

- 5.18 Staff had designed a clear and purposeful curriculum that reflected the short sentences of the prison population. Leaders focused appropriately on developing prisoners' essential English, mathematics, digital and employability skills. These mostly aligned well with local and regional employment opportunities.
- 5.19 However, for the few prisoners with higher level qualifications and those who were serving longer sentences, the curriculum offer was too narrow. This meant that a significant minority of prisoners did not progress from their starting points. Leaders had recognised and identified gaps in the provision and had credible plans to expand the curriculum through new areas and workshops. A new vocational offer focusing on short courses in customer service in construction, waste and recycling and biohazard cleaning had recently started, but it was too soon to see the full impact of this provision.
- 5.20 The education induction relied too heavily on completion of initial assessments. It did not provide prisoners with sufficient information to make informed choices, particularly about the enrichment options available to them. Leaders systematically allocated prisoners to a further careers induction session after their education induction. This helped prisoners to gain more of an understanding of the pathways available to them. Managers mostly allocated prisoners to appropriate education, skills and work activities. Leaders had implemented a fair pay policy that encouraged prisoners to take part in education activities.
- 5.21 A recent change of staff had resulted in newly-arrived prisoners receiving highly effective careers guidance. However, historic short- and long-term targets were not consistently aligned to prisoners' intended career paths and custodial time. The pathways prisoners were following were not always appropriate or logical based on prisoners' interests and skills. The need to complete an education induction before a careers induction had created delays for some prisoners receiving their careers information and guidance. Around one-fifth of prisoners were yet to receive information about their possible pathways.
- 5.22 Through newly introduced tools and processes, such as neurodiversity assessments, staff identified prisoners' support needs effectively and swiftly after arriving at the prison. They shared this information appropriately with education, skills and work staff, as well as partners such as careers advisers and wing staff. However, managers recognised that this information was not used consistently to prepare action plans that clearly identified prisoners' support needs and targets, particularly in workshops and work activities.
- 5.23 Leaders had rectified the three recommendations from the previous inspection. They had aligned the curriculum with the strategic intent of the prisons across the region to focus on assessing prisoners' needs and teaching them foundational knowledge to prepare them for further training and resettlement. Leaders had a better grasp of allocations and had significantly improved utilisation of their capacity. They used

available data well to monitor the impact of the curriculum and drive improvements via the quality improvement group that involved the wider prison functions.

- 5.24 Milton Keynes College delivered education in the prison. Experienced and well-qualified staff planned the content of the subject areas well and logically. Many teachers also had specialist qualifications in supporting learners with special educational needs and/or disabilities (SEND) and in teaching English for speakers of other languages (ESOL). They used their expertise well to teach effective and interesting lessons in which prisoners received well-targeted support and made good progress.
- 5.25 Education staff had thoughtfully structured English, mathematics and ESOL courses on a roll-on roll-off basis, reflecting the typically short duration of prisoners' stays. This ensured that prisoners, particularly those with shorter sentences, could make meaningful progress towards their functional skills qualifications.
- 5.26 Leaders accurately understood teachers' strengths and areas for development. They planned training for teachers based on identified needs using quality assurance activities, such as learning walks, to inform this. Most teachers used a consistent and effective range of teaching strategies to encourage prisoners to participate in lessons and check their understanding. However, training for instructors on how to monitor progress and set meaningful targets had been delayed. Prisoners' acquisition of skills and knowledge in these areas was therefore not suitably tracked to ensure they made the progress they were capable of.
- 5.27 Teachers created learning environments that were calm and purposeful, supporting prisoners to focus and make progress. Staff provided sensory aids for prisoners with SEND to help them manage attention, focus on their learning and overcome anxieties.
- 5.28 Prisoners were enthusiastic about their learning. They behaved well, most attended punctually and were respectful of others in education, workshops and in their jobs. Leaders encouraged prisoners to take pride in their achievements. This contributed to a positive culture across education, skills and work and further motivated prisoners to continue their studies. Prisoners valued the supportive environment that staff had created and felt safe while in training.
- 5.29 Staff promoted British values effectively in lessons, often using references to appropriate behaviours as part of their classroom and workshop management strategies. The dangers of radicalisation and extremism were embedded within education classes and staff had received specific training to identify issues of concern.
- 5.30 Leaders had worked with colleagues across the prison to provide an age-appropriate personal development curriculum for young prisoners. This included teamwork skills, respect for their peers and fostering healthy relationships with each other and their families. Prisoners also

accessed a wide range of courses to support health and well-being through 'Way Out TV'. However, too many prisoners were unaware of these resources and, where prisoners were housed in double cells, prioritising training over other TV viewing was problematic.

- 5.31 Leaders had implemented an effective whole establishment reading strategy. The library was an integral part of this strategy, where prisoners were supported to write book reviews, take part in reading challenges and get involved in initiatives such as 'That Reading Thing' and 'Storybook Dads'. Leaders had commissioned the Shannon Trust to support them in developing prisoners' reading abilities (see paragraph 4.5). Prisoners who needed help with literacy were identified during their initial induction into custody and offered the services of a mentor. Shannon Trust mentors received useful training in how to support prisoners with low-level reading abilities. The high-churn nature of the prison population resulted in gaps in the availability of support for non-readers. Education staff planned reading activities effectively in functional skills courses. Prisoners used dictionaries confidently to check spellings. Reading for pleasure was encouraged and all prisoner areas stocked reading materials which were regularly updated by library staff and valued by prisoners.
- 5.32 Prisoners' achievement of accredited qualifications had improved significantly since the previous inspection. Withdrawals had decreased markedly, contributing to higher overall success rates. Most prisoners who stayed to the end of their course passed their exams and achieved their qualification. However, too few prisoners developed new skills and knowledge in their workshop or wing work roles. Work and vocational training were not sufficiently demanding for a minority of prisoners and did not take into account their previous experience or career choice.
- 5.33 Leaders had taken suitable action to prepare prisoners for their next steps on release from prison. They worked effectively with external agencies to ensure prisoners had access to the support they needed when they left. Staff had improved engagement with employers to help prisoners to understand the opportunities and expectations on release. They had invited employers into the prison to take part in careers fairs and support prisoners to develop their CVs and interview techniques. However, this was an area of ongoing work and, at the time of the inspection, too few prisoners gained employment on release.

Section 6 Preparation for release

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

Children and families and contact with the outside world

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

- 6.1 The new purpose-built visits hall had opened since our last inspection and was much improved, providing a clean and decent environment for family contact. Visits observed during the inspection were relaxed and well managed. Sessions were two hours long and were available five days a week, including weekends, which was positive. A review of booking data indicated that there was sufficient capacity to meet demand. However, remanded prisoners were limited to only two visits a week, which was not enough. In addition, convicted prisoners on the lowest level of the incentives scheme were permitted only one visit a month, which was too punitive.



Visits hall

- 6.2 The Prisoner Advice and Care Trust (PACT) service had been operating since just before the previous inspection and was now well resourced, providing a reasonable level of support. Monthly family days (see Glossary) had been reintroduced. Although they only lasted for two hours, they offered a more informal experience with themed activities that encouraged positive family engagement.
- 6.3 Two placement students were highly visible in the prison, responding to queries and working with individual prisoners on family-related matters, such as re-establishing contact or supporting those involved in family court proceedings. In the past month, an additional member of staff had been appointed to focus on prisoners on arrival, making sure they could contact family and friends. It was too early to assess the impact of this initiative, but it was a potentially encouraging development.
- 6.4 The use of secure social video calling (see Glossary) was much better than we usually see. In our survey, a quarter of prisoners said they had used it in the last month, significantly better than in similar prisons. There was a laptop on each residential unit and sessions were available throughout the day and evening. The location and timings helped to promote the use of secure social video calling and an average of 80 sessions a month took place.
- 6.5 We also saw examples of families being included in some safety processes, for example ACCT reviews (see paragraph 3.42).

Reducing reoffending

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

- 6.6 The primary function of the prison was to serve the court, but the refurbishment had caused a reduction in the population since the last inspection. Most stays were short with frequent arrivals, transfers and releases. At the time of the inspection, 39% of prisoners were on remand and 23% convicted awaiting sentence.
- 6.7 The overall strategic management of reducing reoffending had improved since the last inspection. An up-to-date needs analysis and strategy was supported by a regular meeting where data were used well. Leaders had worked hard to ensure good community engagement with projects aiming to reduce reoffending, including working with other criminal justice and community agencies on a project called streets to stability. The objectives of this project included reducing antisocial behaviour in the community and homelessness.
- 6.8 Leaders had also developed good joint working between departments and organisations working in the prison linked to strong partnerships with community providers, for example CoLab (see paragraph 6.31), to improve resettlement outcomes, share information and ensure that prisoners approaching release or potential release from court received coordinated support.

- 6.9 At the time of the inspection, just under a quarter of the population were sentenced and were therefore eligible under OMiC (see Glossary) for a prison offender manager (POM). All unsentenced prisoners were also screened for a POM and those with identified risks or vulnerability, for example a potential life sentence or a young adult, were also allocated. This enabled POMs to establish a relationship and support the prisoner during the early stages of custody and also contribute to risk management after sentencing.
- 6.10 Contact with prisoners was good and in most cases that we reviewed prisoners had an initial face-to-face meeting within a week. Before this meeting, the POM contacted the community offender manager (COM) to share relevant case information and agree on next steps. Prisoners we spoke to were positive about their relationships with their POM and one prisoner on a short-term recall valued this proactive approach saying, 'people are straight on it'.
- 6.11 Pressure on places while the population was reduced meant that prisoners did not stay for long once they were sentenced. Initial categorisation decisions were prompt and those we reviewed were appropriate. In the last year there had been 965 transfers to other prisons.
- 6.12 There had been a significant reduction in the number of prisoners released on home detention curfew, with only 15 in the last year. This was understandable given the short length of stay for sentenced prisoners. POMs and case administrators started the process at Exeter and it was completed by the receiving prison when the prisoner transferred. Most releases that did occur at the prison were reasonably timely.
- 6.13 The number of prisoners returning to prison on recall accounted for just under a quarter of all admissions in the last 12 months. Those on short fixed-term recall posed a considerable challenge in view of the limited time to complete meaningful work or plan effectively for release.

Public protection

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

- 6.14 Public protection screening was carried out promptly after arrival by a POM, who considered a wide range of information. This identified many individuals who required monitoring, typically around 60 a month. In the cases we reviewed, the rationale for monitoring was clear, including concerns such as domestic violence, restraining orders and breaches of sexual harm prevention orders in the community. Prisoners were reviewed regularly and, if no concerns were raised, they were removed from monitoring. This had occurred in 89% of cases in the last year, indicating that monitoring was used for no longer than necessary.

- 6.15 Phone monitoring operated in two tiers. The first was managed by a dedicated POM for prisoners who posed particularly high risks or continued to breach restrictions. This staff member demonstrated a strong understanding of individual risks and managed cases effectively, resulting in 74 breaches identified and challenged through the prison discipline system over the past year, some of which were referred to the police. The second tier was overseen by other less skilled staff, and we found gaps in this monitoring. The model was flexible, which was positive, allowing prisoners to move between the two tiers as their risk changed.
- 6.16 High-risk prisoners due for release were discussed at well-attended monthly interdepartmental risk management meetings (IRMM). MAPPA levels (see Glossary) were confirmed before release. Contributions to MAPPA meetings by POMs were good, with an appropriate level of analysis that showed a clear view of the risks in each case.
- 6.17 An innovative project in place at the last inspection had continued. This targeted individuals who were on remand and due to attend court with the potential to achieve bail or be released from court after being sentenced because of time spent on remand. A fortnightly meeting took place attended by leaders in the offender management unit (OMU), other criminal justice agencies, including probation, and the courts, to ensure that risk management measures were in place before the court hearing. Actions taken often included early allocation of a COM or arranging licence conditions ahead of the hearing. This was a good example of protecting the public beyond the arrangements we usually see for this group of remanded prisoners.

Interventions and support

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

- 6.18 As a reception and resettlement prison, Exeter had no accredited offending behaviour programmes and most sentenced prisoners were moved to other prisons where they could better access these programmes.
- 6.19 A young adult group had started in September 2024. This intervention was delivered in groups by dedicated POMs with experience of delivering group-based sessions. The material used was based on choices and change which helped prisoners to develop problem-solving skills and adopt pro-social behaviours to reduce reoffending.
- 6.20 Fortnightly sessions were available on a rolling basis so that new prisoners could join, which was positive given the transient nature of the population. In the past year, this intervention had been offered to 104 young adult prisoners, 77 of whom had attended at least one session. Prisoners we spoke to were able to describe something they had taken from attending this group.

- 6.21 A prison employment lead ran a number of events to engage with employers and job clubs to help prisoners write letters of disclosure and CVs. This was positive, although too few prisoners left with employment; in the last year, only 24 prisoners had done so.
- 6.22 There was good support for all prisoners with finance, benefit and debt. The Department for Work and Pensions contacted all prisoners and helped to support tenancies for those on remand and set up benefits on release. Services were available to support those who were in debt. A potential gap in support for banking and ID in recent months caused by staffing shortfalls had been well mitigated by other agencies providing this service and temporary support from other prisons.
- 6.23 A team of housing specialists at the prison supported remanded prisoners with maintaining tenancy agreements and finding accommodation before release, as well as completing paperwork ahead of release or court hearing to declare prisoners homeless so they could access help from local authority housing teams.

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.

- 6.24 In the last 12 months, 456 prisoners had been released from the prison and a further 440 prisoners had been released directly from court. Outcomes for most of the latter group were unknown.
- 6.25 The resettlement team assessed newly arrived prisoners during their first few days in custody to understand their immediate and resettlement needs. A wide range of services were available (see paragraph 6.23) and referrals were made promptly.
- 6.26 Since the last inspection, leaders had introduced weekly resettlement and immediate needs meetings which were well attended by various agencies and departments, including CoLab in the community (see paragraph 6.8). These meetings provided resettlement help for prisoners who would not normally receive any support, including those on remand who might be released from court with time served (see paragraph 6.17). These meetings ensured agencies had a clear understanding of release plans as well as potential barriers to effective release planning.
- 6.27 This was a good initiative that had started just over a year ago. Leaders were proactive and had completed a review in recent months. They planned to enhance this further, including involving prisoners in these meetings as well as extending support to those serving 14-day fixed term recalls.
- 6.28 Despite significant efforts by prison staff, 94 prisoners (16%) had been released homeless over the last year, an improvement over our last

inspection but still far too many. Almost half of these were prisoners on short fixed-term recalls, some for as few as 10 days, which was not long to plan effectively for their release.

- 6.29 Practical arrangements on the day of release were good. Under a pilot scheme, prisoners were met in reception by the DWP who activated benefits for those who needed them, enabling them to concentrate on other appointments during the day.
- 6.30 A member of the resettlement team visited the prisoner the day before their release to identify particular needs, such as clothes or a phone charger. The departure lounge was open to prisoners on the morning of release and a warm drink and food was available at the visitors' centre outside the prison. The resettlement practitioner offered practical advice on travel directions or making phone calls.
- 6.31 CoLab (a charity bringing together several agencies including mental health, housing and substance misuse) was a short walk away from the prison. Released prisoners could call in to a welcoming environment for advice and support on a range of issues, including mental and physical health, housing, well-being and substance misuse.



CoLab

Section 7 **Progress on concerns from the last inspection**

Concerns raised at the last inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

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

Priority concern

The number of self-inflicted deaths and incidents of self-harm was very high. Care for prisoners who were vulnerable on arrival or those who were in crisis while in custody was poor.

Not addressed

Key concern

The level of violence at the prison was high and leaders were unaware of many of the causes. Investigations into violent incidents were inadequate and did not inform an action plan to identify and reduce violence among prisoners.

Addressed

Respect

Prisoners are treated with respect for their human dignity.

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

Priority concern

The lack of clinical leadership and chronic staff shortages across the service had a detrimental impact on patient safety and the provision of care, particularly in the area of mental health. This resulted in practice that did not meet national standards and unmet need for many patients.

Addressed

Key concerns

There was no key worker scheme, staff-prisoner relationships were mostly transactional, and prisoners were frustrated by the inability of staff to meet legitimate requests.

Partially addressed

The standard of the cells was poor. Many had no glass in the windows, exposed electric wires, floors in need of repair and some contained mould.

Not addressed

Purposeful activity

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

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

Priority concern

Many prisoners spent too long locked in their cells, purposeful activity was not prioritised, and few prisoners took advantage of what was offered, limiting their prospects of rehabilitation and reducing reoffending.

Not addressed

Key concerns

The education, skills and work curriculum was not fit for purpose. It did not provide meaningful or relevant learning or training opportunities which met prisoners' varied needs.

Addressed

Leaders and managers had not dealt with the long-standing inadequacies of induction and allocations to education, skills and work.

Not addressed

The role of the quality improvement group and its impact were now slight and leaders and managers did not use available data well to monitor and manage the quality and impact of the provision.

Addressed

Rehabilitation and release planning

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

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

Key concern

Support to maintain family ties was not sufficiently focused on the outcomes experienced by prisoners. There were no family days, nothing to mitigate delays in adding numbers to prisoners' pin phone accounts, basic interim visits provision and supervising staff who were not confident about visits times.

Addressed

Appendix I About our inspections and reports

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

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

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

Respect

Prisoners are treated with respect for their human dignity.

Purposeful activity

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

Preparation for release

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

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

Outcomes for prisoners are good.

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

Outcomes for prisoners are reasonably good.

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

Outcomes for prisoners are not sufficiently good.

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

Outcomes for prisoners are poor.

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

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

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

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

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

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

This report

This report outlines the priority and key concerns from the inspection and our judgements against the four healthy prison tests. There then follow four sections

each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons* (Version 6, 2023) (available on our website at [Expectations – HM Inspectorate of Prisons \(justiceinspectorates.gov.uk\)](https://www.justiceinspectorates.gov.uk)). Section 7 lists the concerns raised at the previous inspection and our assessment of whether they have been addressed.

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

Inspection team

This inspection was carried out by:

Martin Lomas	Deputy chief inspector
Angus Jones	Team leader
David Foot	Inspector
Esra Sari	Inspector
Dawn Mauldon	Inspector
Donna Ward	Inspector
Jasjeet Sohal	Researcher
Phoebe Dobson	Researcher
Emma King	Researcher
Joe Simmonds	Researcher
Steve Eley	Lead health and social care inspector
Lynn Glassup	Health and social care inspector
Lindsay Woodford	General Pharmaceutical Council inspector
Mark Griffiths	Care Quality Commission inspector
Sarah Alexander	Ofsted inspector
Carolyn Brownsea	Ofsted inspector
Alun Maddocks	Ofsted inspector
Martyn Griffiths	Offender management inspector

Appendix II Glossary

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

ACCT

Assessment, care in custody and teamwork – case management for prisoners at risk of suicide or self-harm.

Care Quality Commission (CQC)

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

Certified normal accommodation (CNA) and operational capacity

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

Challenge, support and intervention plan (CSIP)

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

Family days

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

Key worker scheme

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

Leader

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

MAPPA

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

Offender management in custody (OMiC)

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

Official Prison Video Conferencing

All prisons now have some Official Prison Video Conferencing (OPVC) to enable remote court hearings, and official visits and meetings (including legal and probation visits). OPVC is only used for official visits and hearings, and not 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.

Urgent Notification (UN)

Allows His Majesty's Chief Inspector of Prisons to directly alert the Lord Chancellor and Secretary of State for Justice if he has an urgent and significant concern about the performance of a prison.

Wing kiosk

Self-service digital terminals that allow prisoners to manage everyday tasks like ordering canteen items, booking visits, accessing account balances, and requesting education, work or healthcare.

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:

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.

Crown copyright 2026

This publication, excluding logos, is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

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

This publication is available for download at: [Our reports – HM Inspectorate of Prisons \(justiceinspectors.gov.uk\)](https://www.justiceinspectors.gov.uk)

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

All images copyright of HM Inspectorate of Prisons unless otherwise stated.