



Report on an unannounced inspection of

HMP Maidstone

by HM Chief Inspector of Prisons

1–11 December 2025



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Introduction

Built in the 19th century, Maidstone is one of three jails in the country that specialises in housing foreign national prisoners. Many of the men held were nearing the end of their sentence, and likely to be removed from the UK. Many had arrived at the prison anxious about the future, facing language barriers and experiencing separation from family. This inspection found the prison was well lead overall, with steady improvements evident since our previous inspection in 2022. The jail was reasonably safe and respectful, but there remained weaknesses in preparation for release and the delivery of a meaningful regime.

The rate of new arrivals and turnover of population at the prison had increased significantly, and although prisoners generally reported positive experiences, reception and early days arrangements could be better. Night staff lacked confidence in their understanding of emergency procedures, and interpretation services, crucial to a prison population who speak limited English, were not used consistently. Living conditions were a continuing concern, with Maidstone's aging infrastructure evident across several residential units. While leaders had done what they could to improve communal areas and, for example, refurbish some showers and cells, they needed to do more to address broken windows, damaged flooring and overcrowded cells holding two prisoners in spaces designed for one.

Staff-prisoner relationships were a strength. Most officers engaged well with prisoners and key work had improved. The general atmosphere on the wings was settled and encouraging. However, expectations of behaviour were not always enforced consistently, and the under-use of translation services continued to limit the ability of non-English-speaking prisoners to engage fully with the regime. Incidents of violence had increased but remained low overall. Those at risk of self-harm told us they felt well cared for. A significant operational challenge, however, was the availability of illicit drugs and the weakness of security infrastructure to challenge this.

Purposeful activity had improved since our previous inspection but was still insufficient. Education leadership was stronger and teaching quality had improved, but too little learning was taking place in the industrial workshops, where prisoners' progress and achievements were not monitored or recognised. Opportunities to develop skills in English, mathematics and employability were also too limited, failing to fully meet the needs of prisoners.

Late Home Office deportation decisions continued to undermine effective planning, often leaving staff with little time to make the necessary discharge arrangements. Too many prisoners had no resettlement review before leaving the prison, and some high-risk men were released without essential public protection safeguards being in place. There were still no accredited offending behaviour programmes, and although leaders had made efforts to transfer prisoners elsewhere to complete them, opportunities remained very limited.

Maidstone has committed and experienced staff and leaders, who have driven many improvements. The prison, however, is constrained by weaknesses in some basic processes, the poor condition of much of the estate, and the

challenges inherent in its function as a prison for a foreign national population. This report details a series of concerns which we hope will assist with continuing improvement.

Charlie Taylor

HM Chief Inspector of Prisons

January 2026

What needs to improve at HMP Maidstone

During this inspection we identified 11 key concerns, of which four should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

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

Priority concerns

1. **Illicit drug use remained a significant concern.** Weaknesses in physical and procedural security, such as insufficient gate security and minimal CCTV coverage, provided the opportunity for the entry and use of illicit drugs.
2. **The physical living conditions were poor.** Outdated buildings, inadequate electrical supply and obsolete windows undermined leaders' efforts to keep the environment clean and decent.
3. **Professional interpreting services were not used enough across all departments, even though the equipment and resources were available.**
4. **Release planning was not robust, partly because Home Office decisions on removal or release were not made in time.** The resettlement needs of prisoners coming up for release were not always reviewed, and key issues were not escalated soon enough.

Key concerns

5. **There were not enough opportunities for prisoners to complete risk reduction work before their release.** There were still no accredited programmes at the prison, prisoners were transferred in with outstanding risk reduction work on their sentence plan, and staff shortages meant there was very little one-to-one work to mitigate this.
6. **Reception and early days arrangements required improvement.** Prisoners' basic needs were not always met on their first night, and their induction was not well organised.
7. **There had been three self-inflicted deaths since the previous inspection.** Although the level of self-harm was low, there were weaknesses in the support of those at risk, and in the investigation of serious self-harm incidents in order to learn lessons.
8. **Prisoners did not have sufficient access to legal advice, information or representation.**

9. **Oversight of the healthcare provision was inadequate.** There were, for example, failings in risk management, incident reporting and safeguarding. Health partnership meetings lead to few practical outcomes and there was no meaningful development plan.
10. **Patients needing high intensity therapy for trauma waited too long.**
11. **In industrial workshops, leaders had not monitored prisoners' progress or recognised learning effectively.** Opportunities for developing employability, English, and mathematics skills were too limited, which restricted prisoners' ability to build skills and achieve meaningful outcomes.
12. **Leaders did not evaluate the impact of the enrichment curriculum effectively.** They did not monitor the allocation of prisoners to enrichment activities sufficiently or their participation over time.
13. **Careers information, advice and guidance advisors did not explore prisoners' existing skills in enough depth, to make sure they were allocated to relevant activities where they could learn the new skills they needed to develop.**

About HMP Maidstone

Task of the prison

Category C prison holding foreign national prisoners who are men.

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

Prisoners held at the time of inspection: 526

Baseline certified normal capacity: 613

In-use certified normal capacity: 583

Operational capacity: 583

Population of the prison

- 150 new prisoners received on average each month.
- Over half of prisoners from black and minority ethnic backgrounds.
- About 40% of prisoners aged under 30.
- 14% of prisoners released were released into the community in the last 12 months.
- 70 prisoners receiving support for substance misuse.

Prison status (public or private) and key providers

Public

Physical health provider: Oxleas NHS Foundation Trust

Mental health provider: Oxleas NHS Foundation Trust

Substance misuse psychosocial treatment provider: Change Grow Live

Dental health provider: Kent Community Health NHS Foundation Trust

Prison education service provider: Milton Keynes College

Escort contractor: Serco; Mitie Care and Custody

Prison group

Kent, Surrey and Sussex

Prison Group Director

James Lucas

Brief history

Built in 1819, Maidstone prison was re-roled in 2013 and is now a designated prison for foreign nationals.

Short description of residential units

Kent built in 1850, holds up to 174 prisoners in single cells.

Medway built in 1966, holds 101 prisoners in single cells.

Thanet built in 1909, extended in 1970s, holds 174 prisoners in single cells.

Weald refurbished in 2009, holds 162 prisoners in single and double cells

Segregation unit can hold nine prisoners plus two constant supervision cells.

Name of governor and date in post

Graham Spencer, July 2023

Changes of governor since the last inspection

Dawn Mauldon, April 2022

Independent Monitoring Board co-chairs

Claire Coonjobjeeharry and Sarah Smith

Date of last inspection

October 2022

Section 1 Summary of key findings

Outcomes for prisoners

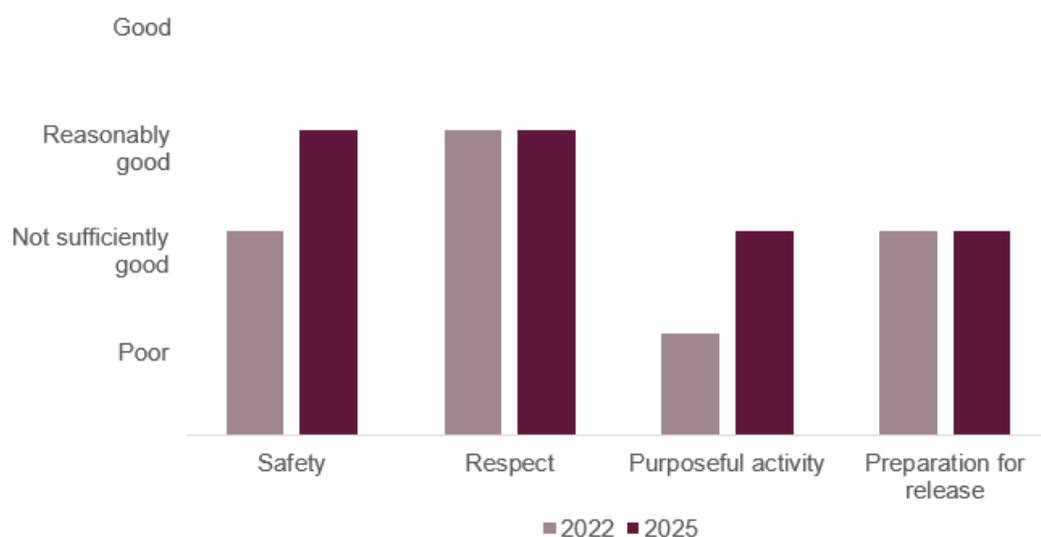
1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

1.2 At this inspection of HMP Maidstone, we found that outcomes for prisoners were:

- reasonably good for safety
- reasonably good for respect
- not sufficiently good for purposeful activity
- not sufficiently good for preparation for release.

1.3 We last inspected Maidstone in 2022. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Maidstone 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 14 concerns, five of which were priority concerns.

1.5 At this inspection we found that nine of our concerns had been addressed, two had been partially addressed and three had not been addressed. The priority concern in safety about staff not having enough understanding of or responding effectively to the particular needs of the population had only been partially addressed. The priority concern in respect on the use of professional interpreting had not been addressed, but the other two in this area dealing with applications and complaints

and the management of external hospital appointments had been addressed. All three concerns raised by Ofsted had been addressed, including one priority concern. 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 two examples of notable positive practice during this inspection, which other prisons may be able to learn from or replicate. Unless otherwise specified, these examples are not formally evaluated, are a snapshot in time and may not be suitable for other establishments. They show some of the ways our expectations might be met, but are by no means the only way.

Examples of notable positive practice

- | | |
|--|-------------------------|
| a) The chaplaincy had been extended through some extra funding to cover all faiths, and included a part-time Romanian Orthodox chaplain and an Albanian Muslim chaplain who attended weekly and helped with interpreting for this group. This was the result of deliberate work by leaders to match the faith provision to the nationality groups most prevalent in the prison. The team provided classes in several languages and prisoners appreciated the provision on offer. | See paragraphs 4.25 |
| b) Leaders worked collaboratively with the Shannon Trust to provide highly effective, individualised literacy and numeracy support from pre-entry to entry level 3, with good access through a wide range of staff and self-referrals. Trained peer mentors offered personalised learning tailored to individual needs, such as shorter, focused sessions for prisoners with ADHD (attention deficit hyperactivity disorder), which helped to secure strong engagement and sustained progress. | See paragraph 5.29-5.30 |

Section 2 Leadership

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

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 A united leadership team instilled a sense of confidence among the staff, and to an extent among the prisoners, that the prison had clear values and a grounded commitment to safety and decency. The governor understood well the needs of the foreign national population, many of whom spoke little English, whilst most faced a very uncertain future. He was responsible for several improvements since the previous inspection, in particular, developing a more positive staff culture.
- 2.3 However, there were also some instances of inconsistent and sometimes substandard performance by staff, for example, in early days provision and in the night-time running of the prison. In other areas, residential managers had begun to exercise more positive leadership, in some cases, using data to good effect. It was encouraging that during the inspection, leaders were quick to begin addressing some specific suggestions made by our team.
- 2.4 Staff effectiveness was helped by a high retention rate – only one prison officer was still within their period of probation. Leaders were focussing attention on the traditional skills of the prison officer role, centred on constructive interaction with prisoners and on getting the basics right.
- 2.5 Staff now had a better understanding of the needs and challenges of foreign national prisoners, but the under-use of interpretation services, and lack of translated materials in some areas, showed a need to improve support for those who did not speak English well.
- 2.6 Managers and staff on the wings engaged well with their prisoners, and key work (see Glossary) had improved through active management. Tolerance of some low-level rule-breaking, however, meant that the balance between supervision and trust on some wings was not quite right. Leaders took consultation seriously and followed through on the views of the prison council, while the small equality team spread enthusiasm and useful information.
- 2.7 Leaders were aware of the prevalence of drugs, especially cannabis, and mobile phones. Whilst we sensed some staff saw these problems as almost incidental in an otherwise settled prison, senior leaders quite rightly did not, and were determined to bear down on them through

security measures, for example, an experienced senior leader had recently been appointed to lead on drug strategy. However, there remained some significant gaps in security, such as CCTV coverage and security at the gate.

- 2.8 The buildings inevitably showed their age, and some parts (such as Kent unit) were barely fit for purpose; but leaders set high standards of cleanliness, and even the showers were mostly kept in acceptable condition. There was a strong case for infrastructure investment across many parts of the prison.
- 2.9 The chaplaincy had been strengthened; it was well led and the team was very visible round the prison.
- 2.10 Health services maintained reasonably good standards of care. Prison and health care leaders collaborated well, often resolving issues informally as they arose, rather than via a robust governance structure. This committed but rather traditional leadership approach was common to several departments, such as the gym and library or the children and families provision, where the PACT (Prison Advice and Care Trust) contract was too limited in scope.
- 2.11 Leaders in education, work and skills had a clear and accurate understanding of the provision's strengths and weaknesses and evaluated its impact well, which had led to purposeful and sustained improvements since the previous inspection. However, their actions to improve industrial workshops had been less effective than in education and vocational training.
- 2.12 At the time of inspection, the offender management unit was falling short in developing a needs analysis, prison offender manager contact with prisoners and release planning. However, much of this had been due to staff shortages and now that there was again a full team of offender managers, there were early signs of improvement under effective leadership.

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 Most prisoners were brought promptly from the van to reception and spent less than two hours in reception. Staff were welcoming and created a relaxed atmosphere. In our survey, 91% said that they had been treated well in reception. The reception area itself was small and quite bare, with little translated information, but there were well-advanced plans for improvement.
- 3.2 However, a phone call was not given on the first night. Staff told prisoners that the phone numbers authorised at their previous prison should work for them straight away, which was not always the case. Those arriving later in the day could not have a shower, and in one case during the inspection no evening meal was provided. Some night staff were not familiar enough with emergency procedures (see paragraph 3.30).



Stark reception holding room

- 3.3 Staff did not ask new arrivals explicit questions about specific risks such as self-harm, nor did they explore the possibility of modern

slavery or trafficking. Prisoners' property was handled without due care, with bags sometimes lying open in a communal area.

- 3.4 Although telephone interpreting equipment was available in reception and the first night centre, it was not always used when needed. A new prisoner who repeatedly said that he only understood Kurdish was ignored; he did not understand the questions in his initial risk interview and was asked to sign forms written in English.
- 3.5 A new induction presentation and booklet had been developed, but only in English. The induction session, delivered by peer workers, had insufficient staff oversight. It lacked structure and omitted important topics, such as the regime, visits and complaints. Some peer workers provided inappropriate or misleading information, and staff oversight was weak.

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

- 3.6 The prison was generally well-ordered and stable. Violence had increased since our last inspection but remained low. In the previous 12 months there had been 20 assaults on staff and nine on fellow prisoners. Few assaults had been recorded as serious.
- 3.7 Leaders investigated all incidents of violence and used data to get a better understanding of the causes. Most were linked to the illicit economy and prisoner frustrations.
- 3.8 A weekly stability meeting reviewed all incidents and antisocial behaviour, while a member of the safety team spoke to prisoners involved in incidents in confidence to identify and address any immediate concerns.
- 3.9 Weekly safety intervention meetings were well attended and supported flexible and responsive management of many prisoners with the most problematic behaviours. Challenge, support and intervention plans (CSIPs, see Glossary) were used well to give structure to this approach. There were no violence reduction representatives, despite requests from prisoner forums.
- 3.10 Leaders had recently changed their incentives policy and early indications of the new approach were promising. They also had firm plans to introduce more incentives, such as extra evening association for those at the enhanced level. In our survey, 33% of respondents said that good behaviour was rewarded fairly, against 21% in comparable prisons.

Adjudications

- 3.11 The number of adjudications had more than doubled, with 1,606 over the last 12 months. Hearings were relatively informal with a focus on improving future behaviour. There were no undue delays on the prison's side, but 113 charges were pending following referral to the police. There was good quality checking of disciplinary hearings, and well-attended regular meetings dealt with emerging issues.
- 3.12 Leaders were introducing community payback, such as additional cleaning duties, as an alternative to formal punishments after an offence against prison rules. Staff and prisoners alike saw this as motivational and appropriate.

Use of force

- 3.13 Use of force had almost doubled since our previous inspection, to 190 incidents in the last 12 months, but was still low compared with similar prisons. The incidents which we reviewed were handled well and demonstrated good, professional communication with prisoners as the incident unfolded. However, in our survey, only 6% of prisoners who said they had been restrained in the last six months said that a member of staff had talked to them about it afterwards.
- 3.14 Otherwise, oversight and governance had improved. The use of force coordinator viewed every incident and findings were discussed at the bi-weekly learning and development meetings chaired by the deputy governor. The quality of records and documentation had improved, with no outstanding statements at the time of the inspection.
- 3.15 PAVA incapacitant spray had been drawn twice and used once, while batons had been drawn on three occasions but not used. Video evidence suggested that these measures had been proportionate. Body-worn cameras had been activated during 84% of all incidents.
- 3.16 Unfurnished accommodation had been used only once during the last 12 months and had been appropriately authorised.

Segregation

- 3.17 The use of segregation had continued to increase, with over 248 uses during our sample 12-month period compared with 158 at the previous inspection.
- 3.18 Most segregated prisoners spent relatively short periods in the unit; for those with longer stays, there was sufficient reintegration planning and individualised target-setting to support behavioural improvement.
- 3.19 The unit, though old, was clean but the cell accommodation needed refurbishment. Segregated prisoners told us that staff treated them well. Although the regime offered only basic entitlements, such as access to fresh air and showers, prisoners had been able to attend education and other activities subject to risk assessment. In-cell education and activity packs were readily available, and staff had been

proactive in creating language-specific packs for non-English-speakers. Key workers (see Glossary) were required to visit every prisoner who moved back from the segregation unit to normal location within 72 hours, which was positive.

Security

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

- 3.20 The availability of mobile phones and drugs was a major security challenge. Leaders were making a concerted effort to tackle the problem, but the positive random drug test rate was high at 27% for the year so far, most commonly for cannabis.
- 3.21 In the last 12 months only 33% of drug tests requested as a result of intelligence had been conducted, through lack of staff availability, although for those carried out there was an 83% positive rate.
- 3.22 The security department generally functioned well, processing and acting promptly on a daily flow of intelligence. In the previous 12 months, 83% of requested cell searches had been completed within five days and had yielded many finds, including over 200 mobile phones.
- 3.23 Operational cooperation with Kent police and the local authority had improved, including an operation focused on the growing problem of drone incursions. The security team had done more searching, with support from regional HMPPS teams and the police, but the programme to replace vulnerable windows had been delayed.
- 3.24 The gate area was far too small, and searching staff in the unsuitable vehicle entry area was not an adequate substitute. Staff spot-searches were too infrequent to act as a deterrent. There was very little CCTV coverage across the site, and prisoners said they felt less safe because there were no cameras on the residential units.

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

- 3.25 There had been three self-inflicted deaths since the last inspection. Some issues had been raised in the PPO investigations about operation of the ACCT (assessment, care in custody and teamwork) process.
- 3.26 Prisoners currently being supported under ACCT were positive about the care they had received, and we saw some good case reviews. However, case management was still inconsistent: some reviews were detailed, but not all were multidisciplinary, some did not cover key risk factors and there were gaps in documentation. Protective factors such as family contact were not always explored. Quality assurance was not yet fully embedded.
- 3.27 The rate of self-harm had decreased and was lower than the two other foreign national prisons. In many cases, immigration concerns were cited as a trigger. In the last year, eight self-harm incidents had resulted in hospital admissions, but they had not been investigated, and learning opportunities therefore missed.
- 3.28 The safer custody team was enthusiastic but under-resourced. Safer custody data were collected but not analysed sufficiently to inform practice. However, the weekly safety intervention meeting (see paragraph 3.9) coordinated support for those at serious risk of self-harm and also covered identification and support of prisoners who were self-isolating.
- 3.29 The number of Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) had fallen since the last inspection from 12 to two, largely due to prisoners' shorter stays and training delays. A further 10 prisoners had been selected for training.
- 3.30 It was a risk to prisoners, especially those who might self-harm, that not all night staff understood emergency procedures (see paragraph 3.2) or knew where safety equipment was. Some did not wear ligature knives.

Protection of adults at risk (see Glossary)

- 3.31 There were operational partnerships for social care with Kent County Council, but relationships with the county council and with Kent and Medway Safeguarding Adults Board to support broader safeguarding were less well established.

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 We saw many good and respectful interactions between staff and prisoners, consistent with the results of our survey, in which 88% of respondents said that most staff treated them with respect, against the comparator of 71% and the 69% response at the previous inspection. There were fewer inexperienced staff than we usually see, with only one officer still in their first year of service at the time of inspection. Staff had received training on the specific needs of foreign national prisoners.
- 4.2 Officers and leaders were frequently out on the wings among the prisoners, helping them with issues, and the governor maintained an emphasis and promoted the core skills of the prison officer role. A relatively small minority of prisoners described some officers as much less helpful, but in our survey half the respondents said that a member of staff had talked with them in the last week about how they were getting on, better than the 35% at the last inspection and the comparator of 39%. Case records showed that the quantity and quality of key work (see Glossary) had been improving, this because of sustained management attention.
- 4.3 There was tolerance of low-level rule-breaking in some areas. For example, some staff vaped in prisoner areas as well as allowing prisoners to do so, and basic standards of prisoner dress were not consistently enforced.

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

- 4.4 As one of the oldest prisons in the country, the fabric and infrastructure of many of the buildings were showing their age. Kent unit was in a particularly poor structural condition. Leaders nevertheless emphasised

the need to keep the wings as clean and decent as possible. The communal areas were clean, tidy and generally well maintained. Most outside areas were also in good condition, apart from constant litter outside Thanet unit, including the relatively small area used for prisoner exercise (see paragraph 5.4).

- 4.5 The showers on Thanet and Medway, which had been in a poor state at our last inspection, had been refurbished and those on Kent were being upgraded. However, the remaining showers on Kent and some of those on Weald were in poor condition through inadequate ventilation, with peeling paint and mould.



New showers on Thanet wing (left) and shower floors on Kent wing

- 4.6 More cells had been converted to house two prisoners, and 36 designed for one prisoner were being used for two, leading to cramped conditions.
- 4.7 Many cells were in poor condition. Some had broken windows, which we were told was often caused by prisoners seeking to increase ventilation in stiflingly hot weather conditions during the warmer months. The flooring in many cells was too worn and damaged, particularly on Kent unit. A programme of cell refurbishments had commenced, and a works team made up of prisoners was doing a good job refurbishing cells in part of Kent wing.



Flooring in a cell on Thanet wing (left) and broken window on Thanet wing



Refurbished cell on Kent wing (left) and unrefurbished double cell on Kent wing

- 4.8 Most cells were adequately furnished and equipped. Monthly decency checks were effective in identifying damaged or missing furniture and equipment. Most responsive action was swift, though some cells had not had curtains for a long time, due to lack of availability.
- 4.9 Staff response times to cell call bells were being tracked and analysed. When patterns of late responses were identified, as had recently been the case on Thanet, leaders took action to understand and address deficiencies.

Residential services

- 4.10 The food had improved since our last inspection; in our survey 50% of prisoners, against the comparator of 36%, said the food was good, and 51%, compared with 32% at the last inspection, said that they had enough to eat. The quantity and quality of food that we saw were satisfactory, and staff supervised the serveries well. There were surveys and consultation meetings about the food.
- 4.11 Prisoners had very limited opportunities to prepare food for themselves. We were told that it was not possible to have anything more than a few domestic microwaves because of deficiencies in the electrical wiring. Each unit was supposed to have three, but only one was in operation on the large Thanet unit, while on Kent they were in a room that was only unlocked at mealtimes.
- 4.12 Shop provision had improved. There was regular consultation to make sure that the offer met the needs of the diverse population. In our survey, 59% of prisoners said that the shop sold the things they needed, compared with only 32% at our last inspection. However, the range of choice from catalogues was more limited than in many establishments.

Prisoner consultation, applications and redress

- 4.13 Consultation arrangements were good, with regular forums on all units, and a monthly community council meeting. The governor and functional heads usually attended the council, and the business hub manager worked with prisoner representatives to create a focused agenda. Despite occasionally defensive responses from prison leaders, there were wide-ranging discussions and practical changes resulted. For

instance, social video-call provision was about to be increased following a request in the council.

- 4.14 Prisoners' requests were better handled than previously, and most were satisfied with the process. While quality assurance of the responses was not yet embedded, 62% of surveyed prisoners said that applications were processed within seven days, considerably better than in comparable prisons or at the last inspection of Maidstone. Quality assurance of the responses was not yet embedded, but even so 64%, against 36% at this prison in 2022, said that applications were dealt with fairly.
- 4.15 The complaints process had also improved, and numbers were low. Complaint forms were available in the most commonly spoken prisoner languages. Oversight of the time taken to respond to complaints had improved, and in our survey 46% now said that replies were received within seven days, against 12% at the last inspection and 26% at comparable prisons. There was similar improvement in perceptions of the fairness of responses. Most responses that we reviewed were appropriate, though some lacked proper investigation or dismissed the complaint on a technicality. The deputy governor had already identified these issues and was addressing them with the relevant managers.
- 4.16 Senior leaders analysed complaints data with useful results. For instance, following many prisoner complaints about delays in access to their stored property, staff on restricted duties had been temporarily deployed to the property store to reduce the backlog.
- 4.17 For a population to whom access to legal advice is often important, there was not good access to up-to-date information and contact details. Also, the two rooms available for legal consultation, in person or remotely, were insufficient, so that there was a three-week wait for an appointment. The library had relevant legal books, and prisoners could book an hour for research, though a five-page limit for printing was sometimes too restrictive.

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.

- 4.18 The equality team was enthusiastic and committed. Equality meetings discussed a range of relevant data and monitored progress against a clear action plan. There were regular forums for most protected characteristic groups with the support of a senior leader. Many events had been held, one of them recognised with a Koestler award.

- 4.19 Just 15 discrimination incident reporting forms (DIRFs) had been submitted in the previous 12 months, including allegations of discrimination originally submitted on normal complaint forms. DIRFs were not well promoted, and on one wing no forms were available. The DIRFs we reviewed had been investigated well, but external scrutiny had recently stopped.
- 4.20 Some 94 nationalities were represented in the prison. In our survey, respondents from minority ethnic groups were more negative than white prisoners on several counts, including feeling less safe on their first night, poorer induction and greater difficulty accessing applications.
- 4.21 The recently appointed foreign national offender specialist worked closely with the onsite Home Office team, attending induction and key meetings in the prison and giving prisoners up-to-date information on release schemes. The Home Office team provided regular surgeries on residential units.
- 4.22 Use of professional interpreting was low, inconsistent across the prison and not monitored by leaders. Some staff spoke foreign languages but reliance on peers was common. There were electronic devices to help with translation for a limited number of languages. Little information was on display other than in English, except in the segregation unit, and the information posted on the units was not kept up to date. At the time of our inspection, 36 prisoners were the sole representative of their nationality, illustrating how isolating a lack of translation could be.
- 4.23 Two adapted cells were available for those with disabilities and social care support, where needed, was adequate. There were two trained prisoner Buddies for the prisoners in adapted cells.
- 4.24 Forums for LGBTQ+ prisoners were held quarterly, and those to whom we spoke felt supported by staff. Care after Combat visited regularly to give support to veterans. The only provision for older prisoners was a dedicated gym session. Although the prison recognised disproportionality in the treatment of the many younger prisoners, it had done little to address it.

Faith and religion

- 4.25 Almost 95% of prisoners at HMP Maidstone identified with a religion. The faith provision was excellent and was well integrated into the wider life of the prison. The chaplaincy had good visibility and engagement in key meetings and support for prisoners. The prison recognised the importance of this service and additional chaplaincy hours had been allocated to include all recognised religions. There was chaplaincy coverage for all faiths, including some denominations that we do not usually see, such as the Romanian Orthodox church, while an Albanian Muslim chaplain had been recruited to support this large group. He helped additionally with interpretation for this group.
- 4.26 Over half the population attended corporate worship each week. Attendance at services was unrestricted and there were no waiting

lists. In our survey, 94% of prisoners said they could attend services and 88% felt their beliefs were respected, which were both better than the comparators. Several regular classes were delivered, some of them in languages other than English.

- 4.27 Worship facilities remained adequate with both a chapel and multi-faith room, although some of the fabric of the chapel continued to deteriorate in the absence of funding for repairs.



Chapel interior

- 4.28 Faith leaders celebrated religious events and had good links with external organisations in preparation for prisoners' release. Recent links had been made with organisations in Albania for those being removed to that country who wanted additional support.

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.

- 4.29 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

- 4.30 In our survey, 62% of respondents said that the quality of health services was good, against the comparator of 39%. Overall, the quality of and access to health services remained reasonably good.
- 4.31 NHS England (NHSE) commissioned Oxleas NHS Foundation Trust as the prime provider of health services. Oxleas had subcontracted psychosocial substance misuse services to Change Grow Live (CGL). Kent Community Health NHS Trust delivered oral health services.
- 4.32 NHSE held quarterly contract review meetings and made clinical quality visits to monitor the contract. A full health needs analysis was last completed in March 2024 and a refresh completed in the previous month had set out several recommendations. Elements of oversight of the governance framework, including risk management, incident reporting and safeguarding, were poor, and meetings were not focused on action to drive continuous improvement. There was no meaningful development plan. The risk register did not capture all risks and needed a renewed focus.
- 4.33 Datix (the NHS risk management system) was used to record clinical incidents. Only 14 incidents had been reported in the first quarter of 2025-26. We found evidence of under-reporting across all health services, and limited evidence of sharing learning.
- 4.34 There was a safeguarding policy, and most staff knew how to make a referral, but none had been raised in 2025.
- 4.35 There had been successful recruitment campaigns and at the time of our inspection there was only one part-time vacancy across Oxleas' services. Compliance with staff appraisals, statutory and mandatory training, and access to supervision was good.
- 4.36 There was a confidential health complaint process, although very few had been received (25 in 12 months). The process was not advertised in a variety of languages. Responses we sampled were appropriate but were not translated when the complainant's first language was not English and were not subject to quality assurance.
- 4.37 We found inconsistent use of telephone interpreting services. Very little health information was on display and what did exist was not in the languages that met the needs of the population.
- 4.38 SystemOne (the electronic clinical information system) was used across all Oxleas' services. The standard of documentation was generally good.

- 4.39 A maintenance contract for medical equipment was in place. Appropriate emergency equipment and medicines were available; equipment was in good order and subject to daily checks.

Promoting health and well-being

- 4.40 There was no formalised prison-wide approach to promoting health and well-being, but prisoners could receive support at a weekly health promotion clinic in relation to sexual health, weight management, sleep hygiene and smoking cessation.
- 4.41 Sexual health and blood-borne virus screening was offered during prisoners' second reception screening and take-up rates were reasonable. A consultant-led genitourinary medicine service visited once a month. Condoms were available at the health care department and provided to prisoners on release. A respiratory nurse visited weekly to support TB screening and a specialist hepatitis C nurse also attended regularly.
- 4.42 Preventative screening programmes were offered, such as retinal screening, bowel screening and NHS health checks. However, take-up rates for age-related immunisations were too low.
- 4.43 There were still no peer champions to help promote healthy choices, encourage vaccination take-up and signpost to health services, and no regular patient consultation groups were held.

Primary care and inpatient services

- 4.44 All new arrivals to the prison were seen by a registered nurse, who conducted initial screenings to identify any immediate health and social care needs and make any referrals needed. All first and secondary health screenings and medicines reconciliations were undertaken within required timescales.
- 4.45 Nursing staff were available seven days a week but not overnight. Out-of-hours support was accessed through the NHS 111 service.
- 4.46 A GP clinic ran five mornings a week, and a wide range of nurse-led clinics ran each day to meet patients' needs. In our survey, 68% of prisoners said the quality of health care received from nursing staff was good, against the comparator of 51%. We noted that clinic room doors were sometimes left open during consultations, which compromised patients' dignity and confidentiality.
- 4.47 Patients also had access to visiting physiotherapists, opticians, podiatrists, respiratory nurses and other specialists, and waiting times were reasonable.
- 4.48 Prisoners could request health appointments via a paper application, but health care application boxes on the units were not well signposted and some prisoners did not know how to access services. Once received, health care applications were screened each day to make sure that they were managed appropriately.

- 4.49 Health care records showed that patients received prompt and appropriate health care interventions. Patients with long-term medical conditions had plans outlining their health needs, support and goals.
- 4.50 There was effective administrative oversight of secondary-care health appointments, with good support from prison officer escorts to make sure patients attended them. Few hospital appointments were missed and where cuts to hospital escorts were unavoidable, there was clinical triage of patients to assess priority.
- 4.51 A discharge clinic ran each week to support those leaving the prison. However, not all prisoners who were released with short notice received a full health screen before their departure.

Social care

- 4.52 Maidstone was one of five prisons across Kent covered by a memorandum of understanding between the HMPPS, Kent County Council and NHSE for the provision of social care and equipment needs. Social care need was low with around 12 referrals a year and no prisoners had required a social care package since our last inspection.
- 4.53 The partnership worked well to make sure needs were identified at reception, that a referral was made when appropriate and an assessment was completed within agreed timescales. Prisoners were also able to self-refer. There was a good process to make sure that any equipment, such as grab rails, was provided without delay.
- 4.54 The prison had robust oversight of prisoner Buddies (see paragraph 4.23), which ensured that prisoners received support.

Mental health

- 4.55 The integrated mental health team provided a good quality service to patients. The team comprised a skilled range of clinicians who provided interventions and therapies. Mental health services were delivered on weekdays while primary care provided support to patients at the weekend.
- 4.56 New arrivals who needed mental health care were referred promptly, and those with urgent needs were seen within 48 hours. An audit of routine assessment time had identified that not all were conducted within national guidelines: this was being monitored to make sure that there were no unnecessary delays and that patients were seen appropriately. A weekly team meeting discussed new referrals, assessment outcomes and ongoing patient care, and all outcomes were recorded. There were annual physical health check systems, with appropriate monitoring to make sure patients received the checks promptly.
- 4.57 Three patients with serious mental illness were being cared for under the care programme approach (a framework to assess and support individuals with a mental illness).

- 4.58 Clinical records demonstrated the use of risk assessments, good quality documentation and care plans for all. Information about risks was also shared appropriately with the prison. We saw kind and caring staff interactions with patients.
- 4.59 The service did not have a neurodiversity lead; these patients were supported through group work led by a mental health nurse. Patients who received medication for ADHD were monitored and reviewed in line with national guidance.
- 4.60 Patients had access to a wide range of therapies and groups. These were also used to support those waiting for psychological therapies.
- 4.61 Part-time clinical psychologists provided various psychological therapies, but, as at the last inspection, waiting times for high intensity therapy for trauma were too long - the longest was 35 weeks. This meant a delay in the work to address outstanding issues that would have a positive impact to reduce the risk of reoffending.
- 4.62 There were no patients waiting for hospital transfer under the Mental Health Act. We were assured that the process for the escalation of assessment and care for patients who were seriously mentally ill was robust.
- 4.63 A mental health nurse attended all ACCT reviews and visited patients in the segregation unit to offer support.

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

- 4.64 Patients spoke positively about the care they received from the substance misuse services.
- 4.65 Newly arrived patients on opiate substitution treatment (OST) were stabilised and did not require detoxification, and clinical need was low. Nine patients were in receipt of OST at the time of the inspection; treatment was flexible and reflected national guidelines.
- 4.66 CGL staff saw new referrals promptly and supported 73 prisoners. There was one recovery worker vacancy, but caseloads were manageable. Referrals could be made directly by prisoners and staff. Support included harm-minimisation advice, self-directed help - including use of in-cell workbooks - and one-to-one work.
- 4.67 Prescribing reviews were undertaken jointly with the non-medical prescriber who visited weekly and a CGL staff member, which was positive. In the absence of the non-medical prescriber, a GP oversaw reviews and prescribing. Clinical and psychosocial care plans and records were reasonable but would benefit from greater personalisation.
- 4.68 At the last inspection, plans had been identified to co-locate the health and psychosocial services, enabling them to use the same clinical records system, but this had not happened. There were plans to

address this, but the potential risk to effective communication and to ensuring that patients' needs were met remained. Psychosocial services were not yet embedded into the prison drug strategy and were an underused resource.

- 4.69 There was a range of group work and attendance was reasonable. Staff focused individual support on patients identified for illicit drug use. Weekly mutual aid sessions were delivered by Alcoholics Anonymous. There was one peer worker and recruitment was ongoing.
- 4.70 Release planning was in place and, where possible, patients were supported in the community. Naloxone treatment and training (to prevent opiate overdose) was offered to prisoners on an opt-out basis.

Medicines optimisation and pharmacy services

- 4.71 Medicines management processes had improved since our last inspection. A pharmacist now delivered structured medicine use reviews once a month, but this new service had not been advertised to patients. Prescribing and administration of medicines were captured on SystemOne.
- 4.72 Medicines were delivered every weekday from the Oxleas Prison Service (OPS) regional pharmacy, where the pharmacist support was based. There was oversight of medicine-related incidents and prescribing trends by OPS, and drug alerts were effectively cascaded.
- 4.73 Patients had access to medicines for minor ailments, and there was out-of-hours provision for critical medicines in addition to supplies of medicines against patient group directions (which authorise appropriate health care professionals to supply and administer prescription-only medicine). These medicines were labelled correctly, recorded appropriately and subject to a regular stock check.
- 4.74 Appropriate risk assessment was completed to provide medicines to patients in possession, but there were no plans for the safe transition of more patients from daily and weekly to monthly in-possession supplies. Not all patients had lockable storage for their medicines, and there was no capacity for pharmacy-led spot checks of in-possession medicines. Patients could submit an application for repeat prescriptions, but neither translated copies of these nor information about medicines were displayed.
- 4.75 Medicines were administered from a central point in the main health building. We observed prison officers supervising at hatches during medicine administration, and health staff diligently following agreed protocols. There were processes to support patients who did not collect their critical and other medicines. There were arrangements to make sure that prescribed medicines accompanied patients on their release or transfer.
- 4.76 Medicines, including controlled drugs, were securely stored and transported. Fridge temperature checks were completed, patients'

confidential waste was suitably managed and medicines waste was disposed of correctly.

Dental services and oral health

- 4.77 Kent Community Health NHS Foundation Trust ran dental clinics three days a week. The waiting time to see a new patient was currently around four weeks, but two appointments per clinic were kept aside specifically for those experiencing facial swelling or in severe dental pain.
- 4.78 Dental care records were detailed and evidenced that patients received appropriate assessment, treatment and oral health instruction. Staff used translation services well to communicate with patients.
- 4.79 Governance was strong and key areas of safety, such as radiography, infection control, invasive procedures and dental unit waterlines, were managed well. Records showed that dental equipment had been maintained and serviced to make sure it was safe for use.

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 Prisoners in full-time education, work and training were unlocked for seven and a half hours a day on weekdays, and those employed part-time for around five and a half hours. Unemployed prisoners could be out of their cell for just under four hours a day. Prisoners on the enhanced level of the incentives scheme were also unlocked for association one evening a week, with plans to increase this to two sessions. Enhanced prisoners could also access evening gym sessions.
- 5.2 In our roll checks, an average of 17% of prisoners were locked up during the core working day, fewer than we often see. At these times nearly half of prisoners (48%) were engaged in purposeful activity.
- 5.3 In our survey, 79% of prisoners who knew the lock and unlock times said these were usually kept to, against the 52% comparator. There was very little evidence of regime slippage.
- 5.4 All prisoners had the opportunity of a 30-minute exercise slot in the early morning and could also spend time outside during a later association period. Most exercise areas were in reasonable condition, though a large part of the yard on Thanet was fenced off for building works.



Exercise area on Thanet wing (left) and Thanet wing outside yard half shut off

- 5.5 There were reasonable spaces for association on the residential wings and equipment such as pool tables and table tennis. A varied range of

enrichment activities was on offer including yoga, book groups and social sessions for speakers of specific languages.



Medway wing association room

- 5.6 In the small library relatively few books in other languages were on display, although more were held in storage and staff could source items from other libraries in the county. In our survey fewer than at the last inspection said that they could visit the library at least once a week. There was no evening or weekend opening.
- 5.7 Reading areas had been developed in the workshops and residential units, but those on the units were often locked when prisoners might have wanted to use them.



Reading area on Kent wing

- 5.8 PE facilities were good and included a well-equipped weights and cardio room, an all-weather pitch and a new, large sports hall. The gym offered a range of sports and exercise options that took into account the interests of the very diverse prison population. Weights and aerobic exercise, football, cricket, badminton and other sports were offered. Most prisoners could use the gym twice a week, and three times for those on the enhanced level of the incentives scheme.



Weights and cardio room (left) and brand new showers in the sports hall

- 5.9 There were only four PE instructors, so activity beyond the regular sessions was limited and no accredited training was delivered.

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: Requires improvement

Behaviour and attitudes: Good

Personal development: Requires improvement

Leadership and management: Requires improvement

- 5.11 Leaders and managers demonstrated effective oversight of education, skills and work. They had a clear and accurate understanding of the provision's strengths and weaknesses and evaluated its impact well, which had led to purposeful and sustained improvements since the previous inspection. In meeting the recommendations from the previous inspection, leaders and managers had designed and embedded an ambitious, coherent and well-structured education and skills curriculum that was closely aligned to identified priorities and relevant employment opportunities for foreign national prisoners nearing release.
- 5.12 Leaders planned vocational and employability pathways effectively to meet prisoners' needs and prepare them for their next steps. The curriculum integrated vocational learning with English and mathematics, enabling prisoners to develop the knowledge, skills and behaviours required for successful resettlement. Targeted support and reasonable adjustments promoted inclusivity and ensured that most prisoners could participate fully and make appropriate progress.

However, opportunities for prisoners to develop digital skills were too limited, and access to business or self-employment courses was minimal, which restricted the breadth of employability skills prisoners could acquire.

- 5.13 Milton Keynes College delivered education and vocational training effectively at the prison. Prisoners benefited from well-planned lessons delivered by subject specialists, who matched the pace and content of learning to prisoners' needs and used engaging resources to sustain interest and participation. As a result, prisoners improved their skills and knowledge, increased their confidence, and were better prepared for employment, further learning and resettlement. Managers had an accurate understanding of the strengths and areas for development in teaching and learning, based on secure oversight of prisoners' achievement and progression. They used this insight to provide targeted professional development for teachers, including training to support neurodiverse prisoners and the effective use of peer mentors, which further strengthened teaching quality and improved prisoners' outcomes.
- 5.14 Teachers sequenced learning logically so that prisoners built knowledge and skills in a clear order matched to their length of stay. Lessons incorporated progressively more challenging content, including industry-relevant vocational skills, technical knowledge, and problem-solving tasks, which extended prisoners' understanding beyond basic level learning. Teachers adapted lessons to ensure progression, reinforced prior learning effectively, and provided opportunities to apply new skills in practical contexts. As a result, most prisoners engaged in coherent and appropriately ambitious learning that developed both technical and transferable skills, supporting positive progression during custody and preparation for release.
- 5.15 Leaders worked with the education provider to plan and oversee education across the prison effectively. Through joint learning walks, targeted training, and the sharing of good practice, they strengthened teaching consistency. As a result, teachers improved literacy strategies and progress tracking across education and increased the use of digital skills. However, it was too soon to see the full impact of these improvements in workshops.
- 5.16 Managers had not ensured that instructors consistently used prisoners' starting points to set individual, skills-based targets. As a result, many prisoners lacked clear goals for developing employability, English, and mathematics through work. This limited their ability to recognise progress and the overall impact of learning in workshops.
- 5.17 Leaders had recently introduced structured workbooks for prisoners to record targets and track progress, alongside plans to introduce accreditation in workshops where learning had not previously been recognised. The workbooks were intended to provide a clear framework for monitoring skill development and progress beyond attendance. However, many prisoners did not use them, and those who did used them minimally. It was too early to judge their impact.

- 5.18 Prisoners in vocational training areas, including waste management, developed practical skills alongside English and mathematics and learned how these could be applied in the prison and on release. In bricklaying and plastering, they produced work to an industry standard, with the curriculum informed by employers to ensure the skills taught met workforce requirements and supported resettlement. In waste management, prisoners learned the value of reusing resources, promoting positive attitudes and personal responsibility.
- 5.19 A small proportion of prisoners studied Open University and distance learning courses, and some had access to off-line laptops, enabling them to study outside of structured education sessions. However, too few prisoners had access to the Virtual Campus, limiting their opportunities for independent learning.
- 5.20 Leaders and staff implemented effective strategies to support prisoners with additional learning needs. Teaching staff planned sessions that took prisoners' individual needs into account. Flexible attendance arrangements and appropriately adapted resources helped to ensure continuity of learning. Strong collaboration between the neurodiversity support manager and the education provider ensured support was well coordinated and consistent within education provision. However, support for prisoners with additional learning needs was not consistently effective across workshops and industrial settings.
- 5.21 Managers had introduced daily cleaning work records to improve oversight of routine tasks and prisoners' engagement in wing cleaning. However, these records were not used effectively to identify prisoners' training or support needs. Instructors frequently set targets that focused on task completion rather than developing transferable skills. This significantly limited the effectiveness of learning at work.
- 5.22 Teachers and instructors created calm, safe, and positive learning environments in classrooms and workshops. They set high expectations for behaviour at induction and applied these consistently. Attendance was high and punctuality good. Prisoners took pride in their work and collaborated safely on practical projects, such as producing chairs, side tables and bird feeders for charity, which helped them develop teamwork skills. Leaders did not prevent timetable clashes with education and other activities, such as religious activities, which limited the consistency of learning for a small minority of prisoners. Leaders did not analyse the impact of these missed lessons or take steps to help prisoners catch up or prevent timetable clashes, which limited the consistency of learning for those affected.
- 5.23 Achievement across education and vocational training was too variable. Many prisoners made noticeable progress in English, particularly at Level 1, which enabled them to participate more confidently in prison life and work. Achievement in mathematics remained weaker, with progress less consistent. Prisoners on vocational programmes, such as mentoring and construction skills, achieved well, and those with neurodiverse needs achieved as well as

their peers, demonstrating that provision supported equitable outcomes.

- 5.24 Leaders sustained enrichment and rehabilitation programmes by securing alternative funding through external partnerships. Activities, such as yoga, were delivered by qualified staff and included elements that promoted well-being, including breathing exercises and positive self-talk. Prisoners reported improvements in their physical and mental health, and 'The Jammers' music group enabled prisoners to perform at family days, helping them build confidence and contribute to the wider prison community. While leaders had not evaluated which prisoners were accessing these activities and could not judge whether they met all prisoners' needs, the activities were well delivered and engaging, providing opportunities for personal and social development.
- 5.25 Prisoners demonstrate respect, fairness, and collaboration, working effectively across cultural differences and supporting one another. Equality and diversity are reinforced through shared responsibilities and peer support, promoting an inclusive culture that reflects the principles of British values.
- 5.26 Leaders had planned sufficient education, skills and work places to meet the needs of the prison population. Careers information, advice and guidance advisers reviewed prisoners' prior attainment and aspirations at induction and used this information to inform allocations well. This supported appropriate initial placements for most prisoners. However, advisers did not explore prisoners' existing skills, experience and aspirations in sufficient depth. As a result, some prisoners were unclear about the suitability of their allocated activity or how it would help them develop new skills or make progress towards their goals.
- 5.27 Leaders and managers had not fully mitigated the impact of cohort-based delivery, which meant most prisoners could not be allocated to English for speakers of other languages and English courses immediately and were placed on waiting lists. While leaders had planned sufficient spaces overall, the delivery model resulted in delays before prisoners could start learning. Most prisoners waiting for a course were appropriately allocated to interim work and remained engaged in purposeful activity. However, a small number of prisoners who wished to study were not allocated to either education or suitable work, which limited their access to purposeful activity while they waited.
- 5.28 Leaders had revised the pay policy to incentivise attendance at education, with the highest pay allocated to education and additional bonuses for full attendance or achievement. The policy had also been updated to support progression in work. However, leaders' strategies for translating this policy into effective actions that genuinely supported prisoners' progression in work were not yet fully effective.
- 5.29 Leaders had established a comprehensive reading strategy that identified non- and low-level readers at induction and ensured all prisoners at entry 2 level or below completed a reading profile. Priority had been given to non-readers, emergent readers and fluent readers,

with reading provision embedded beyond the library, including wing and learning and workspaces. Staff understood their roles in implementing the strategy and were supported by targeted training, such as phonics for teachers, officers and Shannon Trust mentors, enabling prisoners to access reading support and referrals effectively. Leaders and instructors had created safe and well-resourced reading areas. They provided multilingual support and paired mentoring, which helped to foster a positive reading culture and enhanced prisoners' engagement and progress.

- 5.30 Leaders had effectively commissioned tailored literacy and numeracy support through the Shannon Trust. This structured and well-managed approach enabled prisoners to engage in personalised learning, improving access to education and supporting skills development across the prison.
- 5.31 Leaders and managers had significantly strengthened the identification and support of neurodiverse prisoners. Through improved oversight and more effective use of data, they had addressed previous gaps by broadening identification processes and enhancing cross-departmental information sharing. Clear hidden-disability alerts and accessible, centralised support information had enabled staff to respond consistently and in a timely way, resulting in more accurate identification of need and more reliable support for neurodiverse prisoners across the prison.

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 Visitors and prisoners appreciated the social visits provision and in-cell telephones. Social visits, which lasted two hours, were held on four afternoons a week, including weekends. While overall capacity was sufficient, weekend slots were frequently fully booked. In our survey, 82% of prisoners said their visitors were treated respectfully by staff most of the time, against the comparator of 66%.
- 6.2 The visitors' centre was welcoming and well equipped, with toys for young children, though there were too few functioning lockers for visitors' belongings. While useful information was displayed, including details of the family helpline, it was generally in English only.



Visitor centre

- 6.3 The visits hall was bright and spacious with a supervised play area for younger children. Following visitor feedback, new toys had been added for older children, though there were no activities for teenagers, and children's books were only available in English.



Visit hall (left) and play area

- 6.4 In-cell telephones were not turned off at 11pm, as we usually see, which was positive, as it allowed prisoners to maintain regular, spontaneous contact with family members and accommodated different time zones.
- 6.5 Prisoners received the standard £5 phone credit for foreign nationals to help offset the cost of calling family abroad but, despite this, charges remained high. For example, to call a mobile in Albania, £5 bought about 10 minutes a month. Family contact was a major factor behind the illicit use of mobile phones in the prison (see paragraph 3.20).
- 6.6 Each wing had only 10 slots a week, on weekday evenings, for secure social video calls (see Glossary). This was not enough to meet the demand at the time of inspection, but 10 additional ports had been installed and further ports were planned for early 2026.



Booths for social video calling

- 6.7 PACT (Prison Advice and Care Trust) provided family support services at the prison, including help with family court cases and certificated self-study workbooks on coping skills, relationships and parenting. Staffing was limited, with one engagement worker supported by two peer mentors, leaving cover arrangements insufficient.
- 6.8 Prisoners valued the eight themed family days held annually, although they were oversubscribed. A substantial proportion of the population did not receive visits; 303 prisoners had not had a visit in the past three months and 100 had not received a visit in 12 months. A monthly coffee morning had been introduced in 2025 to address this gap, but due to resourcing pressures, only three had taken place to date.
- 6.9 A private space for emotional farewell visits would have been beneficial, given the number of prisoners facing deportation, but this had not been considered.

Reducing reoffending

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

- 6.10 Recent policy changes such as the SDS40 release scheme and the early removal scheme (see Glossary) had increased the turnover of prisoners and reduced the length of stay since the previous inspection. Meanwhile, national capacity pressures had limited how far factors such as sentence plan objectives, programme needs or family ties could affect allocation of prisoners to Maidstone. This had created

some significant challenges for the prison, which affected its ability to prepare prisoners for their release.

- 6.11 Although there was an up-to-date reducing reoffending strategy specific to the foreign national population, it was not informed by a comprehensive needs analysis, nor did it address the challenges of length of stay, late Home Office decisions and prison staffing issues, which limited its usefulness. The reducing reoffending meetings were not sufficiently focussed on deciding actions and following them through.
- 6.12 Persistent staffing gaps in the offender management unit (OMU) in the past year had undermined delivery of core functions, and several prisoners had not had any meaningful contact with their prison offender manager (POM, see Glossary) for many months, including those approaching key milestones such as release. For most of 2025 there had been only one qualified probation officer, holding a caseload of 140 high-risk prisoners and so unable to carry out one-to-one risk-reduction work (see paragraph 6.22). The number of staff had recently improved, but it was too early to see the impact on prisoner outcomes and there were still gaps in the administration team.
- 6.13 Most prisoners arrived without a current OASys (offender assessment system) assessment. At the time of the inspection there was a backlog of around 60, which created potential knock-on effects for prisoner progression. It was understandable that leaders did not view this as a high priority for the large proportion who were likely to be removed from the UK within a relatively short time.
- 6.14 The sentence planning reviews we looked at were reasonable, but they were sometimes late pending receipt of information from the Home Office. Some prisoners' progression had been hindered by the limited opportunity to complete risk reduction work.
- 6.15 Through the efforts of OMU leaders, more prisoners than at the previous inspection had transferred to an open prison (36 compared with 10), but we were told that some leaders in open prisons still took the erroneous view that foreign national prisoners were not eligible for a category D prison.
- 6.16 Only a few prisoners were eligible for home detention curfew (HDC) with just two released on HDC in the last year; in both cases this was after their eligibility dates because of delays in confirming their immigration status.

Public protection

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

- 6.17 Although a third of the population were assessed as presenting a high risk of harm to others and around 100 prisoners had been convicted of sexual offences, public protection arrangements were not robust.
- 6.18 The monthly inter-departmental risk management team (IDRMT) meeting was well attended but focused mainly on child contact and monitoring arrangements. There was weak oversight of those due for release, and some high-risk cases lacked prompt decisions or multi-agency planning, which was further compounded by late Home Office decisions. We found one case of a high-risk sexual offender due for release in the next three weeks who had had limited POM and community offender manager (COM) contact, no confirmed MAPPA (multi-agency public protection arrangements) level and no approved premises referral in place. Even though we raised concerns about his release planning at the start of the inspection, and the prison had been raising this with COMs, there had been no progress a week later.
- 6.19 New arrivals were routinely screened for public protection concerns, but this was not always done promptly because of administrative staff shortages in the OMU. Staff had good awareness of the four prisoners whose mail and phone calls were monitored. However, because of regular cross-deployment of the relevant staff, calls were not always listened to and the translation of calls into English took too long.

Interventions and support

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

- 6.20 There were still no accredited offending behaviour programmes at Maidstone and prisoners continued to arrive there and be released with an outstanding programme need (see paragraph 6.10).
- 6.21 Although the prison made reasonable efforts to transfer prisoners to complete a programme at another prison, this remained a significant challenge because of the lack of available spaces nationally and the short time left on prisoner sentences. Since January 2025, only seven prisoners had moved to another establishment to complete a programme and average waits for transfer were long (around 127 days).
- 6.22 In the meantime, most provision consisted of in-cell workbooks that prisoners completed without facilitation from staff, which in many cases was insufficient to address risk. One-to-one, risk-focused work was limited by OMU capacity and the absence of onsite psychology staff. Only prisoners with the most complex cases received psychological case reviews before release, which left a significant gap for a population with considerable vulnerabilities. However, the prison had credible plans to introduce a new non-accredited programme in 2026 specific to the foreign national population.

- 6.23 Release on temporary licence was not used and was a missed opportunity for a small number of prisoners who could have benefited from this.

Returning to the community

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

- 6.24 Demand for release planning support was high, with over 1,000 releases in the last 12 months. The majority (about 65%) had been deported under the early removal scheme (see Glossary), around a fifth went to an immigration removal centre and 13% were released into the community – although prison staff often could not know which prisoners would be in this latter group until the last minute.
- 6.25 Delays in Home Office decisions had worsened since the last inspection and was also causing prisoners significant anxiety because of the uncertainties about their release plans. Although the Home Office target was to notify prisoners whether they were going to be detained or released at least 30 days before their conditional release date, in the previous 12 months this had been achieved for only a third of prisoners; a third had received the decision about their future seven days or less before their release date, and in many cases they were notified the day before their expected release.
- 6.26 There was insufficient oversight of prisoners approaching release. They were not reviewed at the IDRMT (see paragraph 6.18) and their resettlement needs were not always reviewed before release. We found one prisoner due for release in the following week who had no confirmed accommodation and had had no resettlement review, with no managerial oversight of the situation.
- 6.27 Accommodation outcomes remained fragile. Although no one had been released to rough sleeping because there was always at least first-night provision, this was often not sustainable housing. Many prisoners were not suitable for housing referrals because of their immigration status, and there were persistent difficulties and delays in securing either Home Office accommodation or approved premises. At the time of the inspection, seven prisoners were being held past their release date under immigration powers; three had been granted bail but were waiting for suitable accommodation.
- 6.28 There had been improved access to some resettlement services. Staff from the Department for Work and Pensions now attended weekly to support eligible prisoners with claiming benefits and making first appointments at the Jobcentre; Citizens Advice also provided regular onsite support with common issues such as property, debt and arrears. However, prisoners could not get help with opening bank accounts or

acquiring ID because most were ineligible or had limited time to access this support.

- 6.29 Prisoners being released under the early removal scheme usually had good information about the countries to which they were being deported. In the previous 12 months, 247 prisoners had benefited from additional financial support under the facilitated return scheme (see Glossary) and 24 had received further support under the reintegration scheme for 12 specific countries.
- 6.30 Practical arrangements on the day of release were reasonably good. Prisoners were treated respectfully in reception and could access emergency clothing if needed. However, there was no facility for them to charge a mobile phone before release into the community.

Section 7 Progress on concerns from the last inspection

Concerns raised at the last inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

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

Priority concern

Staff did not have enough understanding of or react effectively to the particular needs of the population of this jail in which prisoners were often vulnerable, anxious and distressed.

Partially addressed

Key concern

The oversight and scrutiny of the use of force were weak. Poor practice was often not identified and learning from incidents was not passed on to staff so that they could improve their performance.

Addressed

Respect

Prisoners are treated with respect for their human dignity.

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

Priority concerns

Professional interpretation services were not used enough. The experience of those who spoke little or no English was poor.

Not addressed

The systems for dealing with prisoners' applications and complaints were ineffective and were the cause of much frustration.

Addressed

External hospital appointments and orders for medical equipment were not managed well. Staff had not followed up some important referrals and orders for equipment, with negative effects on the health and well-being of some patients

Addressed

Key concerns

Too many staff were passive or distant in their interactions with prisoners. Key work sessions were not frequent enough, nor always properly focused or helpful in dealing with the individual's issues.

Addressed

Although there had been some improvements to living conditions, some parts of the estate were barely fit for purpose. Some cells were too small, damp and cold with damaged windows, no toilet screening and damaged furniture. Many showers were in a poor state.

Partially addressed

The food was unpopular with prisoners and had deteriorated since the last inspection. Some poor practice in the serving of meals prejudiced food safety.

Addressed

The delivery of some areas of the pharmacy service was not effective. In the absence of adequate professional oversight, there were some deficiencies in the recording and control of the use of medicines.

Addressed

Purposeful activity

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

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

Priority concern

There were not enough staff in education, skills and work to plan and teach a curriculum that fully met the needs of the population and to bring about the necessary improvements in quality and performance. Leaders had not reviewed their curriculum offer to make sure that it was of high quality and relevant to the needs of the population.

Addressed

Key concerns

Leaders and managers had not improved the quality of the education, skills and work provision to bring the teaching that prisoners received to a good standard. The quality of education and vocational lessons was too variable. Some teachers did not check learning effectively and did not support prisoners to improve their knowledge and skills.

Addressed

Leaders did not ensure that prisoners accessed education, skills and work activities appropriate to their identified needs, in a timely and sequenced way. Staff did not allocate prisoners to the activities identified as most appropriate for them. Leaders did not maximise activity spaces and more than a fifth of prisoners were unemployed.

Addressed

Rehabilitation and release planning

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

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

Key concerns

There were no programmes to address offending behaviour. Many prisoners needing such a course could not move to a prison which delivered it. As a result, they were unable to progress with their sentence.

Not addressed

Prisoners' resettlement needs were not always met, especially in key areas such as housing and benefits, despite good systems to identify them.

Not 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:

Martin Lomas	Deputy chief inspector
Martin Kettle	Team leader
Joanna Luck	Inspector
Alice Oddy	Inspector
Chelsey Pattison	Inspector
Christoper Rush	Inspector
John Warton	Inspector
Emma Crook	Researcher
Alicia Grassom	Researcher
Sam Rasor	Researcher
Jasjeet Sohal	Researcher
Sana Zahid	Researcher
Simon Newman	Lead health and social care inspector
Sarah Goodwin	Health and social care inspector
Janie Buchanan	Care Quality Commission inspector
Carolyn Brownsea	Ofsted inspector
Diane Koppit	Ofsted inspector
Teresa Kiely	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.

Care Quality Commission (CQC)

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

Certified normal accommodation (CNA) and operational capacity

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

Challenge, support and intervention plan (CSIP)

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

Early removal scheme

This scheme allows Foreign National Offenders to be removed up to 4 years before the earliest release point of their sentence, subject to having served 30% of the requisite custodial period of their sentence.

Facilitated return scheme

Early removal scheme for foreign national prisoners to their country of origin; it provides some financial support for reintegration.

Family days

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

Key worker scheme

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

Leader

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

MAPPA

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

Offender management in custody (OMiC)

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

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).

SDS40

A scheme intended to tackle overcrowding where prisoners serving a standard determinate sentence only spend 40% of their sentence in prison instead of 50% and their time on probation in the community is extended. Restrictions apply for certain categories of offences. SDS40 replaces ECSL and releases commenced in September 2024.

Secure social video calling

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

Social care package

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

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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