



Report on an unannounced inspection of

HMP/YOI Isis

by HM Chief Inspector of Prisons

18 November – 4 December 2025



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Introduction

An experienced and innovative leadership team and an improved staffing situation had led to improvements at this South East London, category C prison that held 577 young men at the time of this inspection.

With improvements from poor to not sufficiently good in both our purposeful activity and preparation for release tests, we were pleased to see progress in a prison that holds a volatile and risky population. The jail retained our top rating of good for respect and a rating of not sufficiently good for safety.

At our last inspection, men with different London gang affiliations were held on different wings to prevent those in conflict from mixing. This had led to a highly restricted regime which fed, rather than addressed, the cycle of violence and retribution in which so many prisoners were trapped. The courageous governor had decided to introduce the 'Peace Strategy' which ended automatic, postcode-led placement and created a Peace spur for those who wished to serve their sentences away from the conflict that had been such a hallmark of the prison. These men were rewarded with more time out of cell and more enrichment activities. Some men on the Peace spur told me that they did not always get their entitlements and that the regime was sometimes restricted. Leaders will need to make sure that this does not become a regular occurrence, otherwise the benefits of behaving well will be undermined.

The prison had also created a 'growth' spur for those prisoners who were unable to coexist with men with whom they had conflict. While the regime on this spur was very restricted, a well-motivated staff team used interventions that included the support of two older, life-sentenced prisoners from the Men of Purpose initiative to help men to move to a main location.

In the months after this change, there had been a big increase in the rate of violence, particularly assaults on staff. By the time of our inspection, these had considerably reduced as prisoners began to accept the change. Because they were no longer necessarily located with their friends or fellow gang members, a higher than usual proportion of prisoners said they were afraid and rates of violence remained too high. A further 'peace' wing was due to open shortly after the inspection as a further incentive to prisoners to behave well.

The result of these changes there was a better regime than we had seen at our last inspection, and the work and training offer had improved. It was, however, taking too long to allocate prisoners to activities, too many of which were only part time. This led to many men being locked in their cells for up to 22 hours a day and overall, time out of cell was not nearly good enough. Attendance at education was disappointingly low in a jail where many of the young men had underachieved at school.

The use of PAVA incapacitant spray was high and while use was proportionate in most cases, in some footage inspectors viewed, it was clear that staff were using it too readily.

The prison was cleaner than at our last inspection, but standards were not good enough and leaders needed to do more to hold staff and cleaners to account for the state on their wings.

Healthcare at Isis was particularly impressive, with a well-motivated and integrated team working in partnership with prison staff to support a full range of primary and mental health needs across the prison.

The quality of relationships at Isis were a strength of the prison, and with the support of the prison group director the governor had increased staffing levels and improved the capability of officers. This had led to better retention rates and lower sickness levels.

There is no doubt that Isis is a difficult prison to run with a population of young men who are serving anything from a few weeks to life. The long-serving governor is realistic about the challenges the prison faces, and her determined, imaginative leadership, supported by an experienced deputy and some excellent middle leaders, is continuing to drive improvement at this jail.

Charlie Taylor

HM Chief Inspector of Prisons

January 2026

What needs to improve at HMP/YOI Isis

During this inspection we identified 10 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. **Levels of violence remained very high.** Although the new behaviour management model was having a positive impact and reducing the number of incidents in many areas, it was still in its infancy and too many prisoners continued to experience or fear violence.
2. **Illicit drugs were widely available, which was a risk to stability.** Positive drug test rates were high and the number of drug finds had increased.
3. **Too many prisoners were locked up during the working day.**
4. **Leaders did not make sure that prisoners were allocated to all the available activity places in education, skills and work, so that the whole prison population was purposefully occupied.** Too many places were only available part time, and a minority of prisoners were unemployed.
5. **Leaders did not ensure good attendance at education classes.**

Key concerns

6. **Early days processes were not sufficiently robust to make sure that all prisoners were allocated a clean, fully equipped cell and received a comprehensive induction.**
7. **Residential areas were not clean enough.** Wing cleaners were underemployed and not held to account for their work.
8. **Leaders did not make sure that prisoners had enough opportunities to develop their information and communication technology (ICT) skills beyond a basic level.**
9. **Contact with prison offender managers was not regular enough to provide the encouragement and direction some prisoners needed to progress through their sentence.**
10. **Leaders did not have effective oversight of public protection risks.** This made it more difficult for them to detect attempts by prisoners to

breach restrictions or to address delays in risk management planning by community probation officers.

About HMP/YOI Isis

Task of the prison/establishment

Category C training and resettlement prison for young men aged 18 to 27.

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

Prisoners held at the time of inspection: 577

Baseline certified normal capacity: 478

In-use certified normal capacity: 478

Operational capacity: 628

Population of the prison

- 47% aged 18 to 21 years.
- 70% from minority ethnic backgrounds.
- 140 care leavers.
- 783 released in the last year.

Prison status (public or private) and key providers

Public

Physical health provider: Oxleas

Mental health provider: Oxleas

Substance misuse treatment provider: Change Grow Live

Dental health provider: Prison-Centred Dental Care

Prison education framework provider: People Plus

Escort contractor: Serco

Prison group/Department

London

Prison Group Director

Ian Blakeman

Brief history

HMP/YOI Isis is in Thamesmead, south-east London, and opened in July 2010 as a public sector training prison for convicted men from London. Since September 2021, it has only held young men aged 18 to 27. In 2018, Isis was one of 10 prisons identified for investment to improve security and decency.

Short description of residential units

Meridian houseblock:

A – general population

B – general population

C – general population

D – Peace spur (prisoners on the enhanced level of the privilege scheme)

Thames houseblock:

E – general population

F – general population

G – induction unit

H – Growth spur (prisoners who refused to be located on general wings or were repeatedly involved in violence)

Segregation unit

Name of governor/director and date in post

Emily Thomas, July 2016

Changes of governor/director since the last inspection

N/A

Independent Monitoring Board chair

Les Clark

Date of last inspection

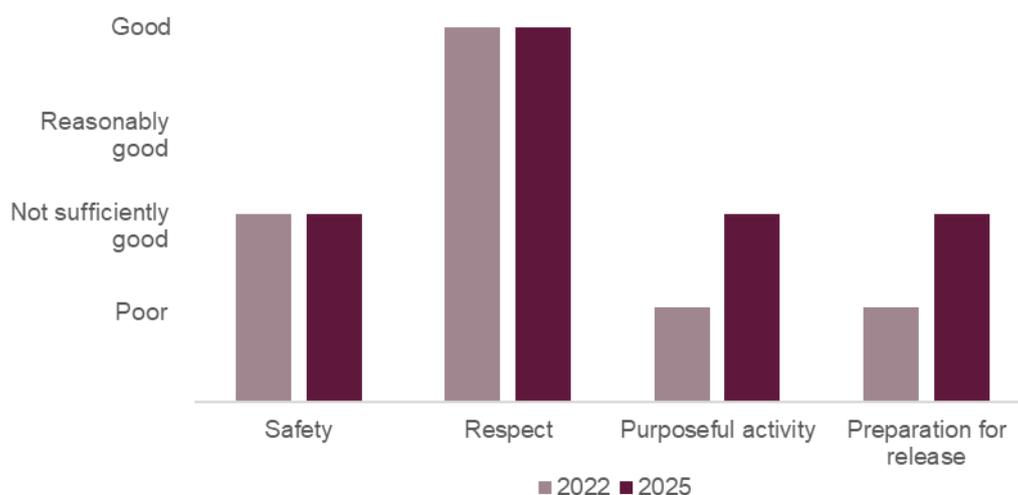
September 2022

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

Figure 1: HMP/YOI Isis 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 15 concerns, five of which were priority concerns.
- 1.5 At this inspection we found that eight of our concerns been addressed, three had been partially addressed, three had not been addressed and one was no longer relevant. Two out of the five priority concerns had been addressed, and one had been partially 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)	Prisoners on the Growth spur had individual behaviour plans and were provided with a broad range of interventions to tackle their behaviour problems, meet their needs and help them to progress.	See paragraph 3.16
b)	Regular weapons amnesties were promoted by peer mentors, and helped to improve safety.	See paragraph 3.19
c)	A weekly safer communities meeting brought together key departments to coordinate and manage the allocation of prisoners as safely as possible.	See paragraph 3.20
d)	Reverse mentoring (see Glossary) had been successful in breaking down barriers and improving communication and understanding between prisoners and officers.	See paragraph 4.1
e)	Following consultation with prisoners, leaders had introduced the Heritage Hub, a subsidiary of the prison shop, which sold food and hair/skin care products for black and minority ethnic prisoners.	See paragraph 4.11
f)	A small cardiovascular suite (known as the 'fitness café') had been provided in the education block. It allowed neurodivergent prisoners to exercise during breaks to improve their concentration in the classroom.	See paragraph 4.21
g)	A group therapy programme called Changing the Game had improved access to therapy for black and minority ethnic men who had been involved with gangs and serious violence. It had also led to more referrals for individual therapy.	See paragraph 4.49
h)	Oxleas psychology team facilitated regular reflective practice (see Glossary) sessions for officers. These helped staff to improve their skills by reflecting on their experiences in the workplace, and provided a forum to identify officers who might benefit from additional support from the team.	See paragraph 4.50

i)	Prisoners approaching release were offered an extended visit with their family, which gave them an opportunity to plan for and address any concerns about their return home.	See paragraph 6.7
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Section 2 Leadership

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

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 Isis was well led by an experienced governor with a clear passion for working with young prisoners. Both she and the deputy governor had worked at the prison for many years and understood the strengths and weaknesses of the institution.
- 2.3 There were also several particularly effective leaders at various grades, including in the chaplaincy, the Growth spur, and the health department, and in work to ensure fair treatment.
- 2.4 Leaders had accepted that a continuous cycle of restricted regimes had limited the potential of every prisoner without making the prison any safer. Through good collaboration and assessment of data, they had developed an ambitious rewards-focused behaviour management model, known locally as the Peace strategy, which aimed to resolve some long-standing problems at Isis.
- 2.5 There were some inherent risks in the Peace strategy and it was still too early to determine its long-term impact on violence reduction. Isis was still not safe enough, but we found evidence that implementation of the strategy and successful buy-in from many staff and partners was beginning to contribute to better outcomes in some important areas, including safety.
- 2.6 His Majesty's Prison and Probation Service (HMPPS) leaders had introduced several initiatives to enable local leaders to make improvements since the last inspection. For example, they had recruited more staff, increased overtime, and brought in officers from other prisons to support the delivery of important work. However, although the prison was now fully staffed with officers, the regime was not nearly good enough for a population of young energetic men.
- 2.7 Leaders valued their staff and were committed to their development. A suite of measures, including regular reflective practice sessions and reverse mentoring, were improving staff competence, confidence and relationships with prisoners.
- 2.8 In addition to traditional methods of communication, leaders used video messages and weekly operational meetings with staff to reinforce key themes. These were led by the governor or deputy governor.

- 2.9 Leaders worked well with a range of partners across different organisations to achieve joint objectives. This was particularly notable in the delivery of prisoner health care. While the relationship between the prison and the education provider was collaborative, it had not yet been effective in increasing the number of prisoners allocated to activities or improving their attendance at education.
- 2.10 Although the facilities management contract worked reasonably well for dealing with minor repairs, there was clearly a need for investment from HMPPS to replace the ageing infrastructure, including CCTV and the biometrics kiosk system.
- 2.11 Leaders understood the need to use data to inform their strategies and measure performance, and there had been improvements in some areas. For example, they used data well to illustrate the benefits of the Peace strategy.
- 2.12 Leaders acknowledged that there was still some way to go to meet the needs of their young population, but were clearly committed to continuous improvement, including learning from research and high-performing prisons to generate new ways of working.

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 reception area was small but well ordered. On entry, there was an amnesty box, which gave prisoners an opportunity to hand over mobile phones and other illicit items without punishment.



Reception signage (left) and reception holding room (right)

- 3.2 Search procedures were proportionate. All prisoners went through a full body scanner and were only subjected to a strip search if something was detected on the scan.
- 3.3 Initial assessments of vulnerability and risk were carried out in a separate room. However, the door remained open, and staff and (on occasion) prisoners were in the vicinity. The excessive noise and distraction limited confidentiality and the likelihood that prisoners would disclose anything of a personal nature. The health care early days in custody team provided an excellent service to new prisoners (see also paragraph 4.35).
- 3.4 All new arrivals were accommodated on the induction wing. This provided a welcoming environment, with a positive culture and good staff-prisoner relationships. Prisoners were issued with a decency pack containing bedding and toiletries, and received a hot meal. Staff conducted hourly observations during the first night. Each cell door displayed information about the Listener scheme and how to contact the Samaritans, which provided an additional safeguard.



Induction unit

- 3.5 Although the communal areas in the induction unit were clean, too many cells had stained toilets, and toothpaste marks and graffiti on the walls. Some first night cells also lacked basic items, including chairs and toilet lids, and some sinks were blocked.
- 3.6 A team of peer supporters worked on the induction unit and were available to explain basic processes. This included the Men of Purpose (see Glossary) peer mentors, who lived on the unit and supported prisoners during their early days, as well as delivering a personal development programme to the wider population.
- 3.7 Induction started on the day of arrival and was delivered by peer supporters. However, there was no formal staff oversight to make sure that all men received a comprehensive introduction to the prison. Prisoners who arrived late in the day missed the induction by peer supporters and were given no information about what to expect and how to access services. Sessions were delivered in a noisy communal area, with no dedicated space to ensure privacy and enable prisoners to participate. A more formal induction involving other partners began the next day.
- 3.8 Despite a significant number of foreign national prisoners arriving at Isis, interpretation services were not used effectively to communicate important information.
- 3.9 Prisoners were issued with a grocery pack on arrival, but there was no opportunity for them to place an interim canteen order. Some prisoners waited up to two weeks for their first delivery.

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

- 3.10 Levels of violence had increased since the last inspection, and too many prisoners felt unsafe. This increase was partly explained by a substantial shift in the population. The number of 18–21-year-olds had doubled since the last inspection, and this group was more likely to be involved in violence and to possess weapons.
- 3.11 Leaders understood the continued risks around the high rates of violence and had made efforts to address these. As a result, there had been a reduction in incidents over the previous 12 months.
- 3.12 Leaders had recognised that their traditional approach to behaviour management had not been effective in reducing violence. In the past, new prisoners listed all the people they would not associate with and were separated into small groups, usually with fellow gang members. This approach not only reinforced gang identity but also created lots of small groups who could not mix. This severely restricted the regime and progression opportunities for everyone.
- 3.13 Following analysis of data, collaboration with external partners and wide consultation with staff and prisoners, leaders had introduced the Peace strategy. This was a well-thought-out plan to incentivise positive behaviour, improve access to the regime for the majority, and provide more intensive support for the smaller group of prisoners who were repeatedly involved in conflict.
- 3.14 Prisoners' allocation to residential units was determined by risk assessments, their previous case notes, and interviews carried out by the safer custody team. Prisoners who behaved well and engaged positively with the regime could progress to the Peace spur. This offered a calmer environment, with greater freedoms, more association time and meaningful incentives, including a well-equipped kitchen.
- 3.15 During the first few months after the strategy was introduced, there was an increase in violence while prisoners adjusted, and some took the opportunity to reignite previous conflicts. Leaders held the line, and as routines became embedded, safety outcomes improved in some areas, particularly on the Peace spur.
- 3.16 The smaller number of prisoners who refused to mix or were repeatedly involved in violence were allocated to the Growth spur. These men were organised into three cohorts, which did restrict the regime for them. Each prisoner had an individual behaviour plan with credible targets to address their behaviour and help them progress. They were

referred to interventions, including mentoring and personal development, which were delivered by community groups and peer mentors. Two notable interventions were Men of Purpose and Rooted Wisdom (see Glossary).

- 3.17 We found good examples of prisoners who had benefited from the new behaviour management approach. Many had moved off the Growth spur and back into the mainstream population; in several cases, men had progressed to the Peace spur. Inevitably, there were some cases where prisoners returned to the Growth spur; however, staff persevered with updated support plans to address the prisoners' behavioural issues and needs.
- 3.18 The wider incentives scheme was reasonably well managed. Residential managers provided appropriate oversight, and there was a clear effort to use incentives to reinforce positive behaviour. Instant rewards were provided for consistent good behaviour, such as low-cost canteen items, which prisoners valued. The shift in culture was also evident in prisoners' case notes, where over the previous 12 months staff had been recognising positive behaviour rather than simply recording poor conduct. Prisoners on the basic regime experienced restrictions, such as limits on the time allowed for telephone calls, and the removal of televisions. However, these were for defined periods and regularly reviewed.
- 3.19 As the Peace strategy became established, violence was more predictable and concentrated within a smaller group of prisoners. Assaults on staff had reduced significantly since January and violence among prisoners was gradually declining. Higher staffing levels, clearer operational briefings, and regular reflective practice sessions for staff were contributing to the success of the strategy. Additional security measures, such as weapons amnesties that were promoted by peer workers, were also helping leaders to get a better grip on violence.
- 3.20 Governance arrangements relating to violence were generally robust. A weekly safer communities meeting brought together key departments to coordinate and manage the allocation of prisoners as safely as possible. All violent incidents were reviewed. However, the quality of violence reduction investigations varied too much, and too many did not include enough detail to enable wider learning.
- 3.21 Although the Peace strategy provided a more positive, coherent, and structured approach to managing behaviour, levels of violence were still too high, and in our prisoner survey 31% of respondents said they felt unsafe. Further work was needed to build on and consolidate recent progress.

Adjudications

- 3.22 The number of adjudications had reduced over the previous 12 months, reflecting the shift in culture created by the Peace strategy and the gradual decline in violence. Most charges related to violence or the possession of illicit items, including weapons.

- 3.23 Management meetings to oversee the adjudication process were well established. They made good use of data and were more analytical than they had been in the past. Leaders had reviewed adjudication tariffs to reflect current risks and provide clearer deterrents. They used the independent adjudicator effectively for more serious charges. The prison had also moved to digital adjudications, which had made the process more efficient. Leaders used CCTV evidence, which enabled prisoners to view footage and engage with the process.
- 3.24 However, leaders had not yet addressed the small number of charges that were not pursued due to avoidable administrative errors, such as incomplete reports or misidentification of those involved. The segregation custodial manager had credible plans to upskill staff and deal with these issues.
- 3.25 There was very little use of rehabilitative adjudication awards, for example to encourage those using drugs to engage with the substance misuse service. This was surprising given leaders' commitment to offering incentives through the Peace strategy.

Use of force

- 3.26 The use of force had increased considerably since the last inspection. In our prisoner survey, 42% of respondents said they had been restrained in the last six months. Despite improved oversight, use of force levels were too high, especially the use of PAVA (see Glossary).
- 3.27 Nearly all incidents were unplanned and occurred in response to spontaneous violence, including multi-handed fights and incidents involving weapons. Over half involved low-level guiding holds to de-escalate situations rather than full restraint.
- 3.28 PAVA was deployed most often during large-scale fights and incidents where prisoners were armed, which reflected the types of violence most often found in the prison. In the previous year, local data recorded 106 incidents where PAVA was drawn. Eighty of these resulted in the discharge of the incapacitant spray but affected as many as 170 men. Batons were used less frequently but still a notable amount. They were drawn on 32 occasions, resulting in 10 strikes.
- 3.29 The incidents we reviewed showed that on many occasions PAVA had helped to prevent further violence and protected prisoners and staff. However, in several incidents it was not clear from staff statements or body-worn video footage why it had been used. Evidence suggested that some newer staff were quick to use their PAVA sprays when lower-level intervention would have been appropriate and effective. Leaders acknowledged this and there was evidence that managers took reasonable follow-up action, including feedback and retraining, when they identified inappropriate use.
- 3.30 A full-time coordinator oversaw the use of force process. Every incident was also reviewed by either the governor or deputy governor. In monthly safety meetings, staff scrutinised trends and disparities and

considered what they could learn from these. Leaders had identified that black men and 18–21-year-olds had the highest levels of force used against them. However, they had not sufficiently analysed the reasons for this.

- 3.31 The use of body-worn video cameras was generally good, although some officers did not activate them when they should have, which limited assurance. Too many statements to explain why force was necessary were missing or lacked detail. Around 70 were still outstanding at the time of the inspection, some relating to incidents that had taken place over three months previously.

Segregation

- 3.32 The average length of stay in segregation was relatively short, at around six days. Most prisoners served a period of cellular confinement as a punishment following a proven adjudication.
- 3.33 Although the unit was bright, many cells required refurbishment. The regime was very limited, consisting mainly of daily exercise in stark exercise yards.



Segregation unit cell (left), and segregation unit shower (right)

- 3.34 Leaders had reinstated the segregation, management and review group and considered a reasonable range of data on which prisoners were segregated and why. However, some critical issues were not identified or addressed. For example, segregation authorisation paperwork was poor; in one case, a prisoner had been segregated without the proper authority when the body scanner indicated that he had swallowed contraband. Behaviour targets on segregation plans were often superficial or non-existent, and failed to address underlying causes of poor behaviour.

- 3.35 Reintegration planning was also inconsistent. Some prisoners were reviewed in the safer communities meeting and returned promptly to their normal location, often via the Growth spur. For others, there was not enough planning, and a small number remained in segregation until they were released or transferred out of the establishment.
- 3.36 The use of special accommodation had risen to eight cases in the previous year. Most of these were justified because the prisoner had caused significant and repeated damage to cells. However, in too many cases, prisoners remained in special cells longer than necessary. Stays could last up to 16 hours, even when records showed that the prisoner's behaviour had improved.

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.

- 3.37 Security arrangements were broadly proportionate to the risks presented at HMP Isis. The prison benefited from good physical security because of its design and its location next to HMP Belmarsh, which restricted some common access routes. However, CCTV coverage was reduced because of faulty cameras in some areas, and the enhanced search procedures for staff and visitors entering the prison were inconsistent.
- 3.38 Emerging threats were considered in a weekly security tasking meeting and resources were directed appropriately. Oversight of the prison's highest-risk prisoners was comprehensive. However, the prison's local tactical assessment, an intelligence tool designed to help it manage and mitigate risks, was often generic and repetitive. This made it difficult to understand how risks were being monitored or whether leaders were measuring progress against them.
- 3.39 The security team had a good understanding of the links between violence and the illicit drug economy, and the impact of these factors on stability. Partnerships with the police and HMPPS regional search teams were well established and contributed to good intelligence-sharing and large-scale searches.
- 3.40 Finds of illicit substances had increased since the last inspection and positive mandatory drug test (MDT) rates (see Glossary) were high at 25%, mainly for synthetic cannabinoids (spice). It was concerning, therefore, that some positive test results did not result in any action, such as adjudication, due to staffing issues.
- 3.41 Encouragingly, positive MDT rates had declined since the summer and at the time of the inspection were lower than in comparable prisons. The health care team provided an appropriate range of interventions to

address substance misuse issues. Recovery workers saw every patient who was suspected of using drugs, to discuss how to minimise harm (see also paragraph 4.56).

- 3.42 The drug strategy meeting considered supply routes and relevant intelligence, but actions from the meeting were very low level. There was no separate action plan to reduce supply or strategic objectives to coordinate activity and track progress.

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

- 3.43 There had been no deaths in custody since 2020.
- 3.44 Rates of self-harm remained low compared with similar prisons and had reduced by 22% since the previous inspection. Data showed a downward trend overall, with an unusual spike in October 2025. The prison understood the reasons for this increase, which was largely attributable to one prisoner who accounted for just over half of all incidents (22 out of 42), and two others who were responsible for eight incidents each.
- 3.45 In the last year, 141 prisoners had been managed through assessment, care in custody and teamwork (ACCT). The ACCT documents we reviewed were of a good standard. Sufficient detail was recorded, and case reviews included a mental health worker. Prisoners we spoke to reported feeling supported and cared for.
- 3.46 There had been 10 serious self-harm incidents, including one attempted suicide. The investigation into this incident was not sufficiently robust. Basic details, such as the prisoner's date of birth and the date of the incident, were missing from the report. Furthermore, no learning was identified to reduce the likelihood of further incidents. The prisoner had been distressed following the breakdown of his relationship and on the night of the incident his ex-partner had called to say she had met someone new. Despite this, the review failed to explore whether staff had been aware of the break-up or if any protective action had been taken.
- 3.47 The monthly safer custody meeting was well attended and chaired by the governor. A good range of data was captured and analysed. Any anomalies, such as disproportionate outcomes for prisoners from protected groups, were explored in detail.

- 3.48 In our survey, only 24% of respondents said it was easy to speak to a Listener (prisoners trained by the Samaritans to provide confidential emotional support to their peers). During the inspection, some prisoners reported that a Listener had not always attended when they had been requested. There were sufficient Listeners in place (11 at the time of the inspection) but the scheme would have benefited from better promotion to ensure it was used effectively.

Protection of adults at risk (see Glossary)

- 3.49 There was no local safeguarding strategy that provided easy-to-follow guidance on how to identify and support a prisoner at risk of abuse and neglect. In addition, there were no links with the local safeguarding adults board or other external agencies to help support vulnerable adults.
- 3.50 However, there were other safeguards in place to identify prisoners who needed additional support. These included the weekly safety interventions meeting and referrals to the safer custody team if staff suspected that a prisoner was being bullied.

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 had improved since the last inspection and were a strength at Isis. Wing staff understood the individual circumstances and needs of prisoners in their care, and many had developed supportive and positive relationships. A range of joint staff-prisoner activities and reverse mentoring helped build rapport and mutual understanding. Leaders communicated well with staff through operational briefings and a weekly newsletter that emphasised officers' roles in supporting and rehabilitating prisoners.
- 4.2 We also saw positive relationships in other areas of the prison, such as education and health care.
- 4.3 In our prisoner survey, 78% of respondents said they had a named officer (key worker), and most said they were helpful. Prisoners received monthly key work sessions, and we saw examples of very good support with sentence progression, which mitigated some of the gaps in offender management. However, in too many cases, key workers' case notes were formulaic and did not focus sufficiently on identifying the issues that prevented prisoners from making progress or provide evidence of help to resolve these.
- 4.4 Peer support was good in some key areas, such as safety (including the Men of Purpose initiative; see paragraphs 3.6 and 3.16). However, it was underused overall. Movement between wings was restricted for safety reasons, which hampered this work. Some representatives were unclear about their roles, while others did little more than update noticeboard displays. However, leaders recognised the value of peer support and had credible plans to boost the roles in several areas.

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

- 4.5 Just under half of prisoners still lived in overcrowded conditions, sharing cells designed for one. Cells were generally kept clean and, in our survey, prisoners reported more positively than those at other category C prisons about access to cleaning products. Cells were reasonably well equipped. However, some did not have curtains over the windows, because they had been repurposed to provide additional privacy screening around toilet areas. Many cells had broken telephones. These were reported promptly but could often take up to three weeks to be fixed by an external contractor, which was a cause of frustration to the men affected. Some toilets remained heavily stained, but a cleaning programme using specialist chemicals was ongoing.
- 4.6 A regular painting programme kept communal areas in a reasonable state of decoration and generally free of graffiti. The induction unit was a notable exception to this (see paragraph 3.5). Standards of cleanliness in residential areas had improved but were still not sufficiently good. There were several wing cleaners, but they often worked for just a couple of hours a day and were not held to account for their work.



Residential unit cell

- 4.7 External areas were well maintained and some exercise yards now had equipment. Prisoners on the Peace spur had access to a larger, well-equipped yard, with benches and astroturf pitches.



Exercise yard on normal unit (left), and Peace spur exercise yard (right)

Residential services

- 4.8 Prisoners were generally positive about the quality of the food at Isis. They could choose from a varied menu, and the kitchen catered for a range of special diets.
- 4.9 Serveries were not adequately supervised or cleaned, resulting in inconsistent portion sizes and some unhygienic practices.
- 4.10 Prisoners on most wings now had access to some cooking equipment, such as toasters and microwaves, and were also able to dine communally at times. Those on the Peace spur had access to a fully equipped kitchen to cook their own meals, which they greatly appreciated.



Peace spur kitchen

- 4.11 Canteen provision was good. Following consultation with prisoners, leaders had introduced the Heritage Hub. This was a subsidiary of the prison shop, where black and minority ethnic prisoners could buy a selection of food and hair/skin care products.

Prisoner consultation, applications and redress

- 4.12 The prison council, chaired by the governor, was an effective way for senior leaders to communicate with prisoners. However, their input was too often limited to raising relatively minor residential issues. Too few prisoners knew about the council or its role.
- 4.13 We saw some good examples of specific groups of prisoners being consulted on particular issues, such as items to add to the Heritage Hub (see paragraph 4.11) and exploring whether some groups were treated fairly. Some wings – mostly notable the Growth spur – had also held forums to hear prisoners' views.
- 4.14 Complaints from prisoners were managed well, and staff were encouraged to discuss responses face to face. Most responses were timely, fair and courteous. It was disappointing that there was no systematic analysis of data on complaints to identify common themes with a view to making improvements.
- 4.15 Applications were submitted electronically via kiosks that were dated and sometimes broken. Low-level monthly dip sampling by a senior leader helped to hold departments accountable for the timeliness of responses.

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.

- 4.16 Fair treatment and inclusion remained a real strength of the culture at Isis. Senior leaders fostered an inclusive environment, supported by a staffing group who reflected the backgrounds of the prison population. Joint staff-prisoner events, reverse mentoring and bitesize training helped to improve communication and mutual understanding (see also paragraph 4.1). A full calendar of educational and celebratory events promoted diversity and raised awareness of the needs of a range of groups.
- 4.17 In our survey, there were very few significant differences in the responses from prisoners across various protected groups.

- 4.18 Leaders used data well to identify and explore potential disproportionate outcomes for protected groups. This data was shared with prisoners, and the analysis encompassed a broader range of information than we usually see. For example, leaders compared the characteristics of the population on the Peace spur with those on other wings, to address prisoners' concerns about the fairness of selection for the enhanced unit.
- 4.19 Complaints about discrimination were investigated thoroughly and responded to appropriately. The continued use of external quality assurance was good practice.
- 4.20 Support for care leavers and foreign nationals was far better than we usually see. Knowledgeable leads were committed to improving outcomes for these vulnerable groups, advocating for their legal entitlements, helping them to take part in purposeful activity, and hosting a range of signposting and social events. It was, however, disappointing that despite training sessions and reminders, staff in many areas did not always use telephone interpretation to discuss important or sensitive issues with prisoners who did not speak English.
- 4.21 Support for neurodivergent prisoners was also good. They had access to clinical support (see paragraph 4.51), peer forums, and initiatives like the fitness café (a small suite in the education building that allowed neurodivergent prisoners to undertake short bursts of exercise during breaks to help them focus in class).

Faith and religion

- 4.22 Faith provision was good. All major faiths in the prison population were represented in the chaplaincy team, who were active, visible and known to prisoners. Our conversations with prisoners, and written records of key work sessions, demonstrated that the pastoral care provided by the team, especially around bereavement, was particularly appreciated.
- 4.23 The chaplaincy hosted a range of creative and innovative events to celebrate a range of faiths, often working closely with the equalities manager and kitchen staff, and making good use of connections with community groups.

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.

- 4.24 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

- 4.25 Oxleas NHS Foundation Trust (Oxleas) was the main health provider, and it subcontracted some services, including substance misuse psychosocial provision (see Glossary), to Change Grow Live. Dental services were provided by Prisoner-Centred Dental Care.
- 4.26 Partnership working between health teams and prison staff was a strength. Well-established governance structures enabled effective monitoring and were driving improvements to the quality of the service. These included an effective local delivery board and regular clinical governance meetings. However, although access and attendance rates had improved for some services, the overall rate of non-attendance was still too high, mainly due to regime restrictions and a lack of staff to escort prisoners. This extended waiting times and wasted clinical resources. Further work was underway to try to address this.
- 4.27 The health care service was well led, with a strong focus on providing a good standard of care for patients. The service was well resourced, and staff retention was good. There were a few vacancies, mainly in the mental health team, but recruitment campaigns for these posts had been completed and new staff were waiting to start following security clearance.
- 4.28 The workforce was skilled and conscientious, and their interactions with patients were professional, kind and compassionate. They were up to date with mandatory training, apart from immediate life support training for a few staff, who were on long-term leave. Annual appraisals, and clinical and managerial supervision, were embedded in practice.
- 4.29 The health department was generally clean and tidy, although an annual infection control audit had identified some areas of non-compliance with environmental standards. Mitigating action had been taken where possible and prison leaders were working on solutions to address outstanding issues. Clinical equipment was calibrated on an annual basis.
- 4.30 We reviewed a sample of clinical records. These described patients' needs well and recorded interventions appropriately.
- 4.31 Clinical incidents were appropriately reported and investigated. Leaders maintained a good awareness of emerging themes and trends and any lessons learned were shared with staff. The provider's risk register was up to date and reviewed regularly.
- 4.32 Leaders were proactive in gathering patients' feedback to improve services. Patients were complimentary about the health staff they had contact with, both in our survey and during our inspection.
- 4.33 Strategically placed emergency bags were checked frequently and contained the necessary kit.

- 4.34 There was a confidential health complaints process and staff met with complainants to discuss their concerns. The responses we sampled were timely, respectful in tone and fully addressed the concerns raised.

Promoting health and well-being

- 4.35 Oxleas had a comprehensive health promotion strategy. The early days in custody and release manager had oversight of this work. Health promotion started in reception, with a range of tests and vaccinations offered during prisoners' first two weeks in custody. The team promoted health issues through monthly events, which aligned with key dates in the NHS national calendar. Advice on health was also given to individual patients, including as part of release planning.
- 4.36 Health care staff regularly visited the wings, and met with patients to gather feedback and improve service delivery. Sexual health services, including full screenings, examinations and treatment for sexually transmitted infections, were available. Condoms could be requested confidentially by prisoners, although they were not actively promoted.

Primary care and inpatient services

- 4.37 The service was no longer provided on a 24-hour basis and primary care services were available from 7.30am to 7.30pm seven days a week. Out of hours, officers could contact 111 for advice or call 999 in an emergency. GP and advanced nurse practitioner sessions took place five days per week, and patients were seen promptly when the regime allowed.
- 4.38 Teamwork across health care was exceptional, which contributed to effective referral systems within the team and to external hospitals. A handover was held each day, and there was a weekly multidisciplinary care meeting to discuss new and existing patients with complex health care needs.
- 4.39 The early days in custody team and release and transfer team provided an excellent service. Patients received regular contact during their first 14 days in the prison. Release and transfer planning meant that patients were transferred or released safely.
- 4.40 A long-term condition nurse provided a comprehensive service to patients.
- 4.41 There were minimal waiting times to access a range of visiting practitioners and allied health care professionals.
- 4.42 External hospital appointments were managed well, and the administration team kept a close eye on any changes when emergencies had to be prioritised.

Social care

- 4.43 Demand for social care was low, but those who required it were assessed promptly. The prison had a memorandum of understanding

with the Royal Borough of Greenwich and partner agencies to provide social care. Governance mechanisms were in place, but leaders had not done enough to clarify the role of social care peer supporters or ensure that this work was managed safely.

- 4.44 At the time of the inspection, two prisoners were receiving social care. They were happy with the support and described a personalised approach that met their individual needs. Care plans and records of support were excellent and indicated that care was exemplary. Equipment and aids to daily living were available as necessary.
- 4.45 Social care referrals came from a range of sources across the prison, individuals or key family members. Greenwich, the local authority, provided independent advocacy for applicants who required it.

Mental health

- 4.46 The highly skilled multidisciplinary mental health team provided a comprehensive range of evidence-based mental health interventions.
- 4.47 Mental health referrals came from a variety of sources, including staff and other partners working at the prison. Initial triage and assessment were swift, and support was responsive and prioritised according to clinical need. An effective weekly team meeting was held where cases were discussed and allocated to the most appropriate clinician.
- 4.48 The psychological therapies service offered individual therapy sessions and workshops for a range of issues, including anxiety, trauma and emotional dysregulation. The waiting times for individual psychological therapy and counselling sessions by Atrium (a subcontracted counselling service) were too long, although they were reducing. Patients were given some support while they waited for their intervention.
- 4.49 A group therapy programme called Changing the Game, run by an external psychotherapist, was an effective initiative. It aimed to improve engagement and outcomes for black and minority ethnic men who had been involved with gangs and serious violence. It had led to more referrals for individual therapy, which was positive.
- 4.50 Officers received trauma-informed awareness training and regular reflective practice sessions facilitated by psychology staff. This helped to improve their understanding of, and confidence in, building relationships, and enabled them to improve their skills by reflecting on their experiences in the workplace. Such forums also identified officers who might benefit from additional support.
- 4.51 There was a neurodiversity pathway, which included assessment and diagnostic services. The team worked effectively with the prison lead. The psychiatrist ran an attention deficit hyperactivity disorder (ADHD) clinic and prescribed medication when an individual was diagnosed. The ADHD practitioner completed the assessments and worked with the psychiatrist to provide good support. The wait for an assessment

was lengthy but reducing. A specialist nurse supported patients with autism and learning disabilities, and an occupational therapist helped patients to develop independent living skills and prepare for release.

- 4.52 The mental health nurses responded to urgent need and attended ACCT reviews. They managed patients with more severe and enduring mental health needs. They liaised with community mental health teams, family members and Nacro, who worked with individuals from 12 weeks before release and offered support for up to three months after.
- 4.53 In the past year, four patients were transferred to a mental health facility under the Mental Health Act, but only one patient went within the 28 days set out in the national guidance.

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

- 4.54 There were good working relationships between the security team and the substance misuse service, who attended regular drug strategy meetings and responded to any emerging needs. There was strong and effective leadership in clinical and psychosocial services, and an experienced team of practitioners provided a good range of psychosocial support.
- 4.55 Two patients were receiving opiate substitution therapy. Clinical reviews were held every two to four weeks and included contributions from the patients' recovery worker, which helped to maintain good practice.
- 4.56 An appropriate range of one-to-one support, group activities and workshops to address substance misuse issues and build life skills were directed at the young adult population. Recovery workers saw every patient who was suspected of using an illicit substance to discuss how to minimise harm.
- 4.57 Patients also had access to family support workers, who delivered a range of effective interventions, helping them to maintain appropriate links and communication.
- 4.58 There were no peer support workers, which was a gap. Mutual aid was available through Marijuana Anonymous, which had recently started attending the prison.
- 4.59 Coordination of care began three months before release and was carried out in association with the offender management team. Arrangements included advice on minimising harm, referral to community drugs teams, and continuance of opiate substitution therapy, if required. Training in Naloxone (a drug to reverse the effects of opiate overdose) was offered and patients could receive a supply of this drug on release.

Medicines optimisation and pharmacy services

- 4.60 Medicines were dispensed by the on-site pharmacy in a timely fashion. A good stock of emergency medicines was available, with an audit trail in place. There were several patient group directions (which authorise appropriate health care professionals to supply and administer prescription-only medicine) and a clear homely remedy policy, which enabled the health care team to supply a wider range of medicines.
- 4.61 Stock checks of non-emergency medicines were sufficient, but more comprehensive records would help to provide better oversight of these. There were suitable procedures for moving medicines within the prison.
- 4.62 Administration of not-in-possession medicines was well led by both pharmacy technicians and nurses three times a day from two administration points. This was supervised by officers, and ID cards were presented. Systems were in place to record, identify, and refer patients who did not attend to collect their medicines. Compliance checks were undertaken to identify potential concerns. Patients who were being transferred or released were provided with a minimum of seven-days' supply of their medication, or an electronic prescription, to ensure continuity.
- 4.63 In-possession risk assessments and medicine reconciliation were generally completed within designated timescales, and 81% of the population were able to receive their medicines as in-possession.
- 4.64 The clinical pharmacist screened all prescriptions before dispensing. Staff monitored the prescribing trends of the low number of tradeable medicines, and audits had been completed to review adherence to processes and identify improvements. Local clinical pathways had been created for the prescribing of hypnotics and mirtazapine, which helped to meet the clinical needs of the population.
- 4.65 Multiple pharmacy services were provided, including clinics for structured medication reviews, minor ailments, and smoking cessation.

Dental services and oral health

- 4.66 The dental provider offered a range of dental services, including standard treatments and extractions. The service was commissioned to run four dental sessions per week. Waiting times for the dentist were good; two weeks for first appointments and eight weeks for follow-up appointments, although most patients were seen within two weeks.
- 4.67 The health care and dental team triaged patients, and urgent referrals were seen at the next session. Pain relief and antibiotics were available as required. There was a referral pathway for patients who required extractions under general anaesthetic. The dental nurse gave patients oral health advice during their appointment. Dental records contained the required level of information, although some of the records could be improved to be more personalised.

- 4.68 The dental service had a large decontamination room, which was separate to the treatment room and was exceptionally well kept. The prison owned the large equipment and the provider was responsible for maintaining it properly, and this worked well. All equipment met required infection control standards.

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 There was not enough time out of cell for the young population at Isis, and in our prisoner survey, men were negative about this aspect of prison life. According to the published regime, the minority of prisoners on the main residential units in full-time work (40) could be out of their cells for seven hours a day. However, most prisoners were in part-time roles and were only out for two to three hours each day. Unemployed prisoners were unlocked for around two hours, at best.
- 5.2 The introduction of the Peace strategy (see paragraph 3.13) was positive, as it aimed to reduce the number of small groups of prisoners and restricted regimes. However, it was still at an early stage, and the potential benefits had yet to be realised consistently across all wings. At the time of the inspection, unlocking and movement arrangements continued to limit collective association on some spurs, with access to activity alternated between landings. On the Growth spur, prisoners were deliberately unlocked in three separate cohorts to manage risk and reduce conflict, which, while appropriate, inevitably restricted how many prisoners could be unlocked together at any one time.
- 5.3 In our roll checks, we found that 36% of prisoners were locked up during the core working day, and only 25% were engaged in purposeful activity.
- 5.4 Most prisoners had good daily access to outdoor exercise, and an increasing range of extra-curricular activities were coordinated by an enrichment officer. This included interventions provided by external charities such as The Duke of Edinburgh's Award, a global youth achievement programme, and Unlock my Life, which provided mental health, well-being and through-the-gate support for prisoners.
- 5.5 Gym facilities were good, consisting of a well-equipped weights and cardio room and a large sports hall. An enthusiastic team of PE staff delivered a range of fitness and sports activities. There were no formal qualifications available through the gym, although we were informed of plans to reintroduce these in January 2026.
- 5.6 Prisoners' attendance at the gym was determined by their privilege level on the local incentive scheme. It ranged from two sessions a

week for the majority, plus additional sessions for those at the enhanced level.

- 5.7 Around 43% of the population were accessing the gym, which was surprisingly low considering the young age group. The facility was not open in the evenings, which limited access.



Gym cardiovascular suite (left), and gym sports hall (right)

- 5.8 The library held a reasonable stock of books and DVDs. The timetable allowed prisoners to access it every day while going to work and education sessions; however, due to the low numbers engaged in education, attendance was low. Each wing also had a large drop-box, where prisoners could order and return books.

- 5.9 There were 12 Shannon Trust mentors (prisoners trained to teach their peers to read) and the scheme was well promoted.



Library

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.

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

Overall effectiveness: Requires improvement

Quality of education: Good

Behaviour and attitudes: Requires improvement

Personal development: Good

Leadership and management: Requires improvement

5.11 Leaders had taken effective action to create enough spaces for prisoners to be able attend education, skills and work. However, they were too slow to allocate prisoners to all of the available spaces. Consequently, a few spaces were unfilled in each lesson and workshop and a minority of prisoners were unemployed. The very large majority of activity spaces were part time and there were not enough full-time spaces. Leaders had recently made improvements to the allocation process with the intention of accelerating the pace at which prisoners were assigned to an activity space. However, it was too early to see the impact of this action.

5.12 Teachers and instructors carried out suitable assessments of prisoners' prior knowledge and experience at the start of their sentence. They used this information well to set individualised targets for prisoners to gain new knowledge and skills. Leaders had put in place rigorous screening processes to assess prisoners' reading abilities and used this to establish the most appropriate English qualification for them to study. Staff were persistent in following up on those prisoners who had initially refused an assessment of their reading level. They carried these out on residential wings to encourage completion.

5.13 Since the previous inspection leaders had taken effective action to ensure that prisoners received sufficient access to careers information, advice and guidance. Teachers, instructors and careers advisers ensured that topics such as the development of professional behaviours, employability skills and future job plans were embedded well throughout prisoners' education courses or work activities.

Teachers, instructors and wing officers worked collaboratively to record how well prisoners were demonstrating their employability skills across all aspects of prison life.

- 5.14 Leaders had established strong and productive strategic links with employers so that they were informed about the skills prisoners needed to gain to be well prepared for jobs. Leaders rightly recognised that some of the curriculums they had provided previously had not given prisoners the most relevant skills they needed to progress into the most available job sectors such as the construction and logistics industries. They took decisive actions to introduce new curriculums which better responded to the skills needs of employers. Leaders had already introduced a programme of specialist short courses in construction demolition and site traffic marshalling to give prisoners valuable skills and experience for work.
- 5.15 Leaders had put in place largely effective quality assurance processes. They assessed the strengths and weaknesses of the education, work and skills they provided to prisoners accurately. Prison and education provider managers collaborated very well to coordinate curriculum and teaching improvement plans. They carried out joint reviews of the quality of teaching and shared helpful information about the progress prisoners were making with their studies. Leaders' action plans contained credible steps to improve key weaknesses. However, they did not ensure that these were sufficiently measurable to be able to review the impact of their actions effectively.
- 5.16 People Plus delivered the education and vocational training in the prison. Teachers planned curriculums to ensure that the topics prisoners studied were relevant to their lives, for example, in English language lessons prisoners were taught about peer pressure, the consequences of actions and life in modern Britain. Consequently, prisoners were able to use their personal experiences to help bring their studies to life; they contributed well to class discussions, and this deepened their knowledge and improved their communication skills.
- 5.17 Since the previous inspection leaders had improved the quality of teaching. They ensured that teachers received effective professional development to improve their teaching skills. Leaders provided swift interventions to help teachers and instructors to improve their practice in the few instances where their standards fell short.
- 5.18 Teachers and instructors taught their curriculums well. They used a range of teaching and assessment methods skilfully to teach topics and help prisoners to practise and hone their skills. For example, in English lessons, teachers adeptly used discussion and reflective questioning to simplify complex topics for prisoners. Teachers used frequent tests well to check prisoners' understanding to help them to remember what they had been taught. In industrial cleaning, instructors skilfully used demonstration to teach prisoners the correct procedures and processes. For example, instructors trained prisoners to understand the difference between dispersal and containment of bacteria and how to use aerosols to contain dust particles. Prisoners engaged well in their

learning and training and developed new knowledge, skills and behaviours well.

- 5.19 Prisoners with SEND were supported well by teachers to make appropriate progress with their studies. In English language lessons, teachers provided prisoners with effective one-to-one support and made good use of peer mentors to support prisoners in larger sessions. Prisoners with dyslexia and/or attention deficit hyperactivity disorder had access to coloured overlays to assist them with their reading. Prisoners used reading pen scanners to improve their concentration in lessons.
- 5.20 Teachers and instructors provided helpful feedback to prisoners about their coursework so that they knew what they had done well, what they needed to improve and the next steps they should take. Prisoners' written coursework and practical skills were largely at the expected standard. Since the previous inspection, leaders had ensured that nearly all of those prisoners who started a qualification successfully achieved it.
- 5.21 Leaders did not ensure that prisoners had sufficient access to information technology. The opportunities prisoners had to develop their information, communication and technology (ICT) and digital skills were limited and did not go beyond very basic knowledge.
- 5.22 Prisoners felt safe in education, skills and work. They behaved very well in lessons and in work areas. They were respectful towards each other and to their teachers and instructors. Teachers set and reinforced expectations of prisoners' behaviour in lessons well. Teachers corrected and challenged prisoners in the very few instances where they used inappropriate language. Prisoners politely took turns to speak when discussing topics in lessons. In the very few instances where prisoners' behaviours were violent, staff acted swiftly and appropriately to ensure that their colleagues and prisoners were kept safe.
- 5.23 Prisoners attended their jobs, including industry workshops, well. However, leaders' actions had been slow to address low attendance of prisoners at education classes where too few prisoners attended regularly. Prisoners were punctual to their job roles and workshops. However, in education a minority of prisoners were not punctual and this caused delays to the starts of lessons.
- 5.24 Since the previous inspection leaders had taken effective actions to meet the recommendation to ensure that prisoners' resettlement needs were sufficiently met. They ensured that prisoners had access to a range of good-quality pre-release activities, such as how to write appropriate disclosure letters, CVs and disclosure letters. Staff within the prison's employability hub collaborated well with employers so that prisoners gained helpful insights into employers' expectations and requirements for different jobs. A high proportion of prisoners remained in employment after custodial release when compared to other prisons in the London area.

- 5.25 Prisoners had a very secure understanding of fundamental British values. They understood the importance of, for example, individual liberty and the negative impacts of gender stereotyping and misogyny. They had a good appreciation of the benefits of adhering to the rule of law and how poor behaviours may lead to being recalled to prison. Prisoners in workshops developed their knowledge of citizenship by contributing positively to the quality of prison life. Most prisoners had a good understanding of the risks of radicalisation and were able to explain how to keep themselves safe.
- 5.26 Leaders had implemented an effective reading strategy. Teachers and support staff ensured that prisoners' reading levels were assessed well at the start of their sentence and that reading was actively promoted in education, work and industries. Leaders ensured that prisoners had access to books and other reading materials such as newspapers and magazines in classes, workshops and on the wings. Teachers and instructors encouraged prisoners to select books for reading pleasure. In English language lessons, teachers carefully selected short stories for prisoners to read, based on their personal interests. Prisoners frequently visited the library and selected books on a range of topics, including mindfulness, healthy eating and fitness.
- 5.27 Leaders had an appropriate and fair pay policy in place for prisoners. They listened to prisoners' views to devise the policy, and this resulted in raising the rate of pay for mentors and prisoners who attend education. Leaders used pay effectively to incentivise prisoners to attend education and work sessions.

Section 6 Preparation for release

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

Children and families and contact with the outside world

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

- 6.1 There was a good range of support for prisoners to develop and maintain contact with their children and families. The family services provider (the Prison Advice and Care Trust – PACT) and the substance misuse service (Change Grow Live) helped prisoners with a range of issues, such as rebuilding family ties and family court matters.
- 6.2 PACT had also provided one-to-one support to about 70 prisoners in the previous year, completing a range of family and relationship themed workbooks. Family workers also provided the meet and greet service for social visits.
- 6.3 Most prisoners were from London, so visitors did not have far to travel. While some visits were available at the weekend, most sessions were available during the week when families were working or children were in school; these sessions were often under-booked.
- 6.4 The visits hall included a play area and a photo booth. Most visitors told us they had been treated respectfully by staff on arrival but also said that visits often started late.
- 6.5 There were four family days per houseblock each year, and these were popular with prisoners. The days were scheduled around school holidays, but the prison has also offered these opportunities to prisoners with only adult family members.
- 6.6 The Let's Talk initiative matched volunteer visitors with prisoners who had shared interests and did not receive regular visits.
- 6.7 The quarterly leavers' lunch enabled prisoners approaching release to meet with their families on an extended visit to discuss any concerns and help with the transition back home.

Reducing reoffending

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

- 6.8 A wide range of organisations worked in the prison to meet prisoners' resettlement needs. They met monthly at the reducing reoffending meeting to provide updates on their work. A coordinator was employed to identify third-sector organisations who could support the team's work. The coordinator had developed useful links with several community partners, including The Money House, a financial literacy programme aimed at preventing youth homelessness in Greenwich, Newham and Westminster.
- 6.9 However, there was no overarching action plan to guide the longer-term goals of the reducing reoffending meeting, and the absence of offender managers was a missed opportunity to collaborate and coordinate all the work being done in this area.
- 6.10 This was compounded by weaknesses in sentence planning on an individual basis. Almost one in five prisoners had been waiting for more than three months for their initial plan, with some waiting considerably longer. For those who had a plan, contact from prison offender managers (POMs) was often poor. Many prisoners did not receive enough support to achieve their targets, which led to anxiety about their prospects for parole or attaining category D status.
- 6.11 Despite this, there were also several examples where prisoners had made progress by taking non-accredited courses and developing new skills, often of their own volition or with the support of key workers. Some of the key work was the best we have seen, with examples of day-to-day practical support as well as setting and tracking short- and longer-term behavioural goals.
- 6.12 In the previous year, 49 prisoners had been recommended for open conditions, and they were transferred promptly. However, we also saw several examples where POMs had not recommended recategorisation because the prisoner had not completed an offender behaviour programme (OBP), even though they had made good progress in other ways, such as through education, training or peer work.

Public protection

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

- 6.13 Systems to identify public protection risks among new arrivals were adequate and we found examples of reasonable action to mitigate these risks, such as blocking specific telephone numbers and using telephone and mail monitoring.

- 6.14 At the time of the inspection, six prisoners were subject to telephone monitoring. Staff listened to calls promptly, identified concerns and completed intelligence reports.
- 6.15 Public protection concerns were also identified by staff in other departments, but oversight by the offender management unit (OMU) was not sufficiently robust to ensure information was shared with the relevant POM, or that the POM had taken action.
- 6.16 MAPPA (see Glossary) arrangements were broadly effective. We found several examples of good work by POMs and community offender managers to manage risk among prisoners approaching release, such as setting appropriate licence conditions. However, in some cases this happened far too late, which made it difficult to carry out plans for release. Management oversight was not effective enough to guarantee that such cases were escalated to probation managers in the community.

Interventions and support

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

- 6.17 Vacancies in the programme team had severely limited the number of accredited OBPs delivered in the previous 12 months. In this period, about 200 prisoners who were potentially suitable for such a course had been released before they could be fully assessed or complete one.
- 6.18 The team was now fully staffed and the plan to deliver the new Building Choices moderate intensity course (see Glossary) was based on sound analysis of need and prioritised 80 prisoners due for release in the next 12 months.
- 6.19 The team had also identified another 55 prisoners who needed the Building Choices high intensity course, which was not available at Isis. There was little evidence of concerted effort to transfer these men to prisons that did offer the high intensity course, to enable them to progress in the future.
- 6.20 Many prisoners had benefited from a range of non-accredited interventions designed to develop life skills and improve behaviour. The Choices and Changes course was particularly suited to the young population, but very few prisoners had completed it in the past year, which was a missed opportunity.
- 6.21 There was a clear focus on helping prisoners to find employment on release. About 40 prisoners a month attended the employment hub, where they could meet external employers, and many had received offers of employment on release.

Returning to the community

Expected outcomes: Prisoners' specific reintegration needs are met through good multi-agency working to maximise the likelihood of successful resettlement on release.

- 6.22 In the previous 12 months, 780 prisoners had been released from Isis, which included 175 on home detention curfew (HDC). However, 75% of those eligible for HDC had been released late, mostly due to delays by community partners in completing risk assessments and other checks. Managers in the OMU had recently introduced a process designed to speed this up, but it was too early to judge its effectiveness.
- 6.23 Leaders had recently appointed a pre-release worker who met prisoners three months before their release to agree a resettlement plan. This could include referrals to a range of partner agencies. However, we found many examples where resettlement plans had not been recorded, making it difficult to understand what was being done to help prisoners.
- 6.24 There was no systematic scrutiny of pre-release work to identify any gaps in the support required for individual prisoners. Leaders planned to introduce a regular resettlement board to improve oversight, coordination and communication, but this was not in place at the time of the inspection.
- 6.25 There was good support for prisoners going out on licence to secure an address on release. In the previous year, 45% had gone to sustainable accommodation. This did not meet all prisoners' needs but was among the most positive rates for all category C prisons. Despite the best efforts of accommodation services, in the same period 15 prisoners were released with nowhere to live.

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.

Leadership

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

Priority concerns

N/A

Key concerns

Leaders did not have strategies or action plans to monitor progress in areas of key risk such as safety and reducing reoffending.

Partially addressed.

Safety

Prisoners, particularly the most vulnerable, are held safely.

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

Priority concerns

The level of violence was too high. Measures to tackle violence were largely restricted to limiting the regime offer which was not sustainable.

Partially addressed.

Key concerns

The incentives policy was not applied consistently, and many prisoners felt the scheme was unfair and had lost confidence in it.

Addressed.

Respect

Prisoners are treated with respect for their human dignity.

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

Priority concerns

N/A

Key concerns

Cleaning standards were poor in residential areas and cells needed redecoration.

Partially addressed.

Pharmacists were not available to consult with individual prisoners about their medication, oversight of stock medicines was insufficient, and delivery of in-possession medicines at the cell door was not in line with safe and effective practice guidance.

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 concerns

Most prisoners had too little time out of their cells.

Not addressed.

The curriculum did not meet the resettlement needs of prisoners, with the range of activities too narrow to lead to sustainable employment on release.

Addressed.

Key concerns

Too many prisoners did not achieve their qualifications, and workshop time was insufficient to achieve the practical aspects of their course.

Addressed.

Prisoners did not complete the education work set for them to do in their residential wings and tutors were not active in supporting them to progress with their learning.

No longer relevant.

Careers education, information, advice and guidance for prisoners were insufficient.

Addressed.

There was too much variation in the quality of teaching across education, skills and work.

Addressed.

Preparation for release

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

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

Priority concerns

Prisoners were not supported to progress through their sentence plans. There was too little contact with prison offender managers, hardly any key work and not enough places on interventions to address offending behaviour.

Not addressed.

Release planning was not reliable, timely or effective.

Addressed.

Key concerns

The public were not always protected from prisoners held at Isis. Monitoring to identify risks was unreliable, breaches of court orders took place without consequences, and there were no routine assessments and restrictions on prisoners who potentially presented a risk to children.

Not addressed.

Not all prisoners had reliable support to manage their finances, benefits and debts.

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 \(justiceinspectorates.gov.uk\)](http://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:

Charlie Taylor	Chief inspector
Deborah Butler	Team leader
Ian Dickens	Inspector
Lindsay Jones	Inspector
David Owens	Inspector
Nadia Syed	Inspector
Dionne Walker	Inspector
Tareek Deacon	Researcher
Samantha Moses	Researcher
Samantha Rasor	Researcher
Sana Zahid	Researcher
Maureen Jamieson	Lead health and social care inspector
Sarah Goodwin	Health and social care inspector
Bev Gray	Care Quality Commission inspector
Craig Whitelock	General Pharmaceutical Council inspector
Cliff Shaw	Lead Ofsted inspector
Diane Koppit	Ofsted inspector
Saher Nijabat	Ofsted inspector

Appendix II Glossary

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

Building Choices

This course helps people to develop skills for change and future-focused goals. It is a cognitive behavioural programme that combines group and one-to-one sessions. It develops skills such as managing emotions, healthy thinking, healthy relationships, a sense of purpose and healthy sex. Prisoners can be allocated to a high or moderate intensity course, depending on the level of risk they present.

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.

Choices and Changes

This is a resource pack for young adult men (aged 18 to 25) to support them in developing psychosocial maturity and pro-social choices.

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.

Mandatory drug testing (MDT)

Enables prison officers to require a prisoner to supply a urine sample to determine if they have used drugs.

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.

Men of Purpose

Men of Purpose is a network and community of black men, some of whom have experienced prison. They provide mentoring using prison peer supporters and external mentors to give prisoners credible role models, challenge gang culture and support safer, rehabilitative behaviour. They also co-deliver the reverse mentoring sessions with officers.

Offender management in custody (OMiC)

The 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 from 1 October 2019. On 31 March 2021, a specific OMiC model for male open prisons, which does not include key work, was rolled out.

PAVA

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).

Psychosocial provision

The use of structured psychological and social interventions to address substance-related problems.

Reflective practice

A structured process of thinking about actions, experience and feelings to learn from them and improve future performance.

Reverse mentoring

A mutual learning experience where prisoners mentor officers, reversing the traditional hierarchy.

Rooted Wisdom

Rooted Wisdom is a trauma-informed, culturally responsive support intervention delivered by an external practitioner, helping young black men build insight and healthier responses to conflict.

Social care package

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

Time out of cell

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

Appendix III Further resources

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

Prisoner survey methodology and results

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

Prison staff survey

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

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