Report on an unannounced inspection of

HMP Lowdham Grange

13, 14, 20 – 24 August 2018

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HMP Lowdham Grange

by HM Chief Inspector of Prisons

13, 14, 20–24 August 2018

This inspection was carried out with assistance from colleagues at the General Pharmaceutical Council and in partnership with the following bodies:

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Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the glossary in our 'Guide for writing inspection reports' on our website at: http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/

Introduction

Lowdham Grange is a category B training prison in Nottinghamshire holding up to 920 adult men. Opened in 1998 on the site of an older institution, the prison is operated by the private contractor Serco. The prison's campus comprises five house blocks, made up of 14 separate residential wings. Most of those held in the prison were serving very long sentences for serious offences. Some 60% of men, for example, were serving sentences of 10 years or more and a further third were serving indeterminate sentences, mostly life.

We last inspected Lowdham Grange in 2015 when, although we expressed some concerns about the area of safety, we reported generally very positively across the rest of our healthy prison tests. At this most recent inspection, we remained reasonably positive about the establishment but our assessments were more mixed. It was a mostly respectful place and outcomes in the area of rehabilitation – a key responsibility of the prison – were still reasonably good. Safety, however, had still to improve sufficiently and we report on a quite marked deterioration in the provision of education, skills and work.

Overall, prisoners were received well into the prison and we found some very innovative recent work aimed at improving safety. The prison's new violence reduction strategy was encouraging, supported by good data collection and useful investigation of incidents. Perpetrators and victims of violence were engaged and there was some good practice in the prison's actions to explore the links between violence and drug misuse. The introduction of a prisoners' violence hotline was, in our view, emergent good practice. While much of what we saw was good and seemed to us a good foundation for progress, it was too early to say if the approach was working. Levels of violence remained high and we were disappointed that relatively few of our 2015 recommendations had been achieved.

In keeping with the amount of violence evident, use of force had doubled and the use of segregation was also high. Oversight and accountability for the use of force and segregation required significant improvement. The management of security was generally much better and there was evidence, for example, that the availability of illicit drugs was reducing in recent months. The use of technology to scan mail used to import drugs was a very useful initiative.

The amount of self-harm in the prison had increased significantly and, since we last inspected, two prisoners had taken their own lives. Assessment, care in custody and teamwork (ACCT) case management for those in crisis was inadequate but the prisoners we spoke to felt well cared for. The prison was progressing well with meeting the recommendations made by the Prison and Probation Ombudsman (PPO) following their investigation into the two deaths. Again, the use of a hotline to support those at risk of self-harm was innovative.

Many of the prison's staff were inexperienced, which may explain some negative perceptions among prisoners about staff-prisoner relationships. The environment was reasonable, although internal areas could have been cleaner. Access to services was generally very good and included a well-used internal advice line operated by peer supporters. Consultation with prisoners was good and peer support for those with protected characteristics was helpful. Outcomes for minority groups were reasonable but some negative perceptions among those from these groups required further exploration. Health services were good but delays in access to some important elements of health care were excessive.

Most prisoners had quite good access to time out of cell but outcomes in education, skills and work had deteriorated. The range of provision was diminished and quality assurance arrangements were lacking. Teaching, learning and assessment outcomes were poor and too few completed their courses. Our colleagues in Ofsted judged the effectiveness of provision as 'inadequate', their lowest assessment.

In view of the risk posed by those held at Lowdham Grange, it was reassuring that work to support risk reduction and rehabilitation was reasonably good. The offender management unit (OMU) worked well but could have been so much better had it been better supported more broadly within the establishment. Contact between prisoners and their supervisors was much better than we normally see but outcomes were undermined in that supervisors were often excluded from key decisions about those they supervised.

Most prisoners acknowledged they had a custody plan and indicated that they knew how to address their sentence objectives. Public protection arrangements seemed proportionate and there was an appropriate range of offending behaviour programmes. Lowdham Grange was not a designated resettlement prison but 22 men had been released from the prison in the preceding six months, which was not ideal. They should have been transferred to places more equipped to meet their resettlement needs.

Overall, our findings at Lowdham Grange were adequate if inconsistent. There had been some progress but there was very much the sense that the prison was doing just enough. For example, the prison's level of attention to our 2015 recommendations was very disappointing and a missed opportunity. We did see some innovative practice, and recent improvements needed to be embedded. There was much more to do, however, to enhance the prison's very poor training offer. To assist the process of improvement, we leave the prison with a number of recommendations. We hope these will have a higher priority following this inspection.

Peter Clarke CVO OBE QPM October 2018
HM Chief Inspector of Prisons

Fact page

Task of the establishment
Male category B prison

Certified normal accommodation and operational capacity[1]
Prisoners held at the time of inspection: 860
Baseline certified normal capacity: 888
In-use certified normal capacity: 900
Operational capacity: 920

Notable features from this inspection

30% of men were serving indeterminate sentences.
60% of men were serving over 10 years.
69% of men were under 40 years old.
46% of men were black or minority ethnic.
11% of men were foreign nationals.
In the previous six months:
- *There had been 147 violent incidents, including 30 involving weapons;*
- *Force had been used on 314 occasions;*
- *There had been 349 incidents of self-harm;*
- *Prisoners had made 2,155 formal complaints.*

Prisoners waited an average of 64 days for a routine GP appointment.
27% of prisoners were locked up during our roll checks.

Prison status (public or private) and key providers
Private, Serco

Physical health provider: Nottinghamshire Healthcare NHS Foundation Trust (primary care)
Mental health provider: Nottinghamshire Healthcare NHS Foundation Trust
Substance misuse provider: Nottinghamshire Healthcare NHS Foundation Trust
Learning and skills provider: Serco
Escort contractor: GeoAmey

Prison group
Private sector prisons

Brief history
Opened in February 1998 as an 'industrial prison' employing 300 prisoners in workshops with commercial partner companies. New house blocks expanded the prison by 128 additional prisoner places in 2007 and 260 in 2010.

[1] 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.

Short description of residential units
There are five house blocks comprising 14 residential wings – four each on house blocks 1 and 2 and two each on house blocks 3, 4 and 5.

Name of director and date in post
Mark Hanson, November 2016

Independent Monitoring Board chair
Chris Archer

Date of last inspection
June 2015

About this inspection and report

A1 Her Majesty's 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, police and court custody and military detention.

A2 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.

A3 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. 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.
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 into the community.

A4 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 Her Majesty's 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.

A5 Our assessments might result in one of the following:

- **recommendations**: will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections

- **examples of good practice**: impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.

A6 Five key sources of evidence are used by inspectors: observation; prisoner 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.

A7 Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.

A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

A9 This explanation of our approach is followed by a summary of our inspection findings 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 5, 2017)*.[2] The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.

A10 Details of the inspection team and the prison population profile can be found in the appendices.

A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in the final appendix of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.[3]

[2] https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/

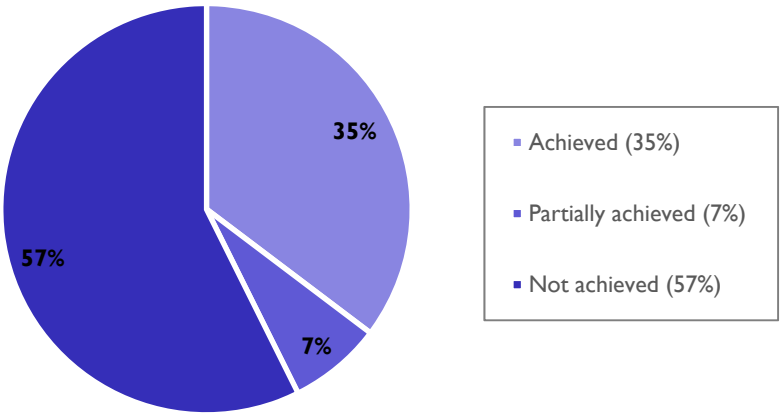
[3] The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

S1 We last inspected HMP Lowdham Grange in 2015 and made 68 recommendations overall. The prison fully accepted 49 of the recommendations and partially (or subject to resources) accepted 16. It rejected three of the recommendations.

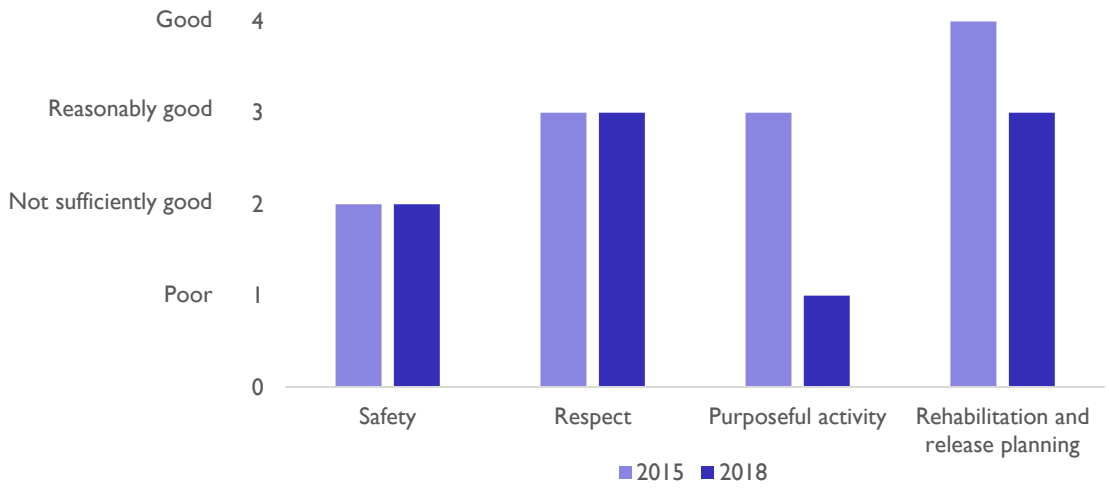
S2 At this follow up inspection we found that the prison had achieved 24 of those recommendations, partially achieved five recommendations and not achieved 39 recommendations.

Figure 1: HMP Lowdham Grange progress on recommendations from last inspection (n=68)



S3 Since our last inspection outcomes for prisoners stayed the same in the Safety and Respect healthy prison areas. Outcomes for prisoners declined in Purposeful activity and Rehabilitation and release planning. Outcomes for prisoners were reasonably good in Respect and Rehabilitation and release planning, not sufficiently good in Safety, and poor in Purposeful activity.

Figure 2: HMP Lowdham Grange healthy prison outcomes 2015 and 2018[4]



[4] Please note that the criteria assessed under each healthy prison area were amended in September 2017. Healthy prison outcomes reflect the expectations in place at the time of each inspection.

Safety

S4 *The reception and induction of new prisoners were generally sound. The number of violent incidents was high and some were serious. Work to reduce violence was innovative but it was too early to judge its effectiveness. Hearings for the high number of adjudications sometimes lacked enquiry and too many were dismissed due to errors. The use of force and segregation was high and governance was insufficiently robust. Segregation staff knew men well but relationships were functional. Security arrangements were reasonably proportionate. The mandatory drug testing positive rate had fallen significantly in the last year. The number of self-harm incidents was high and some were serious. The quality of ACCT[5] documentation was poor but men in crisis were reasonably positive about the care they received.* ***Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S5 *At the last inspection in 2015, we found that outcomes for prisoners in HMP Lowdham Grange were not sufficiently good against this healthy prison test. We made 21 recommendations in the area of safety. At this inspection we found that five of the recommendations had been achieved, one had been partially achieved and 15 had not been achieved.*

S6 In our survey, 83% of prisoners said they were treated well in reception. Staff were reasonably welcoming and Insiders[6] provided useful support to new arrivals. Prisoners could spend too long in reception, where the holding rooms were bare, with little to occupy them. Prisoners could make a free telephone call to their families promptly. First night interviews on the induction unit were not always private. Risk assessments did not cover all areas of risk and vulnerability. First night checks took place. Induction was prompt and reasonably comprehensive but there was a lack of staff oversight. New arrivals could spend too long on the induction unit following completion of their induction programme.

S7 Levels of violence were high, with 147 incidents in the last six months. Some incidents involved improvised weapons and others resulted in hospitalisation. Most violence was linked to the illicit economy. The new violence reduction strategy was encouraging but it was too early to assess its full impact. The recording of violent incidents and unexplained injuries was good. The safer custody team investigated all incidents to a reasonably good standard. The re-introduction of Concern documents[7] to challenge perpetrators and support victims was good. In the previous six months, 157 prisoners had been monitored for bullying but only 26 victims supported. Concern files were adequate but lacked individual planning. The social responsibility unit[8] was a good initiative and helped manage some challenging prisoners.

S8 The safer custody team and health care effectively supported prisoners who had been under the influence of substances. This was good practice. The introduction of a violence hotline for prisoners was also good practice and was well used. There was little differentiation between the levels of the incentives and earned privileges scheme. The community reward incentive scheme[9] was a promising initiative but it was too early to judge its effectiveness.

S9 The number of adjudications was high and many related to antisocial behaviour, the possession of unauthorised items, violence or drugs. Some hearings lacked enquiry. Too many cases were dismissed or not proceeded with due to procedural or administration

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5 Assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm.
6 Prisoners who introduce new arrivals to prison life.
7 A document which supports victims and perpetrators of violent or antisocial behaviour through regular meetings with staff.
8 A unit which supports prisoners with a history of violent or antisocial behaviour.
9 Community reward incentive scheme allows prisoners to accrue points for complying with the regime and good behaviour. These points can be spent on various items such as extra phone credit or clothes to be posted in from family.

errors or prisoners transferring to another prison before the hearing. The adjudication holding rooms were in a poor condition. Quarterly adjudication standardisation meetings did not lead to sufficient improvements.

S10 The use of force was high, with 314 uses in the last six months, almost double the number at the previous inspection. A large amount of paperwork was missing, including statements from officers and health care staff. Many use of force reports were not detailed enough. Officers' written statements following the use of force did not always match video footage. Not all planned use of force was video recorded and body-worn cameras were not routinely used during spontaneous incidents. In the last six months, batons had been drawn 19 times and used six times, more than in similar establishments. Most cases were justified. Special accommodation was used four times in the six months before this inspection. Paperwork showed that it was either used without sufficient justification or punitively.

S11 Use of segregation was high, with 355 cases in the past six months. Unit staff knew segregated prisoners well but some interactions were functional. Communal areas in the unit were generally clean but the showers were in a poor state and toilets in cells were filthy. Segregation paperwork lacked attention to detail. Reviews were not always well attended, targets were too often generic and there was no care planning. Reintegration planning was limited. Governance for prisoners completing cellular confinement on the wings was inadequate. Two prisoners had spent a long time on the unit, the longest for over 120 days while awaiting transfer to a secure hospital. The segregation monitoring and review group had improved some practice on the unit.

S12 The strategic approach to security was reasonably good and the department was aware of the key threats and risks. Some security measures were disproportionate, for example routine strip-searching on outside escorts and the application of closed visits for non-visits related offences. The large number of intelligence reports were promptly analysed but not all subsequent actions were completed, for example not all target searches and suspicion drug tests were carried out. In our survey, nearly half the prisoners said it was easy to get illegal drugs. However, supply reduction work had improved and the average mandatory drug testing positive rate for the past six months was significantly lower than the same period in 2017. The use of specialist equipment to scan mail for illicit substances was good but the practice of destroying prisoners' mail without photocopying it was excessive. Work to prevent staff corruption was well developed with some commendable outcomes. Work was in place to manage extremist prisoners with support from the regional team.

S13 There had been 349 incidents of self-harm in the last six months which was high and more than double the number at the last inspection. Some incidents had been serious and required hospitalisation. The quality of ACCT documentation was inadequate, and near misses were not investigated. However, prisoners on an ACCT were reasonably positive about the support they received. Staff were knowledgeable about prisoners on ACCTs in their care. Access to Buddies[10] was adequate.

S14 Two prisoners had taken their own lives since the last inspection. There had been reasonable progress in meeting the Prisons and Probation Ombudsman's recommendations. The safer custody hotline was a positive initiative for prisoners to contact the safer custody team directly via a hotline number from their in-cell telephones. They could leave a message and safer custody staff could then return their calls or visit them. Joint work between the safer custody team and the psychology department was good. The monthly complex needs meeting was good and the counsellor offered valuable support.

[10] Prisoners trained by the in-house psychology team to provide confidential emotional support to fellow prisoners.

Respect

S15 *Prisoners were more negative about relationships with staff than at similar prisons. Staff were caring but some lacked experience and confidence. Residential areas were tidy but some needed redecoration and deep cleaning. Prisoners reported good access to telephones and showers but many emergency cell bells were not answered within five minutes. Consultation arrangements were good. Prisoners were negative about the application process and too many complaints were investigated by officers lacking appropriate authority. There were some deficiencies in the strategic management of equality and diversity work but peer representatives did some good work. Outcomes for most protected groups were reasonably good but some held negative perceptions. Faith provision was reasonably good. Health services were reasonably good but access was poor. Social care was underdeveloped and the social care needs of some prisoners may not have been met.* ***Outcomes for prisoners were reasonably good against this healthy prison test.***

S16 *At the last inspection in 2015, we found that outcomes for prisoners in HMP Lowdham Grange were reasonably good against this healthy prison test. We made 33 recommendations in the area of respect. At this inspection we found that 16 of the recommendations had been achieved, three had been partially achieved and 14 had not been achieved.*

S17 Overall, staff were caring but some lacked experience and confidence in dealing with a challenging prisoner group. In our survey, prisoners were more negative than in similar prisons about being treated respectfully by staff and having somebody to turn to with a problem. The key worker scheme[11] was a promising initiative but not yet embedded.

S18 Residential areas were tidy but some looked shabby and needed redecoration and deep cleaning. Most cells were adequately furnished but many lacked basic equipment such as kettles. Shared cells did not have lockable storage and were too small for two prisoners. Prisoners wore their own clothes and laundry facilities on the wings were good. In our survey, 95% of prisoners said they could shower every day. Shared showers on the older wings were not private enough but they were clean and in good order. Too many emergency cell bells were not answered within five minutes. Prisoners experienced difficulties getting their stored property. The quality of food was good. A good range of products were available from the canteen and catalogues.

S19 There was a well-developed consultation process with prisoner representatives which was fair, but some issues took too long to resolve. Complaint forms were freely available and most responses were timely. In our survey, only 11% of prisoners said complaints were dealt with fairly. Most complaints were dealt with by staff lacking appropriate authority. Complaints about staff were not adequately investigated and responses were cursory. We were not confident that applications were responded to promptly and accurately.

S20 The management of equality and diversity work was undermined by poor contributions from some managers responsible for individual protected groups. However, peer representatives were effective and well supported and contributed well to the diversity and equality action team. Consultation with protected groups often did not take place as scheduled and some of it was not effective enough. Most discrimination incidents were thoroughly investigated but some had been inappropriately dismissed because the perpetrator did not show intent. Not enough attention was given to sharing monitoring data but our analysis indicated no discrimination in most areas. In our survey, fewer black and minority ethnic and Muslim

[11] Officers trained as key workers were allocated 90 minutes every two weeks for meeting each prisoner for whom they were key worker. The purpose of this time was to engage with the prisoner and develop a progression plan which could include how they spent their time during their sentence and resettlement plans.

prisoners than their white and non-Muslim counterparts felt that staff treated them with respect. More needed to be done to understand and address these concerns. There was not enough support for foreign nationals. Most prisoners with disabilities reported positively about their treatment but some low-level needs were unmet. Chaplains provided good pastoral support but the multi-faith area was poor.

S21 Aspects of health care governance were effective but were weak around the management of medicines. The service did not reflect all the needs of the population highlighted in the health needs assessment. Prisoners were dissatisfied with access to key health professionals. The health care waiting area was stark, cramped and poorly ventilated. Primary care services were delivered by professionals with a good skill mix. Waiting times to see a GP were lengthy and affected other areas of the service. The social care pathway was poor. The integrated mental health team provided a reasonably good service. The substance misuse team delivered a good range of psychosocial interventions and opiate substitution treatment was patient centred. There were advanced plans for a recovery unit which was a promising initiative. Prisoners experienced delays in receiving repeat prescription medication. Arrangements to store medicines safely were inadequate. The dental service was good but waiting times were too long.

Purposeful activity

S22 *Most prisoners could spend a decent amount of time out of their cells. The library was adequate. The recreational gym was reasonably good but its floor was hazardous. Managers did not provide adequate quality assurance of education, skills and work. Most strengths in education, skills and work identified at the last inspection had deteriorated into weaknesses. The number and range of education courses had reduced. The quality of teaching, learning and assessment was poor. Too many prisoners did not complete their education programmes. Ofsted judged the overall effectiveness of the provision as inadequate.* ***Outcomes for prisoners were poor against this healthy prison test.***

S23 *At the last inspection in 2015, we found that outcomes for prisoners in HMP Lowdham Grange were reasonably good against this healthy prison test. We made six recommendations in the area of purposeful activity. At this inspection we found that none of the recommendations had been achieved.*

S24 Time out of cell and access to association and exercise were good for most prisoners. On average, 27% of prisoners were locked up during the working day. The library service was adequate but did not promote literacy effectively. Recreational gym provision was reasonably good but indoor facilities and equipment were very poor and the floor in the weights room was damaged and hazardous. Monitoring of library and gym use was weak and it was difficult to determine who used them and whether access was equitable.

S25 Leaders and managers had not achieved any of our previous recommendations. Most strengths highlighted at the previous inspection had deteriorated into weaknesses. Leaders and managers did not have sufficient oversight of the quality of education, skills and work, including the quality of teaching, learning and assessment. Quality assurance and improvement processes were not effective. The self-assessment report was not evaluative enough and demonstrated that leaders did not have an accurate understanding of the strengths and weaknesses of the provision. The number and range of education courses had reduced since the last inspection. NVQ qualifications in industries had been withdrawn, and there was now no externally recognised accreditation in the workplace. The curriculum did not reflect the needs of the population accurately. Staff shortages and regular cross-

deployment of education staff led to cancelled classes. Staff performance management and development were minimal and did not address identified weaknesses. The number of purposeful activity places did not meet the needs of the whole population. Allocation to education activities was arbitrary. Prisoners were allocated to education courses while applying for work opportunities. The pay rates afforded a significant disincentive to prisoners to engage with education and vocational training. Prisoners sometimes did not arrive on time to their lessons because of a staged movement to activities.

S26 Since the previous inspection, the quality of teaching, learning and assessment had declined significantly. Trainers and teachers did not have high enough expectations of what prisoners could achieve and did not make enough use of prisoners' starting points to plan their individual learning and training. Induction into education was not sufficiently detailed or robust. Prisoners' individual learning plans were weak. Targets were often generic and did not help prisoners to achieve qualifications or develop new skills. Trainers did not routinely develop prisoners' English and mathematics in vocational training and prison work. Prisoners with additional learning support needs were not supported effectively enough. Trainers and teachers did not routinely feed back clearly to prisoners on how they could improve their knowledge, skills and understanding. There was no virtual campus[12]. Teaching, learning and assessment in the sports academy were good and prisoners made reasonable progress. Inside Media[13] was well resourced and staffed by very experienced professionals who developed prisoners' skills successfully. Trainers and teachers built good working relationships with prisoners.

S27 In employability and information and communication technology lessons, prisoners developed successfully the skills and behaviour needed for future employment, such as effective communication and word processing skills, and the importance of good personal presentation and hygiene.

S28 Trainers did not record prisoners' progress, learning and skills development in workshops. Prisoners were often motivated by financial reward rather than personal and academic development. Prisoners in industries did not develop new skills that were likely to benefit them in the future. The number of prisoners attending education lessons was not consistently high. Attendance was good in vocational training and industries. Prisoners who attended education and training improved their confidence. Prisoners behaved well and showed respect for each other and for staff. Some prisoners in a minority of education and vocational training classes were proud of what they had achieved. The standard of their work was high. In some sessions, teachers developed prisoners' skills for employment effectively.

S29 Too many prisoners who started education programmes did not complete them. In 2017, only 65% of prisoners who started a course achieved it. Data recording, monitoring and management, particularly of progress, skills development and achievement, were weak. Leaders did not monitor achievement gaps between different groups of prisoners. Most prisoners could not make informed decisions about the next steps in their education, employment or training because of a lack of information about the curriculum. Progression through levels in the same subject was poor. Staffing issues in some subject areas affected prisoners' progress, achievement and learning experiences.

[12] Prisoner access to community education, training and employment opportunities via the internet.
[13] A facility to produce television programmes, computer animations and online learning platforms.

Rehabilitation and release planning

S30 *Work to support family ties was reasonably good and improving. Visits arrangements were also reasonably good. The offender management unit worked well but links with other departments were not robust enough. Some men did not have an up-to-date offender assessment system (OASys) assessment but sentence plan targets were generally appropriate. Arrangements to protect the public were proportionate. Prisoners were positive about the good range of offending behaviour programmes. The resettlement needs of the few prisoners released to the community were generally met.* ***Outcomes for prisoners were reasonably good against this healthy prison test.***

S31 *At the last inspection in 2015, we found that outcomes for prisoners in HMP Lowdham Grange were good against this healthy prison test. We made eight recommendations in the area of rehabilitation and release planning. At this inspection we found that three of the recommendations had been achieved, one had been partially achieved and four had not been achieved.*

S32 Visits arrangements were reasonable but visits did not always start on time. Work with prisoners and their families was improving and some innovations were good, such as the visits photo booth and the new family induction days. There were no longer any family or relationship courses.

S33 The strategic approach to reducing reoffending was not strong enough. Many interventions were good but not all relevant departments worked in a coordinated way to reduce risk. The offender management unit (OMU) operated well and staff were confident. Contact with prisoners was good and some records were excellent. However, the OMU was still marginalised in the prison. For example, security intelligence was not routinely shared with offender supervisors. In our survey, 75% of men said they had a custody plan and 87% of those who had a plan said they knew what they had to do to achieve their objectives. This was good. However, the prison could not provide accurate information about how many OASys documents were up to date, including those for some high-risk men. Risk of harm was generally identified correctly and sentence planning targets were generally appropriate, but sometimes remained too vague. Public protection arrangements were proportionate. An interdepartmental risk management team met regularly and considered an appropriate standing agenda. Re-categorisation decisions were risk averse but the new appeals process had resulted in the overturning of about a quarter of decisions since April 2018. Parole processes were up to date. Reports were on time and out-sourced as necessary.

S34 The range of offending behaviour programmes (OBPs) was appropriate for the population. These were well managed. Prisoners spoke very positively about OBPs and felt supported by the OBP peer coaches. The psychology department worked collaboratively with departments across the prison and was impressive.

S35 Since February 2018, only 22 prisoners had been released from Lowdham Grange. Their immediate release needs were met.

Main concerns and recommendations

S36 Concern: Levels of violence were high, with some serious incidents resulting in hospitalisation. Although good initiatives were in place, supported by a comprehensive strategy, the root causes of the problem were not identified or addressed adequately.

Recommendation: The number of violent incidents should be reduced. The prison should engage with prisoners and other stakeholders to further their understanding of the causes of violence and to implement bespoke strategies to address them.

S37 Concern: There was a high incidence of use of force, but a significant quantity of paperwork was missing. Some use of force was not justified or de-escalated.

Recommendation: The prison should reduce the number of uses of force. All incidents involving force should be justified and de-escalated as soon as possible.

S38 Concern: Levels of self-harm were high and had increased since our last inspection. There had been two self-inflicted deaths since then. ACCT documents were inadequate and incidents of serious self-harm and near misses were not investigated. Key meetings lacked prisoner representation.

Recommendation: The level of self-harm should be reduced. ACCT documentation should be completed to a high standard. Prisoners should be represented at key safer custody meetings. All serious incidents of self-harm and near misses should be thoroughly investigated and lessons learnt disseminated to staff.

S39 Concern: Prisoners waited far too long to see a GP, in some cases up to 35 days. These excessive waiting times were detrimental to other areas of service delivery. The prison had not addressed the main recommendations on this issue in our two previous reports.

Recommendation: Prisoners should be able to see health professionals easily and in a timely manner.

S40 Concern: Prison leaders and education managers did not adequately oversee the quality of education, skills and work. Quality assurance and improvement arrangements were ineffective. The management of staff performance was weak and opportunities for staff to develop their skills were minimal.

Recommendation: Prison and education managers should implement robust quality improvement measures, performance management processes and a programme of staff development to raise the quality of the education, skills and work provision.

S41 Concern: The strategic approach to reducing reoffending was not sufficiently strong. The role of the offender management unit was not well understood and it was not used properly to coordinate and prioritise the work of departments in the prison. Offender supervisors were not sufficiently involved in some key decisions about the men in their care. Some sentence planning targets, particularly relating to everyday activities such as education, skills and work, were not specific enough to encourage progression.

Recommendation: Managers should formulate and implement a strategy which ensures that all departments work together to reduce risk and encourage progression.

Section 1. 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.

1.1 Many prisoners continued to receive inadequate notification of transfers and to experience long journeys. Routine comfort breaks were still not being provided and prisoners used disposable urine bags as an alternative.

1.2 Escort vehicles that we inspected were grubby and some contained graffiti. Food and water were provided and we observed respectful interactions as prisoners alighted from vehicles. Prisoners were handcuffed for the very short distance from the vehicle to reception, although this was subject to an appropriate local risk assessment.

1.3 The reception area was bright and clean but holding rooms were bare and contained little to inform new arrivals or keep them occupied. We observed staff offering prisoners a hot drink and attempting to put them at their ease. In our survey, 83% of prisoners said they were treated quite well or very well in reception.

1.4 Insiders[14] continued to attend reception to offer useful support and advice to all new arrivals, although we did not see any buddies[15] in reception.

1.5 A BOSS pole[16] was used to scan all arrivals. We were told that only prisoners who indicated positively would be subject to a strip-search but we saw one prisoner being strip-searched without a positive indication.

1.6 New arrivals were processed at a desk where there was little privacy for prisoners to speak openly about any concerns. A nurse saw all new arrivals for a private and confidential health screening. Prisoners' property was recorded and distributed and a first night pack was provided which contained tea, coffee, milk and biscuits and toiletries.

1.7 Prisoners were given a PIN number to use the telephones, £2.50 emergency phone credit and could call one friend or family member subject to public protection checks. This helped prisoners to inform families of their new location and was appreciated.

1.8 In our survey, 47% of prisoners said they had spent less than two hours in reception. Staff managed the process reasonably well but there was room for greater efficiency.

1.9 All new arrivals were accommodated on the ground floor of E wing which had single and double cells with the incentive of additional phone credit for prisoners willing to share. Cells were not always adequately equipped; some lacked electrical items, such as televisions, kettles and telephones.

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14 Prisoners who introduce new arrivals to prison life.
15 Prisoners trained to provide confidential, emotional support to fellow prisoners.
16 Body orifice security scanner – a non-intrusive scanning device resembling a short pole that prisoners are required to walk around to ensure they have not concealed any illicit metallic objects such as mobile phones.

1.10 First night safety interviews with staff were not always conducted in private and did not cover all areas of potential vulnerability and risk. New arrivals could participate in evening association, make a telephone call, have a shower and meet other prisoners.

1.11 Prisoners who arrived after 6pm received their first night interviews the following morning, which meant that some risks could be missed. Staff were aware of new arrivals and carried out additional welfare checks during their first night. In our survey, 77% of prisoners said they felt safe on their first night.

1.12 Insiders delivered an induction session in a dedicated room on the day after arrival. It consisted of an informal discussion on a variety of topics, but induction staff did not oversee this session. Prisoners received a useful information booklet, but it was only available in English.

1.13 Induction was reasonably useful and took place over five days. It included an education assessment, gym induction, a welcome from the psychology team and a telephone call from the Prisoner Advice Line. Some prisoners spent several weeks on the induction unit when they had completed induction, which was too long.

Recommendations

1.14 **Prisoners should be given comfort breaks at least every two and a half hours on journeys to and from the establishment.** (Repeated recommendation 1.5)

1.15 **Subject to evidence of security considerations, prisoners should be given enough notice of planned transfers to be able to inform their family.** (Repeated recommendation 1.6)

1.16 **Reception holding cells should contain reading materials, televisions or similar activities to occupy new arrivals.** (Repeated recommendation 1.15)

1.17 **First night safety interviews should always be completed in private and wherever possible on the day of arrival.**

Managing 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

1.18 The number of recorded assaults against prisoners and staff was high for a category B training prison, with 64 assaults on staff and 83 assaults on prisoners in the last six months. There had been 43 fights in the last six months. There had been 30 serious incidents involving weapons, some of which had resulted in puncture wounds and hospitalisation. Most violence related to the trade of illicit drugs. The recording of violent incidents was good. The security team passed all intelligence reports on violence or threatening behaviour to the safer prison team for investigation. A member of the safer custody team investigated all incidents. The quality of the investigations was reasonably good. Unexplained injuries were similarly recorded and investigated.

1.19 The new violence reduction strategy had not yet led to a reduction in violence. The safer custody team met monthly and monitored a wide range of data, but key stakeholders did not always attend and prisoners were not involved in the meetings. A wide range of information about prisoners involved in acts of violence was also considered at a useful weekly intervention meeting. Despite these measures, the root causes of the high level of violence were not being addressed.

1.20 Concern files[17] for perpetrators or victims of violence had been reintroduced, which was good. During the previous six months, 157 prisoners had been monitored for bullying behaviour and 26 victims had been formally supported. Concern files were adequate but reviews were often perfunctory and targets generic.

1.21 The social responsibility unit was a good initiative to support prisoners who had used violence or behaved antisocially. Prisoners on the unit could access a range of interventions, including psychology and work with Remidi, a registered restorative justice practitioner. Staff encouraged prisoners to take responsibility for their actions. During the previous year, there had been some success in managing challenging prisoners. Three men who had gone through the unit were now living on normal wings without displaying antisocial behaviour.

1.22 A violence hotline had been introduced since our last inspection and was well used. Prisoners could call to report concerns about violence and the safer custody team responded quickly. The team also worked with health care to offer support to prisoners who had been using illicit substances.

1.23 At the time of the inspection, 41% of prisoners were on the enhanced level of the incentives and earned privileges (IEP) scheme, 5% were on basic and the remainder were on standard. The IEP policy did not afford sufficient difference between the standard and enhanced levels of the scheme. The promising community rewards incentive scheme, introduced four months previously, was promising but elements of it were unfair. However, it meant prisoners could be punished twice for the same offence, once by an adjudication charge and once under the new scheme. Reviews for prisoners on the basic level of the IEP scheme consisted mainly of generic behaviour targets. Wing staff made limited entries on electronic case notes, most of which recorded negative rather than positive behaviour. Managers rarely checked case note entries.

Recommendation

1.24 Perpetrators should be challenged and victims should be supported through concern files that contain meaningful and individualised targets.

Good practice

1.25 *The introduction of a violence hotline enabled prisoners to report concerns about violent or antisocial behaviour.*

Adjudications

1.26 There had been 1,633 adjudications in the previous six months, more than in comparable prisons and at our last inspection. Many related to antisocial behaviour, unauthorised items, violence or drugs. About a quarter of cases (420) had been dismissed or not proceeded with,

[17] A document which records support for victims and perpetrators of violent or antisocial behaviour following regular meetings with staff.

many because of procedural or administrative errors, and about a quarter of these 420 cases had been dismissed because the prisoner had been transferred to another prison. Prisoners had time to prepare their cases and seek legal assistance. Some adjudications found the prisoner guilty without adequately examining the evidence. The quarterly standardisation meeting was well attended but did not sufficiently improve the quality of adjudications. The two adjudication holding rooms were dirty with graffiti on the walls, some of it racist, and an unscreened toilet. The rooms were painted during the inspection after we alerted managers.

Recommendations

1.27 A senior manager should regularly quality assure adjudication records and processes. The number of adjudications dismissed because of procedural or administrative errors or the transfer of prisoners should be reduced. Adjudicators should thoroughly explore the evidence before finding a prisoner guilty.

1.28 The adjudication holding rooms should be clean and free of graffiti and with a screened toilet.

Use of force

1.29 There had been 314 incidents involving the use of force in the previous six months, which was higher than similar prisons and almost twice the number at our previous inspection (166).

1.30 Paperwork justifying the use of force was poor. In many cases, supervisor reports, officer statements, health care reports and reports on prisoners' injuries were missing. In other cases, there was insufficient detail about the incident and the film record did not match the account in the paperwork. During some planned incidents, prisoners were not given an opportunity to comply before staff entered cells with personal protective equipment and shields. Not all planned uses of force were video recorded and body-worn cameras were not routinely used during spontaneous incidents (see main recommendation S37).

1.31 Governance arrangements did not adequately address these concerns. The use of force committee met monthly but some key stakeholders did not attend and basic analysis of data did not result in clear outcomes. Scrutiny of video footage had not led to improvements.

1.32 During the previous six months, batons had been drawn 19 times and used six times. In most cases, this was proportionate.

1.33 Prisoners had been held in special accommodation on four occasions in the previous six months, which was fewer than at the last inspection. The average time spent in special accommodation was 3 hours 9 minutes and the longest stay was 5 hours 35 minutes. Documents indicated that the special cell was used either inappropriately or punitively. Two of the four prisoners had been on ACCTs[18].

[18] Assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm.

Recommendations

1.34 Planned use of force should be video recorded and body-worn cameras routinely turned on during spontaneous incidents.

1.35 Special accommodation should only be used in very exceptional circumstances and never for punishment.

Segregation

1.36 The segregation unit held a maximum of 24 prisoners and there was also a constant watch cell and two special accommodation cells.

1.37 Segregation had been used 355 times during the previous six months for 251 prisoners, which was a comparatively high number. It had been used 22 times for prisoners awaiting adjudication, four times for prisoners' own protection, 137 times for prisoners removed from the regime for reasons of good order or discipline and 192 times for cellular confinement. Forty-one prisoners had been segregated while on ACCTs, but documentation did not indicate exceptional reasons for this or consideration of alternatives. In many cases additional safeguards had not been put in place to manage the risks of segregating prisoners on ACCTs.

1.38 Most prisoners subject to cellular confinement were held in their own cells. In theory this was better than confining men in the segregation unit but in practice managers and health service staff did not always visit these prisoners as required (see paragraph 1.44).

1.39 At the time of our inspection, 18 prisoners were held on the segregation unit. Two prisoners had been segregated for very long periods (123 and 95 days). One of these prisoners had a serious mental health condition and was awaiting transfer to hospital (see section on mental health care and paragraph 2.96). Segregation was not an appropriate location for men with significant mental health needs.

1.40 Communal areas were clean and well maintained, although the showers were in a poor condition with peeling paint and a strong smell of damp. The toilets in cells were filthy. Cells had electricity. The three exercise yards were cage like and austere with no seating or exercise equipment. Strip-searching on arrival in the unit was based on risk assessment.

1.41 Staff knew prisoners well but interactions were mostly functional and many entries in prisoners' case notes were perfunctory.

1.42 The regime on the unit was minimal. Segregated men could spend around an hour and a half out of their cell each day. This consisted of 45 minutes' outside exercise, access to telephones and kiosks (to make applications and order meals) and the collection of meals from the servery. Prisoners could not attend activities off the unit and could only shower every other day. Some segregated prisoners could work on the unit cleaning the showers or yards or painting. Telephones were being installed in cells during our inspection.

1.43 Prisoners continued to have to wear prison clothes while in the segregation unit, regardless of why they were there or their IEP level, which was an excessive restriction.

1.44 Overall governance of segregation was not sufficiently robust. The segregation monitoring and review group met quarterly and had made some improvements, for example a reduction in strip-searching and the installation of telephones in cells. However, segregation review

paperwork showed poor attendance at reviews, generic targets and a lack of care plans. Reintegration planning was limited.[19] (See paragraph 1.37).

Recommendations

1.45 Prisoners on an ACCT should only be segregated in exceptional circumstances and these should be well documented. Protective measures should be put in place to support segregated prisoners in crisis.

1.46 Segregated prisoners confined to their own cells should receive all their daily entitlements, including mandatory visits from managers and health care staff.

1.47 The showers in the segregation unit should be refurbished and well maintained. Cell toilets should be clean. Segregated prisoners should have access to in-cell work and a gym.

1.48 There should be effective governance and oversight of the segregation unit. Good order or discipline reviews should be multidisciplinary, address prisoners' needs and assist their reintegration into the prison.

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.

1.49 The strategic approach to security was reasonably good. Threats were assessed and used to inform monthly security meetings. Analysis and discussion at these meetings was reasonably good but some key stakeholders did not routinely attend and some actions recurred at successive meetings with inadequate updates.

1.50 The flow of intelligence into the security department was good and intelligence reports (IRs) were of a reasonable standard. During the previous six months, 5,670 IRs had been submitted, which was comparatively high and an increase since our last inspection. Some security intelligence was not routinely shared with all departments, which was concerning (see paragraph 4.12).

1.51 Searches of communal areas were regular and adequate.

1.52 Some security procedures were disproportionate, such as the routine strip-searching of prisoners for all external escorts, closed visits for non-visits related offences, and prisoners being required to end their visits early if they used the toilet. Escort risk assessments were completed well and arrangements for the use of handcuffs were proportionate.

1.53 Intelligence was not always acted on. For example, between January and June 2018, 20% of recommended intelligence-led searches had not been completed. Searches that had taken place had found contraband such as mobile phones, drugs and illicit alcohol (hooch) and related paraphernalia.

[19] 'Solitary confinement' is when detainees are confined alone for 22 hours or more a day without meaningful human contact (United Nations Standard Minimum Rules for the treatment of prisoners. Rule 44).

1.54 There were two drug testing suites. The suite in reception was too small and offered little privacy. Mandatory drug tests (MDTs) focused predominantly on the HMPPS performance target and risk-based testing. Too few suspicion tests were conducted: between January and June 2018, 344 suspicion tests had been requested, but only 139 had been completed, 58% of which tested positive, mainly for NPS[20].

1.55 In our survey, 49% of prisoners said it was easy to get illegal drugs and 46% alcohol. However, the strategic approach to drugs had improved. Measures had been put in place leading to regular finds, the interception of NPS impregnated in mail, and a reduction in the number of positive random test results. Between January and June 2018, the positive rate for prisoners randomly tested for drugs was 5.5% or 14.2% when NPS was included, compared with 22.8% and 38.3% respectively in 2017.

1.56 The use of a Rapiscanner[21] was effective but the practice of withholding and destroying all correspondence that indicated positive, including photographs and stamps, was excessive. When we raised this, managers said they would look at photocopying items in such cases.

1.57 Links with the police were good and police intelligence officers worked well with the security team. Corruption prevention work was well developed and effective. The security department received nearly 100 IRs each month relating to corruption and professional standards. At the time of our inspection, four staff were suspended and five had recently been dismissed. Police intelligence officers and regional resources supported counter-terrorism work and worked to tackle serious and organised crime activity.

1.58 Ten prisoners were subject to closed visits at the time of the inspection, not all for visits-related offences.

Recommendations

1.59 Security intelligence should be shared effectively to enable all departments to meet their objectives and goals.

1.60 Actions should be carried out promptly following the receipt of intelligence reports, including suspicion drug testing.

1.61 Security arrangements, including strip-searching on escorts and closed visits, should only be imposed when supported by intelligence. Restrictions should be lifted if they are no longer supported by intelligence.

[20] NPS generally refers to synthetic cannabinoids, a growing number of man-made mind-altering chemicals that are either sprayed on dried, shredded plant material or paper so they can be smoked or sold as liquids to be vapourised and inhaled in e-cigarettes and other devices.

[21] A specialist piece of equipment designed to scan mail for illicit substances.

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

1.62 There had been 349 incidents of self-harm in the last six months which was high and more than double the number at our previous inspection. The number of individuals who self-harmed in the last six months had also increased since the last inspection. Some incidents had been serious and hospitalisation was needed. The number of ACCTs was also comparatively high with 199 opened in the previous six months. Despite these high numbers, the safer custody team did not investigate all near misses (see main recommendation S38).

1.63 ACCT documentation was inadequate. Concern and keep safe forms lacked detail and immediate action plans and some assessments were frequently completed late. Case reviews were often not multidisciplinary and care maps were frequently not updated. Some documents did not record meaningful interactions with prisoners.

1.64 Despite these failings, prisoners on an ACCT were positive about the support they received. Staff we spoke to were knowledgeable about prisoners on ACCTs and demonstrated genuine care.

1.65 There had been two self-inflicted deaths since the last inspection, both in 2016. Reasonable progress had been made in meeting most of the Prisons and Probation Ombudsman's recommendations.

1.66 There was a local safer custody strategy but the action plan was not sufficiently comprehensive. Data were reviewed at monthly safer prisons meetings to identify trends and patterns of behaviour so that support for prisoners at risk of self-harm could be improved. However, no health care staff routinely attended these meetings and there was no prisoner representation.

1.67 There had been 26 constant supervisions in the past six months involving 16 prisoners. The associated processes were broadly appropriate: a member of the senior management team was allocated as case manager and the case management team included a member of the psychology team. One prisoner with complex needs had been on constant supervision for about seven months, principally in the segregation unit. He had received appropriate multidisciplinary care and support and was no longer on constant supervision (see section on segregation).

1.68 The safer custody team managed an in-house 'buddy' programme with similar aims to the Listeners[22] scheme. The psychology team trained the buddies. Buddies met the safer custody team regularly and felt supported. Access to buddies was adequate, but there was an over-reliance on certain buddies and a lack of awareness among staff of which prisoners had been trained for this role.

[22] Listeners are prisoners trained by the Samaritans to confidentially meet prisoners in crisis. They do not offer fellow prisoners advice but listen and ask questions.

1.69 All prisoners could phone the Samaritans free of charge using the telephones in their cells. Over 4,000 calls had been made in the first six months of 2018.

1.70 Despite the procedural and systemic weaknesses, we observed some innovative practices and positive work. There were advanced plans to introduce a sensory room to provide a calm and relaxed environment and a day care unit was being considered for prisoners who were self-harming.

1.71 Joint work by the safer custody team and the psychology department was good. The psychology team contributed to the case management of prisoners on ACCTs and there were plans to deliver dialectical behaviour therapy (DBT).[23]

1.72 Prisoners with multiple needs were discussed at a monthly complex needs meeting which afforded clarity and direction for their care. A part-time counsellor provided good support to prisoners who had experienced trauma.

1.73 All prisoners were able to contact the safer custody team from their cells using a hotline number. They could leave a message and their calls were returned or staff visited the prisoner. Prisoners we spoke to were positive about this service. Between January and June 2018, 188 calls had been made to the hotline.

Recommendation

1.74 All staff should be able to easily identify which prisoners are buddies.

Good practice

1.75 *The safer custody hotline allowed prisoners to contact the safer custody team directly from their cells.*

Protection of adults at risk[24]

1.76 The safeguarding policy was reasonable and a senior manager attended the local partnership board with Nottinghamshire County Council. There was a procedure for making safeguarding referrals, but none had been made in the previous six months. Awareness of safeguarding procedures among staff was variable but a staff training package was being developed.

1.77 Several internal procedures required improvement to ensure that prisoners at risk of harm were adequately safeguarded. These included violence reduction, governance of use of force, suicide and self-harm prevention and complaints (see main recommendations S36, S37 and S38).

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[23] DBT is an approach to addressing intense emotional instability and other mental health problems. It aims to enable the individual to manage difficult emotions by recognising, accepting and regulating them. One of the goals of DBT is to reduce the frequency of harmful behaviour, for example self-harm or attempted suicide.

[24] 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).

Section 2. 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.

2.1 Relationships between staff and prisoners were not consistently strong. In our survey, only 63% of prisoners said staff treated them with respect against the comparator of 79% and 80% at the previous inspection. Levels of engagement and confidence in working with challenging prisoners were often inadequate, particularly among the many new staff. An advice and help line for staff, introduced to support their development and confidence in dealing with prisoners, was a promising initiative.

2.2 Prisoners told us that senior managers were rarely seen on the residential units. We saw officers being helpful and caring towards prisoners. Some officers, particularly night officers, had good knowledge of the prisoners in their care and were supportive.

2.3 In our survey, only 53% of prisoners said there were staff they could turn to if they had a problem and only 20% said that any member of staff had talked to them in the last week about how they were getting on. All prisoners had been assigned a personal officer but they were ineffective and were being replaced with key workers.

2.4 The key worker system was a promising initiative but not yet embedded. Staff were to spend 90 minutes every two weeks with the prisoner and develop a progression plan. Initial meetings had been constructive and prisoners welcomed the additional contact provided by this scheme.

Recommendation

2.5 Relationships between staff and prisoners should be fair and courteous. All staff should be confident in challenging poor behaviour.

Good practice

2.6 *Officers who regularly worked on the wings staffed the residential units at night. They had a good understanding of their responsibilities and knowledge of the prisoners in their care.*

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

2.7 Residential units were reasonably modern and in good condition. Outdoor areas were clean and well cared for. Internal communal areas were tidy but shabby and required deep cleaning and redecorating.

2.8 Cells were spacious enough for single occupation and reasonably furnished. There was a shortage of some equipment, including kettles and televisions. Sixty-five cells could be shared but were cramped and lacked lockable cupboards and sufficient storage space.

2.9 Association areas were spacious with seating around tables and games equipment. Each wing had exercise equipment for use during association, although it was more limited on L wing.

2.10 Responses to emergency cell bells remained poor and many were not answered within five minutes. Emergency cell bells rang in wing offices but staff in the offices were slow to notify officers patrolling the wings. Furthermore, wing office staff could not phone prisoners directly, despite prisoners having phones in their cells.

2.11 Showers were clean and in good order. Access was good and 95% of prisoners in our survey said they could shower every day. Cells on newer wings had internal showers but on older wings they were in view of the communal area and lacked privacy.

2.12 Prisoners sometimes had difficulty getting materials to clean their cells. In our survey, only 46% of prisoners said they could get cell cleaning materials every week against the comparator of 65%. Staff confirmed there were occasional shortages.

2.13 Most prisoners wore their own clothes and laundry facilities on wings were good. Prison clothing was provided to those who needed it. In our survey, only 25% of prisoners said they could get their stored property if they needed it. Property was stored in secure conditions in reception and applications for access were dealt with every weekend. At the time of the inspection, no such applications had been outstanding for more than a week but retrieving property from other prisons could take up to five weeks to resolve.

Recommendations

2.14 Residential units should be deep cleaned and redecorated.

2.15 Cells designated for single occupancy should not accommodate two prisoners.

2.16 All prisoners should have kettles and televisions subject to disciplinary considerations.

2.17 In-cell emergency call bells should be responded to within five minutes. (Repeated recommendation 2.9)

Residential services

2.18 In our survey, 63% of prisoners said the quality of food was good. The menu was varied and met religious and dietary needs. Prisoners were consulted about the menu through a survey, and the menu was also discussed at the equality group, health care meetings and meetings with prisoner representatives.

2.19 Meal times were appropriate. Breakfast packs were supplemented by the opportunity to make toast on the wings. Microwaves and toasters were available for prisoners to use during association.

2.20 Thirty prisoners employed in the kitchen had been trained in food safety and health checked. The kitchen was clean and food storage hygienic. Hygiene standards on wing serveries were not as good and we saw prisoners working in serveries without the appropriate clothing.

2.21 There was enough seating on each wing for prisoners to eat together.

2.22 Prisoners could buy a good range of products each week. In our survey, 53% of prisoners said the shop sold the things they needed. The list of items available for purchase was amended in consultation with the prisoner information and amenities council.

2.23 New arrivals could place a full shop order immediately, which was delivered the day after arrival. Those without funds were credited with £5 until they received prison pay. These measures may have prevented prisoners borrowing money and getting into debt.

2.24 A wide range of mail order suppliers enabled prisoners to buy more expensive items such as clothes, hobby materials, books and electrical items.

Recommendation

2.25 Prisoners serving food on the wings should wear proper clothing.

Good practice

2.26 *All new arrivals were able to order and receive a canteen delivery on the day following their arrival.*

Prisoner consultation, applications and redress

2.27 Prisoner consultation was well developed through the weekly prisoner information and amenities council. Prisoner representatives on each residential unit met to agree an agenda before each meeting.

2.28 We observed a meeting of the group which was well conducted by the Director. Prisoners' requests were handled reasonably, legitimate grievances were acknowledged and progress was reported on issues raised. Minutes of the meetings showed that progress was made on many matters but the time taken to resolve other issues caused frustration.

2.29 The Prisoner Advice Line offered good support to prisoners. It was accessible from the telephones in cells and staffed every day by three experienced and knowledgeable prisoners who gave advice and information on a wide range of issues. All new prisoners were told about the service which was well used with up to 800 calls a month. Managerial oversight of the advice line was robust.

2.30 There were electronic kiosks on each wing for prisoners to communicate with prison departments, complete their menu choices, order from the shop and make applications. Applications could also be made on paper forms which were readily available. All paper applications were logged but there was no system for tracking responses, which went directly to the prisoner. Despite the breadth of the application system, prisoners responded negatively in our survey and complained to us about it. Only 62% said it was easy to make an application against the comparator of 80% and 76% at the previous inspection. Of those who had made an application, only 27% said applications were dealt with fairly and 20% that they were dealt with within seven days.

2.31 A very high number of complaints were made, with 2,155 submitted in the previous six months compared with 1,713 at the last inspection. Complaint forms were easily available and most responses were timely but often of poor quality. In our survey, only 11% of prisoners who had made a complaint said they were usually dealt with fairly. Initial complaints were dealt with at too low a level by wing officers. Most responses that we examined were polite but too many did not investigate complaints fully or provide adequate advice on resolving a matter.

2.32 Complaints about staff were investigated by managers but responses that we examined were very poor. They relied on the account of the relevant staff member but no interviews were held with the complainant and no corroborating evidence was sought before the complaint was rejected.

2.33 Information about complaining to the Prisons and Probation Ombudsman (PPO) and the Independent Monitoring Board was displayed on wings. Prisoners who had exhausted the internal complaints procedures were not, however, given information about contacting the PPO in the final response to their complaint. Complaints data were examined fully at the equality meetings and some actions in response were identified, such as the establishment of a property hub (see paragraph 2.13).

2.34 The legal surgery operating in the library had been discontinued and it was difficult for prisoners to prepare their own representations for legal hearings. They could consult legal books in the library and Prison Service orders and instructions were printed for them on request. Access to Justice laptops could be used to view electronic documents but at the time of the inspection, no laptops had been issued.

2.35 Facilities for legal visits were good and legal visits could take place every weekday. There were private consultation rooms and a video link to contact legal representatives and probation. Prisoners could contact their legal representatives from in-cell telephones.

2.36 Legal mail was examined for contamination by banned substances and we were told that, if it tested positive, the prisoner would be required to open it with staff present. However, in our survey, 79% of prisoners said that legal mail had been opened when they were not present (see paragraph 4.4). A log was kept of privileged mail opened in error and the sender and prisoner were informed.

Recommendations

2.37 Prisoners should receive timely responses to their applications which address the issues raised.

2.38 Managers should thoroughly investigate complaints about staff and interview the complainant. Complaint responses should fully answer the issues raised.

2.39 Prisoners' legal correspondence should only be opened in their presence, except for minimal opening to facilitate Rapiscan examination. When a letter is opened in this way, it should be marked as such to assure prisoners that the contents have not been read.

Good practice

2.40 *The prisoner information and consultation group meetings were well conducted and responsive to prisoners' concerns.*

2.41 *The Prisoner Advice Line provided valuable support and advice to prisoners. It was easily accessible and well used.*

Equality, diversity and faith

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[25] and any other minority characteristics 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.

Strategic management

2.42 A full-time equality manager oversaw equality work. Members of the senior management team (SMT) took the lead for each protected characteristic. Equality work was undermined by poor input from some SMT lead managers who often did not hold consultation meetings with men in each group. Some consultation was not effective enough: action points were not noted or carried forward. Attendance at the monthly diversity and equality action team meeting (DEAT) was poor by some lead managers. Attempts to involve community organisations had been unsuccessful.

2.43 These deficiencies were mitigated by an effective team of peer representatives who, with the equality manager, contributed well to the DEAT. Peer representatives valued the support of the equality manager whom they met monthly. They and other prisoners were able to speak to the equality manager on a telephone hotline.

2.44 Not enough attention was given to sharing monitoring data. Data from the equality monitoring tool were not considered because there were delays in HMPPS producing it. The prison collated its own data, but covering a more limited range of areas. Equality monitoring data indicated no discrimination, but this was not shared with prisoners. Prison data

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

suggested different treatment relating to the segregation of Muslim men and the prison had been too slow to act on this.

2.45 During the previous six months, 112 discrimination incidents had been reported. Most were investigated thoroughly but some had been dismissed inappropriately because the perpetrator had not shown intent. For example, in one case, a man on a kosher diet had been given a ham salad. The investigation found that a mistake had been made, an apology was offered, but the complaint was dismissed, because no offence was intended.

2.46 There was some celebration of cultural and religious events for prisoners in protected groups. However, events were no longer celebrated with a special meal for members of groups, although the kitchens did provide a themed meal for all prisoners. Men in protected groups had limited contact with community support groups.

Recommendations

2.47 Consultation with men in all protected groups should be effective. Managers responsible for equality work should routinely attend diversity and equality action team meetings.

2.48 Equality monitoring data should be analysed promptly and data of concern should be investigated without delay. The outcome of analysis and investigations should be shared with prisoners.

Protected characteristics

2.49 The protected characteristics of new prisoners were not systematically identified and records of men in some groups were poor.

2.50 About 46% of the population were from a black and minority ethnic background. Equality monitoring data did not suggest any discrimination of these men and they reported similar treatment to white prisoners across most questions in our survey. However, only 46% said that most staff treated them with respect, compared with 72% of white prisoners. Consultation with black and minority ethnic prisoners did not address their concerns adequately and monitoring data had not been shared with them. We were very concerned to find racist graffiti in adjudication holding rooms.

2.51 In our survey, 5% of prisoners said they were from a Traveller community. This suggested a population of about 43 Travellers while the prison only had records of 13. Travellers' concerns were not addressed adequately during consultations.

2.52 The population of 93 foreign nationals were not given enough support. We were told that the prison often held men who had been in the UK since they were children, who would have complex immigration cases. Prisoners could apply to see immigration officials who attended the prison regularly, but they would only be seen if there was a development in their case. Prisoners with funds could instruct immigration lawyers but there was no access to free independent legal advice and no immigration law materials in the library. Many foreign nationals whom we spoke to were frustrated about the slow progress of Home Office casework. Foreign nationals who could not speak English were not given enough help with their daily needs. We were not confident that telephone interpretation was used when needed and access to translated information was poor.

2.53 Equality monitoring tool data did not suggest any discrimination of Muslim men, who reported similar treatment to other prisoners across most questions in our survey. However, only 42% said that most staff treated them with respect, compared with 69% of non-Muslim prisoners. We were not confident that Muslim men were consulted adequately and that enough was done to understand and address their concerns.

2.54 In our survey, 29% of prisoners considered themselves to have a disability, which suggested a population of about 250 men. The prison only had a record of 162. Only health care staff asked new prisoners if they had a disability. Most prisoners with disabilities spoke to us positively about their treatment. However, some adaptations had taken too long and there was unmet low-level need. Social care referrals were taking far too long. Some, but not all, prisoners who needed one had a paid carer. Wing care plans were not used for men with more significant needs.

2.55 There was little dedicated support for younger prisoners, although there was none under the age of 21 at the time of the inspection. Monitoring data did not show consistently disproportionate treatment of younger prisoners.

2.56 Support for older prisoners was reasonably good and developing well with the recent introduction of an over-55s club. Support for veterans had been neglected. However, the recent introduction of monthly meetings facilitated by a nurse from Nottingham Health Authority was a very good development (see paragraph 2.93). It improved the likelihood of the diagnosis of conditions such as post-traumatic stress disorder and provided a pathway for veterans to access specialist NHS support.

2.57 We observed inappropriate attitudes towards female staff from both prisoners and staff. We saw prisoners verbally harassing women without challenge. A member of staff criticised the recruitment of 'little girls' to officer positions.

2.58 There was poor identification of and limited support for gay and trans prisoners. However, gay prisoners we spoke to reported few problems in relation to homophobia.

Recommendations

2.59 Prisoners' protected characteristics should be systematically identified on arrival.

2.60 The negative perceptions of black and minority ethnic and Muslim prisoners should be investigated and addressed.

2.61 Professional telephone interpreting and translated materials should be used to communicate with prisoners who do not speak English.

Faith and religion

2.62 Faith services were adequate. The large room used for religious services was impersonal, but efforts were made to dress it for specific services. The carpet was blood stained from an incident four weeks previously, and the stains were not removed until the inspection.

2.63 There had been no Church of England chaplain since the beginning of 2018. This had placed a strain on the service and it was not possible for the team to carry out all its duties. For example, it was not able to see all prisoners on an ACCT[26] each week.

[26] Assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm.

2.64 In our survey, 86% of prisoners said they could attend religious services if they wished. Pagan services had been regularly cancelled but this had largely been resolved by the time of the inspection.

2.65 Although prisoners in segregation could apply to attend corporate worship, in practice applications were refused on risk or security grounds. The chaplaincy offered one-to-one sessions to these prisoners.

2.66 There was reasonable provision of religious instruction classes. The team also facilitated the Sycamore Tree victim awareness courses, and three had been held in the previous year.

2.67 Despite vacancies in the team, there was good pastoral support for prisoners. The team was visible on wings throughout the inspection. Chaplains provided very good support for prisoners experiencing bereavement.

Health, well-being and social care

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

2.68 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)[27] and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. A number of areas have been identified that require improvement with a subsequent notice issued by the CQC which has been detailed within Appendix III of this report.

Strategy, clinical governance and partnerships

2.69 Nottingham Healthcare NHS Foundation Trust had been commissioned by NHS England as prime provider since 2014, with subcontracts to GPs, podiatry, optometry and dental services. A health needs assessment had been completed in January 2018 to inform future commissioning decisions. Contract management meetings took place and attendance was good.

2.70 Leadership was positive. There were defined governance structures for several areas such as incident reporting, staff training and supervision and oversight and implementation of the Prisons and Probation Ombudsman recommendations. However, inadequate management of some risk areas and restricted access to services had resulted in poor outcomes for patients.

2.71 The skill mix and quality of staff was good and the introduction of the paramedic and advanced nurse practitioners to support primary care work were positive. The staffing levels and availability of clinic space impacted the ability of the service to function at an appropriate level. The commissioner's decision to fund the overnight nursing cover was welcomed by the Trust which had provided this post beyond the requirements of the contract.

2.72 Patient consultation took place, including patient forums. The perception of health care provision in our survey and groups was poor and this was reflected in the health needs assessment in which 50% of prisoners described health care as bad. This impression derived

[27] 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.

from difficulty in accessing health care and from applying sanctions under the incentives and earned privileges scheme for prisoners who did not attend appointments, which was inappropriate. In our survey, 83% of prisoners said it was difficult to see a GP, 79% a dentist and 65% a nurse. However, more than 40% said that the quality of the service from doctors and nurses was good or very good. The interactions that we observed were respectful and caring.

2.73 A separate health care complaints system was in place. Forms were readily available on units and collected each day. The use of automated machines on wings to access responses was innovative. The head of health care monitored responses for quality and timeliness. Responses were comprehensive but rarely included an apology. This system was also used for health care applications, although we were unable to determine who had access to the information transferred through this system. The health care team had introduced body-worn cameras to video health care incidents. Video recording of potentially confrontational events within a health care consultation, which could include discussion about health provision, could constitute a breach of confidentiality as ownership and storage of the footage remained the property of Serco. There was a general information-sharing agreement in place and this was applied in practice, particularly around complex cases.

2.74 Temperatures in clinical rooms were high and had often exceeded 25 degrees Celsius in the summer (see paragraph 2.121). This compromised the safe storage of medicines and environmental conditions for patients. There was not enough room in the health care centre to accommodate the numerous clinics and individual sessions. The most recent annual infection control audit was three months out of date. The area was clean and reasonably well equipped, but there were no hand towels or soap and some sinks lacked the appropriate elbow taps.

2.75 The waiting room remained stark, cramped and poorly ventilated, with no CCTV or officer presence which made it unsafe for vulnerable prisoners.

2.76 All health care staff and approximately 85% of prison custody officers (PCOs) were trained in emergency responses. They understood the code system to call for assistance in medical emergencies and the need for ambulances to be requested promptly. The code system was displayed in the wing offices. The health care emergency bags on each house block were well equipped and checked regularly but PCOs did not have access to them. The automated external defibrillator (AED) on house block 1 had no power and the chest pads had expired in 2015. These were removed when we pointed it out.

Recommendations

2.77 Information sharing and storage should comply with professional standards and current legislation.

2.78 Temperatures in all clinical areas should be below 25 degrees.

2.79 The waiting area in health care should be urgently refurbished. (Repeated recommendation 2.63)

Promoting health and well-being

2.80 There was no overarching health promotion strategy but practice was good in some areas. Information from the substance misuse service was informative, eye-catching and widely available.

2.81 The primary health care team had developed an informative newsletter which included pictorial information and a health care information booklet. Neither of these was available on the house blocks.

2.82 Visiting specialists regularly delivered a good range of sexual health services. Condoms could be requested through the automated machines. The prison had become smoke free in September 2017 which had been project managed well by a joint team. The introduction of vapes had been positive but the public health target to reduce smoking/vaping had yet to be addressed. The communicable disease outbreak policy was up to date but it lacked key contact details for staff. Remedial gym was available for prisoners with additional needs and there were plans for the newly appointed health care assistant to lead on this work.

Recommendation

2.83 There should be an overarching health promotion strategy which informs practice.

Primary care and inpatient services

2.84 Primary care staff were well qualified and motivated. The health care team included two band 7 nurses (a matron and an advanced nurse practitioner), four band 6 nurses, three band 5 nurses and two health care assistants. There were four vacancies: two band 6, one band 5 and a paramedic. Following the publication of the health needs assessment in January 2018, the provider had submitted a new staffing business case to NHS England to rectify staffing deficits.

2.85 A qualified health professional carried out initial and secondary screening for all prisoners in reception using the national templates. The screening had been combined following increasingly poor attendance at secondary screening appointments. No other clinical interventions were conducted at this point, which was a missed opportunity to assess and plan long-term care, vaccinate and test for blood-borne viruses. We did not observe staff checking person escort records on arrival but all other documentation was completed. The management of incoming medications was not robust. Medicines were left in envelopes in reception and collected in carrier bags for transportation.

2.86 A newly appointed advanced nurse practitioner was managing long-term conditions effectively. Other clinics included GP, nurse triage, optician, medicines risk assessments, physiotherapy, podiatry, older persons and weight management.

2.87 The health needs assessment indicated an average GP wait of between seven and 35 days which increased to about 64 days for a routine appointment. This was too long and affected other areas of service delivery. The GP contract delivered five sessions a week (see main recommendation S39).

Recommendation

2.88 The health care facilities and staffing model should reflect patient need and service delivery.

Social care

2.89 Overall, social care was underdeveloped. A memorandum of understanding was in place but it had not been signed by Nottinghamshire County Council (NCC). Referrals were electronic and could be made by the health care team, prison officers or self-referral. Social care assessments were undertaken by the responsible social worker at NCC. Twelve assessments had been undertaken in the previous year, only one of whom reached the threshold before transfer. At the time of our inspection, there were no social care packages or care plans and no contract to deliver care. The health care team had observed delays in the delivery of equipment because of long waits for an occupational therapist assessment.

Recommendation

2.90 All prisoners with social care needs should be identified, referred and assessed, and receive the required support promptly, within a robust governance framework.

Mental health care

2.91 In our survey, 41% of prisoners said they had a mental health problem, but only 26% of them said that they had received help with this.

2.92 Men who used the integrated mental health team received a reasonably good primary and secondary mental health service, available Monday to Friday from 8am to 4pm. The team consisted of mental health nurses, a learning disability nurse, part-time clinical psychologist and two forensic psychiatrists who covered two to three sessions a week.

2.93 There was a range of interventions for patients with mild to moderate mental health needs and for patients with enduring and complex problems. Some groups were held, including a monthly veterans group. Care plans and risk assessments were reasonable.

2.94 About 40 new referrals were received each month through reception, self-referral or custody staff. Mental health assessments were completed within 10 working days and more urgent referrals were seen within 48 hours. Waiting times for NHS psychology were excessive at 18 months and access to the counsellor employed by the prison was also poor. The team case load was 99 at the time of the inspection. Multidisciplinary team meetings were held twice a week to discuss new referrals and existing care. Physical health checks were carried out to monitor patients on prescribed mood stabilisers and antipsychotic medication.

2.95 The weekday duty worker completed medication rounds and participated in some ACCT reviews and reviews on the reintegration unit.

2.96 There had been six transfers under the Mental Health Act to secure mental health units since January 2018. The 14-day guideline had been exceeded in four cases, with the longest 22 weeks which was too long. Two patients had been waiting for more than 12 weeks because of factors outside the prison's control, including bed availability. Arrangements to ensure continuity of care on transfer and release were appropriate.

Recommendations

2.97 Patients should have timely access to psychology and counselling services.

2.98 Transfers to hospital under the Mental Health Act should take place within Department of Health transfer target timescales.

Substance use treatment[28]

2.99 The substance misuse service delivered a good range of individual and group psychosocial interventions and patient-centred clinical treatment. The team worked effectively with partners to support the revised drug strategy and attended monthly meetings. A focus day held in April 2018 attended by key stakeholders had identified the need for a recovery unit. Plans were well advanced for STAR (steps to abstinence and recovery), an intensive residential substance misuse programme with a focus on recovery and peer support. J wing had been designated drug free and K wing had been identified as the recovery wing. One peer mentor assisted with groups. Four other mentors and eight peer navigators had been recruited to support the programme and were awaiting imminent training.

2.100 During their induction, custody staff received awareness training on mental health issues, substance misuse and the effects of synthetic cannabinoids. They said this was helpful.

2.101 Newly transferred prisoners requiring substance misuse treatment were identified at reception and received appropriate continued prescribing. Prescribing was flexible and regular reviews occurred, although not all were conducted jointly, which would enhance the provision. Patients had individual, audited care plans, and the team knew their patients well and adopted a holistic approach focused on recovery.

2.102 Within 24 hours of arrival, in-cell telephone contact was made with prisoners identified with substance misuse issues. A comprehensive assessment was conducted within five days and discussed at a weekly allocations meeting.

2.103 Some medical emergencies had occurred following the use of synthetic cannabinoids but these had reduced in number during the previous three months. Support and harm minimisation was offered to all prisoners suspected of using illicit substances, including hooch.

2.104 Referrals were made from any source including self-referral, officers and security intelligence following mandatory drug testing.

2.105 At the time of the inspection, the team was supporting 116 prisoners (14% of the population). This included 60 prisoners who were receiving opiate substitution therapy, 49 on maintenance doses and 11 reducing. Alcohol detoxification was rarely needed, although specific awareness sessions and support were available. The dual diagnosis nurse (substance misuse and mental health) provided good support for 19 patients.

2.106 Liaison with community services was effective for the small numbers released from the prison. Harm reduction advice was given before release and Naloxone (a medication to manage opiate overdose) was available with appropriate training, which was positive.

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[28] In the previous report substance use treatment was included within safety, while reintegration planning for drugs and alcohol came under rehabilitation and release planning (previously resettlement).

Medicines optimisation and pharmacy services

2.107 A community pharmacy supplied medicines. Collection of delivered medicines took place outside the prison. The technician was not always accompanied when completing this task.

2.108 At the time of the inspection, there was no daily pharmacist service. Patients could request a consultation with a pharmacist but this service was not advertised because of low staffing levels. Pharmacy technicians were being trained to complete medicines reconciliations for new patients, but this system was not yet embedded.

2.109 Medicines were administered from dedicated hatches on the wings, twice daily by nurses and pharmacy technicians. The regime required most medicines to be administered at morning and tea time rounds, although a few patients received medicines at lunchtime and bedtime according to need. In-possession medicines were handed to patients at the weekend, although many concerns had been raised about delays in supply.

2.110 Medicines were kept in a dedicated pharmacy room in health care. The room was accessible to staff who held a health care key which allowed unnecessary access to some health care staff. The room temperature was monitored daily and was consistently higher than 25 degrees in the summer (see paragraph 2.74). The Trust had a procedure for reducing the shelf life of medicines held in these conditions, but this was not implemented because the stock was used before it reached this threshold. This could not be confirmed as the system for monitoring stock levels was not robust. Not all the medicine cupboards had locks and it was not possible to determine when medicines had been removed from stock and by whom.

2.111 Medicines were disposed of in large bins which were not tamper proof. Controlled drugs were stored securely and a log was kept of when keys were taken and by whom. Medicines for minor ailments were available out of hours but the logs to track their use did not match the stock on the shelves.

2.112 Medicines risk assessments were in place for 13 of the 16 records we sampled and compact agreements were in place for 10 of the 16 cases. There was a robust system for cell checks and records demonstrated actions taken following a failed cell check.

2.113 Eleven of the standard operating procedures that we reviewed were past their review date. Governance meetings had not taken place recently.

2.114 Dispensing rooms on the wings posed security risks. There were no class A gates on the doors and the medicines cabinets were not secure enough.

Recommendations

2.115 Medicines should be collected from the community and stored on the wings safely and securely.

2.116 Patients should be able to discuss their medicines with a pharmacist.

2.117 Patients should receive all their medication, including in-possession medication, promptly without any gaps in treatment.

2.118 Stock reconciliation procedures should apply for all pharmacy stocks and medication should be stored at the appropriate temperature.

2.119 Pharmacy policies and procedures should be updated and governance meetings should be held regularly.

Dental services and oral health

2.120 The dental suite was clean and fit for purpose with a separate decontamination room. All policies and procedures were up to date and suitable equipment and emergency medicine checks were undertaken. The dentist had responded in a timely, comprehensive and patient-focused manner to the seven dental complaints received since December 2017.

2.121 The temperature in the dental suite had regularly exceeded 28 degrees in the summer which made conditions difficult for patients. Fans were removed during the inspection to reflect infection control policies. The high temperatures had a clinical impact as some procedures had to be completed more quickly, for example using compounds which set quickly in high temperatures.

2.122 During 2017 there had been two three-month periods (April to July, October to December) when the x-ray equipment was out of service. This had created a significant backlog of diagnostics and treatment. The interim period (August to September) had coincided with the dentist's annual leave and, although locum cover was provided, this did not fully address the backlog. The dental team implemented regular follow-up for patients awaiting x-ray and monitored any complications. The current waiting time for a routine appointment was nine weeks, which was too long.

Recommendation

2.123 Waiting times for routine dental services should be comparable to those in the community.

Section 3. 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 and are encouraged to engage in activities which support their rehabilitation.

3.1 Time out of cell was good for most prisoners and much better than we usually see. Employed prisoners could have over 10 hours out of cell on weekdays and up to eight hours at weekends. Unlock times were subject to some slippage, although full regime curtailments were not common.

3.2 Prisoners had good access to association and outside exercise. In our survey, 83% of men said they could go outside for exercise more than five days in a typical week, if they wanted to. On average, 27% of prisoners were, however, locked up during the working day, which was still too high for a training prison.

3.3 The library service was adequate but the facilities were poor. The library was too small for the population and there was no study area. There were no library orderlies, although two cleaners assisted the librarian.

3.4 The library had a good range of up-to-date books and material, including easy-read materials and books in a wide range of languages. Prison Service Instructions were available and there were up-to-date criminal law reference books. A small selection of books was available for prisoners in the segregation unit.

3.5 The library service did not promote literacy effectively. There were no reading groups or book reading challenges. However, the service did provide some support for family days.

3.6 Prisoners could use the library up to four times a week, but workers only had access to one evening session. Monitoring of use of the library was not systematic and it was difficult to evaluate the overall impact of the library and use by prisoners from different groups and wings.

3.7 Recreational gym provision was reasonably good, but indoor facilities and equipment were very poor. Plans for a major refurbishment of the gym were awaiting approval by senior managers at Serco.

3.8 Facilities were run down and dilapidated. The floor and matting in the weights room was damaged and hazardous. There were no showers. Much equipment was too old to be supported by a maintenance contract. Three of the five running machines were out of order. The four-season outdoor pitch was worn in places.

3.9 All new prisoners were inducted to the recreational gym but there was not enough advice on healthy living. There was no formal link with the health screening of new prisoners, although men were asked to disclose health issues in a questionnaire completed with gym staff.

3.10 The recreational gym took referrals from the health care team for remedial work with prisoners. Specific activities encouraged all prisoners to use the gym, including sessions for over-40s, over-50s and an over-50s walking club. Other group activities included football and basketball. There was no recreational circuit training.

3.11 Monitoring of gym attendance remained weak and it was difficult to determine who used it and whether access was equitable.

3.12 Vocational training and qualifications could be obtained in the separate sports academy. Facilities there were much better than the recreational gym. Teaching, learning and assessment in the sports academy were good. It was staffed by well-qualified and enthusiastic trainers who planned their lessons well, resulting in good outcomes for prisoners. The sports academy was well resourced to meet the needs of prisoners and to enable them to achieve qualifications for meaningful employment on release.

Recommendations

3.13 The library should organise activities to promote literacy.

3.14 Data on library and gym use should be analysed and acted on to ensure equitable access for all prisoners.

3.15 Urgent refurbishment of recreational gym facilities and equipment should be carried out, and they should be maintained in a good and safe condition.

Education, skills and work activities (Ofsted)[29]

Expected outcomes:
All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The education, skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.[30]

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

Overall effectiveness of education, skills and work:	***Inadequate***
Achievements of prisoners engaged in education, skills and work:	*Inadequate*
Quality of education, skills and work provision, including the quality of teaching, training, learning and assessment:	*Requires improvement*
Personal development and behaviour:	*Requires improvement*
Leadership and management of education, skills and work:	*Inadequate*

[29] This part of the inspection is conducted by Ofsted inspectors using Ofsted's common inspection framework. This ensures that prisons are held accountable to the same standard of performance as further education colleges in the community.

[30] In the previous report reintegration issues for education, skills and work were included within rehabilitation and release planning (previously resettlement).

Management of education, skills and work

3.17 Leaders and managers had not rectified any of the weaknesses identified at the previous inspection. All education, skills and work activities were managed directly by prison leaders and education managers. All staff, including teaching staff, were direct employees of the prison.

3.18 Prison leaders and education managers did not have sufficient oversight of the quality of education, skills and work. Most aspects of the provision that had been strengths at the previous inspection had deteriorated into weaknesses, including the development of the curriculum and the progress that prisoners made in their learning and skills development.

3.19 Quality assurance and improvement arrangements were ineffective. The self-assessment report was not evaluative enough, and demonstrated that leaders and managers did not have an accurate understanding of the strengths and weaknesses of the provision. Records of meetings and discussions demonstrated that leaders focused too much on meeting operational performance targets and not enough on the quality of the education, skills and work provision.

3.20 Leaders' approach to the development of the curriculum was poor and they had not responded rapidly enough to the changing needs of the population. The number and range of education courses had reduced significantly since the previous inspection. Vocational qualifications in prison workshops had been discontinued. There was now a shortage of industry-recognised qualifications in the workplace to help prisoners develop new skills and to gain employment on release.

3.21 Staff shortages and regular cross-deployment of specialist education staff resulted in cancelled lessons and gaps in the provision. When sessions were cancelled, prisoners continued to be paid and full attendance was recorded in the prison's performance data.

3.22 Management of staff performance was weak and staff development opportunities were minimal. Performance management arrangements were not implemented robustly enough and the quality of the provision had declined. We identified good practice in, for example, the sports academy and Inside Media (see paragraph 3.40), but this was not shared to enable all prisoners to benefit from the same high standards.

3.23 The allocation of prisoners to activities did not involve education managers sufficiently and was ill informed. Prisoners were allocated to education courses while waiting for work opportunities to become available. Despite routine assessment of prisoners' starting points, too many were placed on the incorrect course or level for their needs and abilities.

3.24 The number of purposeful activity places did not meet the needs of the population. Prison leaders placed little value on prisoners' educational development and the pay policy was a disincentive to prisoners: the pay difference between education and prison work was substantial and prisoners did not engage enough with education and vocational training. The virtual campus[31] was not available to support prisoners' learning and development.

3.25 Data recording, monitoring and management, particularly of prisoners' progress, skills development and achievement, were weak. Leaders did not monitor achievement gaps between different groups of prisoners.

3.26 Very few prisoners were released from the prison, and careers education, advice and guidance were limited. Some support was provided for the few prisoners who were released

[31] Prisoner access to community education, training and employment opportunities via the internet.

through an interview with Job Centre Plus and opening a bank account. The prison did not offer a pre-release course.

3.27 Prisoners did not consistently arrive at their lessons on time. A staged movement to activities had recently been introduced to reflect increased levels of violence. Education managers had not taken account of this change in scheduling lessons and prisoners arrived up to 40 minutes late to some activities.

Recommendations

3.28 Prison leaders should provide sufficient and stimulating education and work activity to meet the needs of all prisoners. Prisoners should be able to obtain industry-recognised qualifications in the workplace.

3.29 The education provision should be staffed adequately, with appropriately qualified trainers and teachers.

3.30 Pay rates for prisoners should not deter prisoners from attending education. (Repeated recommendation 3.10)

3.31 Prison and education managers should implement effective recording and monitoring arrangements to identify the progress and achievements of all prisoners and to improve progress rapidly when necessary.

Quality of provision

3.32 Leaders, trainers and teachers did not have high enough expectations of what prisoners could achieve. Too many lessons were slow in pace, dull and uninspiring. Prisoners were not engaged fully, and this impeded their progress.

3.33 Trainers and teachers did not make enough use of information about prisoners' starting points and experiences to plan individual learning and training. Too many prisoners started on low-level courses which did not meet their individual needs, interests or abilities. Induction into education, skills and work was not detailed or robust enough to engage prisoners in developing their personal and academic potential.

3.34 Individual learning plans were weak. Targets were often generic and did not explain how prisoners could achieve qualifications, make good progress or develop new skills.

3.35 Trainers did not ensure that prisoners developed their use of English and mathematical skills routinely in vocational training and prison work. Leaders had not implemented a strategy to develop prisoners' English and mathematics skills. There was some reinforcement of English and mathematical skills in the sports academy, but too many trainers and teachers did not routinely prioritise the development of these skills in a structured and meaningful way.

3.36 Prisoners with additional learning needs were not well supported. Prisoner learning support assistants provided help and guidance to their peers during learning sessions, but trainers and teachers did not provide enough direction, which limited the impact of their interventions.

3.37 Trainers and teachers did not provide consistently clear feedback on how prisoners could improve their knowledge, skills and understanding. Prisoners' work was not assessed regularly enough for them to know if their work was meeting the required standard.

3.38 In employability and information and communication technology lessons, prisoners developed successfully the skills and behaviours needed for future employment, such as effective communication and word processing skills, and the importance of good personal presentation and hygiene.

3.39 Teaching, learning and assessment in the sports academy and Inside Media were good. Trainers in the sports academy were well qualified and conveyed their passion for health and fitness. They developed prisoners' understanding of technical terms, such as those used in anatomy and physiology to describe different muscle joints. Prisoners engaged well with learning and made good progress.

3.40 Inside Media was a well-resourced facility to produce television programmes, computer animations and online learning platforms. Very experienced professionals effectively used their excellent knowledge of broadcasting, games design, music production and computer coding to develop prisoners' skills. For example, prisoners had produced computer-generated animations using complex coding systems, games with different levels of difficulty, and documentaries and dramas for the prison's in-house television channel.

3.41 Trainers and teachers built good working relationships with prisoners.

Recommendations

3.42 Trainers and teachers should use prisoners' starting points to plan teaching and learning activities effectively. Learning and development targets should be specific and meaningful enough to help the prisoner progress.

3.43 Leaders, teachers and trainers should prioritise the development of prisoners' English and mathematical skills.

3.44 Prisoners with additional learning needs should be swiftly identified and receive the necessary support.

Personal development and behaviour

3.45 Trainers and teachers did not record prisoners' progress and learning and skills development effectively. Prisoners did not know the extent of their progress, which was often slow. The skills and behaviour that prisoners developed during work were not recognised or recorded.

3.46 Prisoners engaged in prison work did not adequately develop the skills that would benefit them in the future. Much of the work in the seven commercial workshops was mundane and repetitive, and failed to develop a work ethic or promote employability. Prisoners' motivation was often triggered by financial reward rather than the opportunity for personal improvement or academic development. Attendance was good in vocational training and prison work.

3.47 The number of prisoners attending education lessons was not consistently high. Those who attended education and training improved their confidence. For example, in English lessons, prisoners read aloud and could identify that being able to read was empowering.

3.48 Prisoners' behaviour across all activities was good. Prisoners worked well together and demonstrated respect and courtesy towards each other, staff and visitors.

3.49 Prisoners in a minority of education and vocational training classes were proud of what they had achieved. The standard of their practical work was high, particularly in art and employability skills lessons. The standard of work by prisoners in the kitchens, bistro, gardens and recycling was at an appropriate level.

Recommendations

3.50 Trainers and teachers should routinely record the progress that prisoners make across all activities.

3.51 Prison and education managers should ensure that prisoners attend education sessions regularly.

Outcomes and achievements

3.52 Achievement on education courses was not high enough and progression through levels within the same subject was poor. Too many prisoners who started education programmes left courses to attend work activities before achieving their qualifications.

3.53 Prisoners engaged in prison work and vocational training did not have enough opportunity for accreditation of their skills.

3.54 At the time of the inspection, three key vocational subjects were either not running or were covered by unqualified staff or prisoner learning support assistants. This affected prisoners' progress, achievement and learning experiences.

3.55 The very small number of prisoners who enrolled on Open University courses progressed and achieved successfully. Five prisoners had graduated recently from their university courses.

Recommendations

3.56 Education managers should provide progression opportunities within subjects so that prisoners can achieve their full potential in subjects that interest them.

3.57 Prison and education managers should ensure that significantly more prisoners who start education courses complete their studies and achieve their qualifications.

3.58 Prison and education managers should provide opportunities for prisoners to gain suitable qualifications.

Section 4. 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.

Children and families and contact with the outside world

Expected outcomes:
The prison 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.

4.1 In our survey, 51% of men said they had children under the age of 18. Provision had improved since the last inspection with the employment of a Serco family links worker who generally worked well with prisoners and their families in relation to straightforward matters. However, some work was quite complex and there was not enough specialist support and training for the family links worker.

4.2 Six well organised family days were held each year. Gym staff had organised a sports day and two family days for prisoners serving life sentences. Men on the basic level of the incentives and earned privileges scheme were excluded from family days, which was inappropriate.

4.3 The education department delivered Storytime Dads to make a story DVD for their children. More than 100 prisoners had used this in the previous six months. At the time of the inspection, the prison was not running any family or relationship courses (see section on purposeful activity).

4.4 Men had good access to their families through in-cell telephones. However, 74% of men in our survey said they had problems sending and receiving mail against the comparator of 48% and 47% at the previous inspection. All mail which tested positive for banned substances was destroyed, without prisoners being given a photocopy of the destroyed correspondence (see paragraph 1.56).

4.5 Visits arrangements were reasonable. The visitors' centre remained small and stark, but visitors were processed swiftly. Better information was available for first-time visitors, although this was not routinely handed out to them. Good information was displayed on the prison's family work. Family induction days included a video presentation on life inside the prison and was a good innovation.

4.6 Staff treated visitors with respect. In our survey, only 43% of prisoners said they usually started and finished on time. Although visitors were brought to sessions on time, we observed prisoners being brought in up to 25 minutes late. There were plans to refurbish the visits hall, which was shabby. There was a pleasant outdoor children's play area, but it was only used for family days. There was a photo booth for prisoners and their families to take a group photograph, which was another good innovation.

Recommendations

4.7 The family links worker should be given formal specialist training and supervision.

4.8 Visits should start on time.

Reducing risk, rehabilitation and progression

Expected outcomes:
Planning for a prisoner's release starts on their arrival at the prison. Each prisoner has an allocated case manager and a custody plan designed to address their specific needs, manage risk of harm and reduce the risk of reoffending.

4.9 The monthly reducing reoffending strategy committee was well attended by managers, although in the previous six months the most senior committee member had not attended. The agenda was appropriate, but the meetings lacked direction, with little data and no clear action planning or objectives. The needs analysis had not been updated since 2015, except in respect of offending behaviour programmes. There were some good interventions, but the overall strategic approach to reducing reoffending was not strong enough.

4.10 The offender management unit (OMU) operated well. Most posts were filled and, although a few offender supervisors were sometimes deployed to work elsewhere in the prison, this was not the case for the majority. This helped to deliver consistency and effective work. The whole team was co-located in a large office which encouraged effective sharing of information and expertise.

4.11 Men were allocated an offender supervisor as soon as they arrived and had an initial meeting with them within the first 10 days. Levels of contact between prisoners and offender supervisors were much better than we usually see and records of contacts on P-NOMIS (Prison Service electronic records) were good or excellent. Many prisoners spoke positively about the support they received from the OMU and offender supervisors knew the men well.

4.12 Staff elsewhere in the prison still had very little knowledge of the work of the OMU and the department remained marginalised. Offender supervisors were not always involved in key decisions affecting prisoners, such as activities allocation, transfers and categorisation reviews (see paragraph 4.17). Security intelligence was not routinely shared with offender supervisors.

4.13 About 80% of men presented a high or very high risk of harm, but there were no probation staff to support risk management. OMU staff were knowledgeable and had successfully challenged some decisions about risk of harm made by community offender managers, which was encouraging. However, we remained concerned at the absence of routine case management oversight in high risk of harm cases.

4.14 Offender supervisors reminded community offender managers regularly to finalise offender assessment system (OASys) assessments, but there were no accurate data on the number of sentence plans and OASys assessments that were complete or up to date. There was no clear policy on the frequency of reviewing these documents, no central database and no escalation policy for dealing with delays. Most prisoners had an OASys assessment and risk of harm assessments were generally accurate. However, this lack of oversight was poor and we found one high risk case which had been missed and the risk of harm had not been managed appropriately.

4.15 In our survey, 75% of men said they had a custody plan, and 87% said they knew what they had to do to achieve their objectives. This was encouraging. Most sentence plans were reasonably good and were discussed at a board involving the prisoner. However, offender supervisors and managers missed opportunities to set targets which might encourage progression in everyday activities, such as education, skills and work, positions of responsibility and family contact.

4.16 The public protection team was part of the security department but was located in the OMU, which promoted good communication. Staff screened each new arrival for public protection risks and considered them for appropriate restrictions. Restrictions that were imposed were proportionate and prisoners were told in person. Only six men were having their mail and telephone calls monitored for offence related reasons at the time of our inspection, which was not excessive. Each was reviewed every four weeks and none had been subject to restrictions for longer than a month. Thirty-four men had child contact restrictions. Each of these had been given an opportunity to apply for contact and one man was being supported to do so.

4.17 Categorisation reviews took place on time. OMU managers considered written contributions from the prisoner, the psychology department and the offender supervisor. Offender supervisors did not have access to security intelligence; their contributions were therefore incomplete and managers had to assess this information separately. Decisions by OMU managers tended to be risk averse, but a new, more rigorous appeals process had led to more proportionate outcomes. Offender supervisors met prisoners to explain decisions.

4.18 The interdepartmental risk management team met each month with an appropriate standing agenda. They reviewed prisoners eligible for MAPPA (multi-agency public protection arrangements) six months and one month before release. Offender supervisors prepared submissions for MAPPA panels, but their quality was too variable and they were not always countersigned. Offender supervisors did not summarise the work done to reduce risk of harm and the likelihood of reoffending. Their lack of access to security intelligence compounded this weakness, as did the practice of managers appending security intelligence to the report, rather than including an analysis of the intelligence in the body of the report.

4.19 Almost a third of men were serving an indeterminate sentence. Parole processes were up to date and well managed. Significant numbers of young men were starting indeterminate sentences and managers were considering how they could be supported. Formal consultation arrangements had restarted in June 2018. Staff and prisoners told us that L wing was a 'lifer' wing, designed to offer quieter living conditions, but some staff were confused about its purpose (see section on managing behaviour). Some wings had a lifer peer representative, not all of whom were very visible to other prisoners.

4.20 Each month the psychology department and offender supervisors reviewed men on indeterminate sentences for public protection who were over tariff to encourage engagement and progression. Prisoners welcomed the twice-yearly lifer days, which took place in visits, but regretted the absence of self-catering facilities.

Recommendations

4.21 Managers should have a clear policy about the frequency of OASys and sentence plan reviews for different groups of prisoners and should routinely collect data to demonstrate that the policy is being met.

4.22 Offender supervisors should have routine and effective case management supervision in high risk cases.

4.23 Offender supervisors should have appropriate access to security intelligence so that they can make balanced and complete recommendations about the men in their care.

Good practice

4.24 *The use of civilian staff as offender supervisors ensured consistency of staffing. This facilitated frequent contact with prisoners and effective working practices.*

Interventions

Expected outcomes:
Prisoners are able to access interventions designed to promote successful rehabilitation.

4.25 A recent needs assessment had indicated that the range of accredited offending behaviour programmes was now appropriate for the population. The courses now included Kaizen - a high intensity programme for violent offenders which could be used to address intimate partner violence as well as general violence. The Thinking Skills Programme, a cognitive behavioural intervention to support pro-social behaviour, and Resolve, a medium intensity programme for violent offenders, were also offered. These programmes met the assessed needs of the population and completion rates were good. Waiting lists were not excessive, but staffing and training pressures meant it was unclear if the team could sustain current delivery in the future.

4.26 Psychologists delivered one-to-one work and worked collaboratively across the prison to help staff understand and manage the behaviour of particular men (see paragraph 1.21). Three team members were trained in dialectical behaviour therapy and some offered mindfulness sessions.

4.27 The education department delivered popular courses on pro-social modelling and behaviour change and the chaplaincy had delivered the Sycamore Tree victim awareness course to 46 men in the previous year (see paragraph 2.66).

4.28 In our survey, 62% of men said they had done an offending behaviour programme, 76% of whom said it had helped them to achieve their objectives. Some men spoke particularly positively about offending behaviour programmes and the support they received from the psychology team. They also valued the offending behaviour programme coaches (peer supporters who had completed programmes), who provided advice on the content of courses and support to prisoners completing them.

4.29 Trained restorative justice practitioners had delivered a Restorative Choices programme three times in the previous year. This raised awareness of restorative practice and had led to several restorative interventions, including indirect victim contact. Restorative practice had been used occasionally to mediate disagreements between prisoners. At the time of the

inspection, nine men were involved in restorative work and a further seven were keen to engage.

4.30 A trained counsellor worked with 10 men to help them manage post-traumatic stress. Men valued this service, but often waited six months for an appointment.

4.31 There was no specialist financial advice service, but prisoners could apply to open bank accounts and purchase ID cards. Men had an appointment with Job Centre Plus in advance of release to make any necessary benefits claims. In the previous six months, only one man had been released without sustainable accommodation.

Good practice

4.32 *Some prisoners who had completed offending behaviour courses acted as programme coaches. They offered useful support to men considering completing such courses and to those who were undergoing treatment.*

Release planning

Expected outcomes:
The specific reintegration needs of individual prisoners are met through an individual multi-agency plan to maximise the likelihood of successful reintegration into the community.

4.33 The prison was not formally designated a resettlement prison. However, in the previous six months only four men approaching release had been transferred to a resettlement prison for release close to home. A further 22 men had been released from Lowdham Grange because resettlement prisons had refused to accept them or no transport had been available. During the weeks before release, these men potentially missed opportunities to meet offender managers and contact local resettlement service providers. Offender supervisors at Lowdham Grange worked hard to meet immediate release needs. We saw examples of good work with vulnerable men, including providing transport, bags and civilian clothes.

Recommendation

4.34 Prisoners should be transferred to a resettlement prison close to their release area three months before release to facilitate reintegration planning.

Section 5. Summary of recommendations and good practice

The following is a listing of repeated and new recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report, and in the previous report where recommendations have been repeated.

Main recommendations

To the governor

5.1 The number of violent incidents should be reduced. The prison should engage with prisoners and other stakeholders to further their understanding of the causes of violence and to implement bespoke strategies to address them. (S36)

5.2 The prison should reduce the number of uses of force. All incidents involving force should be justified and de-escalated as soon as possible. (S37)

5.3 The level of self-harm should be reduced. ACCT documentation should be completed to a high standard. Prisoners should be represented at key safer custody meetings. All serious incidents of self-harm and near misses should be thoroughly investigated and lessons learnt disseminated to staff. (S38)

5.4 Prisoners should be able to see health professionals easily and in a timely manner. (S39)

5.5 Prison and education managers should implement robust quality improvement measures, performance management processes and a programme of staff development to raise the quality of the education, skills and work provision. (S40)

5.6 Managers should formulate and implement a strategy which ensures that all departments work together to reduce risk and encourage progression. (S41)

Recommendations

Early days in custody

5.7 Prisoners should be given comfort breaks at least every two and a half hours on journeys to and from the establishment. (1.14, repeated recommendation 1.5)

5.8 Subject to evidence of security considerations, prisoners should be given enough notice of planned transfers to be able to inform their family. (1.15, repeated recommendation 1.6)

5.9 Reception holding cells should contain reading materials, televisions or similar activities to occupy new arrivals. (1.16, repeated recommendation 1.15)

5.10 First night safety interviews should always be completed in private and wherever possible on the day of arrival. (1.17)

Managing behaviour

5.11 Perpetrators should be challenged and victims should be supported through concern files that contain meaningful and individualised targets. (1.24)

5.12 A senior manager should regularly quality assure adjudication records and processes. The number of adjudications dismissed because of procedural or administrative errors or the transfer of prisoners should be reduced. Adjudicators should thoroughly explore the evidence before finding a prisoner guilty. (1.27)

5.13 The adjudication holding rooms should be clean and free of graffiti and with a screened toilet. (1.28)

Use of force

5.14 Planned use of force should be video recorded and body-worn cameras routinely turned on during spontaneous incidents. (1.34)

5.15 Special accommodation should only be used in very exceptional circumstances and never for punishment. (1.35)

Segregation

5.16 Prisoners on an ACCT should only be segregated in exceptional circumstances and these should be well documented. Protective measures should be put in place to support segregated prisoners in crisis. (1.45)

5.17 Segregated prisoners confined to their own cells should receive all their daily entitlements, including mandatory visits from managers and health care staff. (1.46)

5.18 The showers in the segregation unit should be refurbished and well maintained. Cell toilets should be clean. Segregated prisoners should have access to in-cell work and a gym. (1.47)

5.19 There should be effective governance and oversight of the segregation unit. Good order or discipline reviews should be multidisciplinary, address prisoners' needs and assist their reintegration into the prison. (1.48)

Security

5.20 Security intelligence should be shared effectively to enable all departments to meet their objectives and goals. (1.59)

5.21 Actions should be carried out promptly following the receipt of intelligence reports, including suspicion drug testing. (1.60)

5.22 Security arrangements, including strip-searching on escorts and closed visits, should only be imposed when supported by intelligence. Restrictions should be lifted if they are no longer supported by intelligence. (1.61)

Safeguarding

5.23 All staff should be able to easily identify which prisoners are buddies. (1.74)

Staff-prisoner relationships

5.24 Relationships between staff and prisoners should be fair and courteous. All staff should be confident in challenging poor behaviour. (2.5)

Daily life

5.25 Residential units should be deep cleaned and redecorated. (2.14)

5.26 Cells designated for single occupancy should not accommodate two prisoners. (2.15)

5.27 All prisoners should have kettles and televisions subject to disciplinary considerations. (2.16)

5.28 In-cell emergency call bells should be responded to within five minutes. (2.17, repeated recommendation 2.9)

5.29 Prisoners serving food on the wings should wear proper clothing. (2.25)

5.30 Prisoners should receive timely responses to their applications which address the issues raised. (2.37)

5.31 Managers should thoroughly investigate complaints about staff and interview the complainant. Complaint responses should fully answer the issues raised. (2.38)

5.32 Prisoners' legal correspondence should only be opened in their presence, except for minimal opening to facilitate Rapiscan examination. When a letter is opened in this way, it should be marked as such to assure prisoners that the contents have not been read. (2.39)

Equality, diversity and faith

5.33 Consultation with men in all protected groups should be effective. Managers responsible for equality work should routinely attend diversity and equality action team meetings. (2.47)

5.34 Equality monitoring data should be analysed promptly and data of concern should be investigated without delay. The outcome of analysis and investigations should be shared with prisoners. (2.48)

5.35 Prisoners' protected characteristics should be systematically identified on arrival. (2.59)

5.36 The negative perceptions of black and minority ethnic and Muslim prisoners should be investigated and addressed. (2.60)

5.37 Professional telephone interpreting and translated materials should be used to communicate with prisoners who do not speak English. (2.61)

Health, well-being and social care

5.38 Information sharing and storage should comply with professional standards and current legislation. (2.77)

5.39 Temperatures in all clinical areas should be below 25 degrees. (2.78)

5.40 The waiting area in health care should be urgently refurbished. (2.79, repeated recommendation 2.63)

5.41 There should be an overarching health promotion strategy which informs practice. (2.83)

5.42 The health care facilities and staffing model should reflect patient need and service delivery. (2.88)

5.43 All prisoners with social care needs should be identified, referred and assessed, and receive the required support promptly, within a robust governance framework. (2.90)

5.44 Patients should have timely access to psychology and counselling services. (2.97)

5.45 Transfers to hospital under the Mental Health Act should take place within Department of Health transfer target timescales. (2.98)

5.46 Medicines should be collected from the community and stored on the wings safely and securely. (2.115)

5.47 Patients should be able to discuss their medicines with a pharmacist. (2.116)

5.48 Patients should receive all their medication, including in-possession medication, promptly without any gaps in treatment. (2.117)

5.49 Stock reconciliation procedures should apply for all pharmacy stocks and medication should be stored at the appropriate temperature. (2.118)

5.50 Pharmacy policies and procedures should be updated and governance meetings should be held regularly. (2.119)

5.51 Waiting times for routine dental services should be comparable to those in the community. (2.123)

Time out of cell

5.52 The library should organise activities to promote literacy. (3.13)

5.53 Data on library and gym use should be analysed and acted on to ensure equitable access for all prisoners. (3.14)

5.54 Urgent refurbishment of recreational gym facilities and equipment should be carried out, and they should be maintained in a good and safe condition. (3.15)

Education, skills and work activities

5.55 Prison leaders should provide sufficient and stimulating education and work activity to meet the needs of all prisoners. Prisoners should be able to obtain industry-recognised qualifications in the workplace. (3.28)

5.56 The education provision should be staffed adequately, with appropriately qualified trainers and teachers. (3.29)

5.57 Pay rates should not deter prisoners from attending education. (3.30, repeated recommendation 3.10)

5.58 Prison and education managers should implement effective recording and monitoring arrangements to identify the progress and achievements of all prisoners and to improve progress rapidly when necessary. (3.31)

5.59 Trainers and teachers should use prisoners' starting points to plan teaching and learning activities effectively. Learning and development targets should be specific and meaningful enough to help the prisoner progress. (3.42)

5.60 Leaders, teachers and trainers should prioritise the development of prisoners' English and mathematical skills. (3.43)

5.61 Prisoners with additional learning needs should be swiftly identified and receive the necessary support. (3.44)

5.62 Trainers and teachers should routinely record the progress that prisoners make across all activities. (3.50)

5.63 Prison and education managers should ensure that prisoners attend education sessions regularly. (3.51)

5.64 Education managers should provide progression opportunities within subjects so that prisoners can achieve their full potential in subjects that interest them. (3.56)

5.65 Prison and education managers should ensure that significantly more prisoners who start education courses complete their studies and achieve their qualifications. (3.57)

5.66 Prison and education managers should provide opportunities for prisoners to gain suitable qualifications. (3.58)

Children and families and contact with the outside world

5.67 The family links worker should be given formal specialist training and supervision. (4.7)

5.68 Visits should start on time. (4.8)

Reducing risk, rehabilitation and progression

5.69 Managers should have a clear policy about the frequency of OASys and sentence plan reviews for different groups of prisoners and should routinely collect data to demonstrate that the policy is being met. (4.21)

5.70 Offender supervisors should have routine and effective case management supervision in high risk cases. (4.22)

5.71 Offender supervisors should have appropriate access to security intelligence so that they can make balanced and complete recommendations about the men in their care. (4.23)

Release planning

5.72 Prisoners should be transferred to a resettlement prison close to their release area three months before release to facilitate reintegration planning. (4.34)

Examples of good practice

5.73 The introduction of a violence hotline enabled prisoners to report concerns about violent or antisocial behaviour. (1.25)

5.74 The safer custody hotline allowed prisoners to contact the safer custody team directly from their cells. (1.75)

5.75 Officers who regularly worked on the wings staffed the residential units at night. They had a good understanding of their responsibilities and knowledge of the prisoners in their care. (2.6)

5.76 All new arrivals were able to order and receive a canteen delivery on the day following their arrival. (2.26)

5.77 The prisoner information and consultation group meetings were well conducted and responsive to prisoners' concerns. (2.40)

5.78 The Prisoner Advice Line provided valuable support and advice to prisoners. It was easily accessible and well used. (2.41)

5.79 The use of civilian staff as offender supervisors ensured consistency of staffing. This facilitated frequent contact with prisoners and effective working practices. (4.24)

5.80 Some prisoners who had completed offending behaviour courses acted as programme coaches. They offered useful support to men considering completing such courses and to those who were undergoing treatment. (4.32)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy chief Inspector
Colin Carroll	Team leader
Jeanette Hall	Inspector
Deri Hughes-Roberts	Inspector
Tamara Pattinson	Inspector
Andy Rooke	Inspector
Kam Sarai	Inspector
Maureen Jamieson	Health and social care inspector
Tania Osborne	Lead health and social care inspector
Andrea Crosby-Josephs	Care Quality Commission
Fiona Atkinson	Pharmacist
Keith Humphreys	Probation inspector
Jane Hughes	Ofsted inspector
Steve Hunsley	Ofsted inspector
Jai Sharda	Ofsted inspector
Suzanne Wainwright	Ofsted inspector
Sharlene Andrew	Researcher
Jayne Price	Researcher
Catherine Shaw	Researcher
Patricia Taflan	Researcher

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided. The recommendations in the main body of the report are based on the fifth edition of Expectations, but those below are based on the fourth edition. Their order may therefore differ slightly from the main report.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection in 2015, prisoners reported feeling unsafe and there were high levels of violence against staff and prisoners. There was a good violence reduction strategy and a well-attended safety committee but these were yet to be effective. The national incentives and earned privileges (IEP) scheme had been implemented rigidly, which had removed some reasonable incentives, making it harder to motivate good behaviour. There were high numbers of adjudications and some disproportionate security measures. Use of force was very high, as was the use of segregation, and too many prisoners in crisis were segregated or managed through the high use of special accommodation. Most other at-risk prisoners felt well cared for. Substance misuse services were good but use of new psychoactive substances (NPS) was increasing.
Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

The number of violent incidents should be reduced. The prison should implement plans to increase staff supervision during high risk periods, and introduce formal support for victims of bullying and violence. (S36)
Partially achieved

Prisoners in crisis should only be held in the segregation unit in exceptional circumstances and this should be well documented. (S37)
Not achieved

The prison should reduce the number of uses of force, and all use of force should be justified and de-escalated as soon as possible. Special accommodation and mechanical restraints should not be used in response to prisoners who are actively self-harming. (S38)
Not achieved

Recommendations

Prisoners should be given comfort breaks at least every two and a half hours on journeys to and from the establishment. (1.5)
Not achieved (Recommendation repeated, 1.14)

Subject to evidenced security considerations, prisoners should be given enough notice of planned transfers to be able to inform their family. (1.6)
Not achieved (Recommendation repeated, 1.15)

Prisoners should be able to wear their own clothes while under escort, unless there are well-evidenced security concerns. (1.7)
Not achieved

New arrivals should not be held in reception for an excessive period. (1.14)
Not achieved

Reception holding cells should contain reading materials, televisions or similar activities to occupy new arrivals. (1.15)
Not achieved (Recommendation repeated, 1.16)

Prisoners should receive a free telephone call on their first night. (1.16)
Achieved

The safer custody team should have regular meetings with buddies. (1.27)
Achieved

The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.31)
Achieved

Security arrangements, including the use of closed visits, strip searching and handcuffs, should only be authorised when supported by intelligence. (1.37)
Not achieved

Intelligence-led searching should be conducted promptly. (1.38)
Not achieved

Random mandatory drug testing for new arrivals should cease and be replaced by a renewed focus on the quality of drug intelligence and the use of frequent testing to support prisoners trying to avoid illicit drugs. (1.39)
Not achieved

The prison should revise the incentives and earned privileges (IEP) scheme, in consultation with prisoners, so that it is effective in incentivising good behaviour. (1.43)
Achieved

Adjudication records should demonstrate sufficient exploration of the charge before a finding of guilt. (1.46)
Not achieved

The use of force committee should meet more regularly to provide proper governance and oversight around the proportionality and necessity of use of force and to analyse trends and patterns with a view to reducing force. (1.50)
Not achieved

The reintegration unit should be kept clean and well maintained, and the regime for prisoners should be enhanced, including access to in-cell work and the gym. (1.54)
Not achieved

Good order or discipline reviews and care and reintegration planning should be personalised and focused on the prisoner's reintegration into the prison. (1.55)
Not achieved

Prisoners with substance misuse needs should be able to participate in more intensive recovery-focused programme work to support preparation for their release. (1.65)
Not achieved

Peer mentors should be recruited to inform and support substance misuse programme work. (1.66)
Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection in 2015, accommodation and communal areas provided a decent environment to live and work in. Facilities in cells were good, and the development of automated machines, telephone hotlines and the peer-run prisoner advice line (PAL) were impressive. Staff-prisoner relationships were mainly respectful and we observed good interactions. Diversity work was good although there had been insufficient work to change the negative perceptions of foreign national prisoners and those with disabilities. Prisoners had little confidence in the complaints system. Our biggest concern remained the provision of health services. Although there had been improvements, confidence in the service remained low and care outcomes were variable. Prisoners were positive about the food and could eat communally. ***Outcomes for prisoners were reasonably good against this healthy prison test.***

Main recommendation

The health care application and triage process should ensure that prisoners get prompt and needs-led access to the most appropriate health care professional to assess their condition and deliver appropriate care, and the prison should monitor health care waiting times and publish the results within the prison. (S39)
Not achieved

Recommendations

Cells should be free of offensive displays. (2.8)
Achieved

In-cell emergency call bells should be responded to within five minutes. (2.9)
Not achieved (Recommendation repeated, 2.17)

Legal correspondence should only be opened in the prisoner's presence. (2.10)
Not achieved

The prison should investigate and address prisoners' negative perceptions about relationships with staff. (2.16)
Not achieved

Equality monitoring should include areas of particular concern to prisoners, and out-of-range results should be investigated promptly and robustly, and the necessary follow-up action taken. (2.22)
Not achieved

There should be support forums for prisoners from all minority groups. (2.23)
Not achieved

The prison should seek to understand and address the negative perceptions of foreign national prisoners and prisoners with disabilities, and ensure that these groups have sufficient support to meet their needs. (2.33)
Not achieved

The reintroduction of the Skype service for foreign national prisoners should be considered. (2.34)
Not achieved

Care plans should include support for prisoners with mental health and learning disabilities. (2.35)
Not achieved

There should be quality assurance of complaints to ensure they are fully investigated and responded to. (2.44)
Not achieved

When a complaint is withdrawn, staff should ensure that prisoners give detailed recorded reasons and all withdrawals should be monitored by managers. (2.45)
Achieved

Prisoners with lifelong conditions should receive regular reviews that generate an evidence-based care plan delivered by appropriately trained and well- supervised staff, and prisoners with asthma should have annual health checks. (2.60)
Achieved

There should be a programme to promote prisoner health and well-being, including advertising access to barrier protection. (2.61)
Not achieved

Cleaning schedules for all clinical environments, including the dental surgery, should be developed and routinely monitored, and all clinical environments and treatment rooms should comply with infection prevention standards and be subject to regular audit. (2.62)
Achieved

The waiting area in health care should be urgently refurbished. (2.63)
Achieved (Recommendation repeated, 2.79)

Prisoners should be able to make a confidential complaint directly to health providers, this process should be well advertised, and responses should address the concerns that prisoners raise. (2.64)
Achieved

There should be a dedicated prisoner forum to address health care concerns and developments. (2.65)
Achieved

The prison should monitor failure to attend rates for all clinics, explore the reasons for non-attendance, and publish the results within the prison. (2.72)
Achieved

Waiting times for smoking cessation services should be equivalent to those in the community. (2.73)
Achieved

Prisoners held in the reintegration unit should have access to confidential treatment by a health professional. (2.74)
Achieved

The health care provider should seek to resolve the problems in prompt prisoner access to external ultrasound examinations. (2.75)
Achieved

All medicines should be transported securely. (2.85)
Partially achieved

Prisoners should be able to discuss the use of their medicines with the pharmacist, and there should be pharmacy input into clinics. (2.86)
Not achieved

Supervised medicines should be administered according to the recommended dosage regimes. (2.87)
Partially achieved

Medicines administration hatches should be designed to allow adequate supervision, and queues for medicines should be robustly managed to ensure patient confidentiality and reduce the likelihood of bullying and diversion. (2.88)
Partially achieved

The in-possession medications policy should be revised to be in line with current established best practice and adhered to. Where possible, 28 days should be supplied and prisoners should be responsible for ordering their repeat medicines. (2.89)
Not achieved

More potent medicines should be available without the need to see a doctor. (2.90)
Achieved

Out-of-hours medicine supply should not be used routinely for regular repeat prescriptions. (2.91)
Achieved

Emergency drugs held in the dental suite should be stored at the optimum temperatures to ensure their efficacy. (2.97)
Achieved

The dental suite should be clinically clean and an infection control audit be completed at least every six months. (2.98)
Achieved

The prison should work with external mental health providers to ensure that the transfer of patients to hospital under the Mental Health Act takes place within Department of Health transfer target timescales. (2.103)
Not achieved

Meals should not be served before the advertised times. (2.109)
Achieved

Purposeful activity

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

At the last inspection in 2015, prisoners were able to spend considerable periods outside their cell. The variety and range of work and education had increased and improved since the last inspection. The assessment of overall effectiveness of learning and skills and work activities was good. Behaviour management in learning and skills was effective and the quality of teaching was good. Achievement rates and standards of work were mostly high and the sports academy was outstanding. However, although there was sufficient work or education for everyone, not all spaces were appropriately used and unemployment was not challenged sufficiently well. ***Outcomes for prisoners were reasonably good against this healthy prison test.***

Recommendations

Data on gym use should be analysed to ensure that all groups of prisoners are accessing it. (3.32)
Not achieved

The findings from observations of teaching, learning and assessment should be linked to staff development and performance management. (3.8)
Not achieved

Learner performance and allocation to activities data should be analysed to inform and evaluate the impact of quality improvement actions. (3.9)
Not achieved

The pay rates for prisoners should not deter prisoners from attending education. (3.10)
Not achieved (Recommendation repeated, 3.30)

Teachers should use the results from prisoners' initial assessment to plan their individual learning needs, including setting targets in prisoners' individual learning plans that are specific and meaningful to help them progress. (3.20)
Not achieved

There should be higher achievement of qualifications in a minority of underperforming courses. (3.22)
Not achieved

Resettlement

Prisoners are prepared for their release back into the community and effectively helped to reduce the likelihood of reoffending.

At the last inspection in 2015, the strategic management of resettlement, offender management and public protection was good. The prison's focus was on managing some serious long-term prisoners and the team responsible did this well. Offender supervisors had good knowledge of their prisoners and engaged and motivated them to address their risk factors. Prisoners were positive about this support, and they all had a plan to assist with their progress. Their needs were met sufficiently at the relevant stages, despite a small backlog of assessments. Reintegration planning was sufficient for the few prisoners released from Lowdham Grange. Arrangements to support family ties were good, and provision to challenge attitudes, thinking and behaviour was mostly very good. ***Outcomes for prisoners were good against this healthy prison test.***

Recommendations

The prison should foster a coordinated prison-wide approach to offender management and public protection between the offender management unit and other functions, in which all staff understand their role and contribute effectively. (4.7)
Not achieved

Sentence planning objectives should be more precise about what the prisoner is expected to achieve. (4.20)
Partially achieved

Offender supervisors should ensure their contact logs fully record their work with prisoners. (4.21)
Achieved

Offender supervisors should receive regular professional supervision of their work to assist the development of professional casework practice. (4.22)
Not achieved

Prisoners should be transferred quickly to appropriate prisons for progression or resettlement to ensure their needs are met. (4.30)
Not achieved

The prison should make relevant literature available to families, including information about the prison and its regime. (4.40)
Achieved

The external play area should be available to families with children during visits sessions. (4.41)
Not achieved

Programmed work to address domestic violence should be readily available for prisoners who require it. (4.44)
Achieved

Appendix III: Care Quality Commission Requirement Notice



Requirement Notice

Provider: Nottinghamshire Healthcare NHS Foundation Trust
Location: HMP Lowdham Grange
Location ID: RHAY5
Regulated activities: Treatment of disease, disorder, or injury, diagnostic and screening and personal care.

Action we have told the provider to take

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

Regulation 17: Good Governance	17 (2) (a) - assess, monitor and improve quality and safety of the services provided in the carrying on of the regulated activity. 17 (2) (b) - assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from carrying on of the regulated activity.

How the regulation was not being met:

There were limited systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular with regards to medicine management.

Medicines were being collected from a sheltered area outside the prison gates and the pharmacy technician was not always accompanied. Security arrangements were therefore not safe. Although the risk had been identified at a previous inspection no action had been taken to mitigate the risks.

Medicines were not always stored securely and at an appropriate temperature. The medicines room within healthcare was accessible to staff who held a healthcare key. This meant medicines were unnecessarily accessible to some healthcare staff. The temperature of the room within healthcare was monitored daily and was consistently greater than 25 degrees. Although the trust's policy gave a calculation for reduced expiry dates, the medicines stored within the medicines room in healthcare had not been adjusted as it was felt turnover was sufficiently frequent. This however could not be confirmed as there was no robust system for monitoring the stock held within this room. There was no robust system to record and track medicines removed from this room so we could not be assured that medicines were being managed appropriately.

On wings and in the medicines room in the healthcare area medicines were disposed of in large disposal bins which were not tamper proof increasing the risk of mismanagement of medicines. Medicines for minor ailments were available during out of hours; however, the logs used to track their use did not match with stock on the shelves. When levels were identified as incorrect the records were amended but no investigation was carried out to identify where the medicines had gone.

In summary there was high risk of medicine mismanagement and due to a lack of monitoring of stock levels and use we could not be assured that some medicines were fit for purpose.

Governance arrangements surrounding the use of medicines had not been reviewed. Policies and procedures required updating, and governance meetings were not structured nor held regularly. Eleven of the Standard operating procedures relating to the use of medicines were past their review date. Medicines governance meetings had not taken place recently due to a difficulty with scheduling. Without contemporary guidance and oversight by senior managers there was the risk that medicines management was not being monitored effectively.

The GP waiting list was not managed effectively to enable staff to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.

At the time of the inspection 122 prisoners were waiting up to 9 weeks to see a GP for a routine appointment. Some prisoners told us that these waits had led to them experiencing an increase in symptoms, pain and discomfort. A prisoner with Crohn's disease had been waiting four weeks to see the GP at the time of the inspection, he described being in pain. He had spoken to a nurse but had not been prioritised. Access to the GP was also the subject of 10% of the complaints we viewed.

Appendix IV: Prison population profile

Please note: the following figures were supplied by the establishment and any errors are the establishment's own.

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced		527	95.9%
Recall		35	4.1%
Convicted unsentenced		0	0
Remand		0	0
Civil prisoners		0	0
Detainees		0	0
Total		**862**	**100%**

Sentence	18–20 yr olds	21 and over	%
Unsentenced		0	0
Less than six months		0	0
six months to less than 12 months		0	0
12 months to less than 2 years		0	0
2 years to less than 4 years		1	0.1%
4 years to less than 10 years		86	10%
10 years and over (not life)		518	60.1%
ISPP (indeterminate sentence for public protection)		42	4.9%
Life		215	25%
Total		**862**	**100%**

Age	Number of prisoners	%
Please state minimum age here:21		
Under 21 years	0	0
21 years to 29 years	276	32%
30 years to 39 years	315	36.5%
40 years to 49 years	170	19.7%
50 years to 59 years	84	9.7%
60 years to 69 years	15	1.7%
70 plus years	3	0.3%
Please state maximum age here:79		
Total	**862**	**100%**

Nationality	18–20 yr olds	21 and over	%
British		767	89%
Foreign nationals		93	10.8%
Not Stated		2	0.2%
Total		**862**	**100%**

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced			
Uncategorised sentenced			
Category A			
Category B		822	95.4%
Category C		38	4.4%
Category D		2	0.2%
Other			
Total		**862**	**100%**

Ethnicity	18–20 yr olds	21 and over	%
White			
British		461	53.5%
Irish		10	1.2%
Gypsy/Irish Traveller		13	1.5%
Other white		35	4.1%
Mixed			
White and black Caribbean		50	5.8%
White and black African		3	0.3%
White and Asian		4	0.5%
Other mixed		8	0.9%
Asian or Asian British			
Indian		30	3.5%
Pakistani		37	4.3%
Bangladeshi		8	0.9%
Chinese			
Other Asian		20	2.3%
Black or black British			
Caribbean		99	11.5%
African		52	6%
Other black		26	3%
Other ethnic group			
Arab			
Other ethnic group		6	0.7%
Not stated			
Total		**862**	**100%**

Religion	18–20 yr olds	21 and over	%
Baptist		1	0.1%
Church of England		123	14.3%
Roman Catholic		136	15.8%
Other Christian denominations		136	15.8%
Muslim		225	26.1%
Sikh		7	0.8%
Hindu		3	0.3%
Buddhist		17	2.0%
Jewish		9	1.0%
Other		24	2.8%
No religion		181	21.0%
Total		**862**	**100%**

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)		12	1.4%
Total		**12**	**1.4%**

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	**Number**	%
Less than 1 month			32	3.7%
1 month to 3 months			97	11.3%
3 months to six months			137	15.9%
six months to 1 year			148	17.2%
1 year to 2 years			199	23.1%
2 years to 4 years			169	19.6%
4 years or more			80	9.3%
Total			**862**	**100%**

Sentenced prisoners only

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry			
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/ restrictions).		40	
Total		**0**	**0**

Appendix V: Prisoner survey methodology and results

Prisoner survey methodology

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.

HMIP researchers have developed a self-completion questionnaire to support HMIP Expectations. The questionnaire consists of structured questions covering the prisoner 'journey' from reception to release together with demographic and background questions which enable us to compare responses from different sub-groups of the prisoner population. There are also three open questions at the end of the questionnaire which allow prisoners to express in their own words what they find most positive and negative about the prison[32].

The questionnaire is available in 14 languages and can also be administered via a telephone interpretation service if necessary.

The questionnaire was revised during 2016-17, in consultation with both inspectors and prisoners. The current version has been in use since September 2017.

Sampling

On the day of the survey a stratified random sample is drawn by HMIP researchers from a P-NOMIS prisoner population printout ordered by cell location. Using a power calculation, HMIP researchers calculate the minimum sample size required to ensure that the survey findings are representative of the entire population of the establishment.[33]

Distributing and collecting questionnaires

HMIP researchers distribute and collect the questionnaires in person. So that prisoners can give their informed consent[34] to participate, the purpose of the survey is explained and assurances are given about confidentiality and anonymity. Prisoners are made aware that participation in the survey is voluntary; prisoners who decline to participate are not replaced within the sample. Those who agree to participate are provided with a sealable envelope for their completed questionnaire and told when we will be returning to collect it. We make arrangements to administer the questionnaire via a face-to-face interview for respondents who disclose literacy difficulties.

Survey response

At the time of the survey on 13 August 2018 the prisoner population at HMP Lowdham Grange was 860. Using the sampling method described above, questionnaires were distributed to 215 prisoners. We received a total of 178 completed questionnaires, a response rate of 83%. Fourteen prisoners declined to participate in the survey and 23 questionnaires were either not returned at all, or returned blank.

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[32] Qualitative analysis of these written comments is undertaken by HMIP researchers and used by inspectors.

[33] 95% confidence interval with a 7% margin of error. The formula assumes a 75% response rate (65% in open establishments).

[34] For further information about the ethical principles which underpin our survey methodology, please see 'Ethical principles for research activities' which can be downloaded from HMIP's website http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/

Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for HMP Lowdham Grange. For the comparator analyses, each question was reformulated into a binary 'yes/no' format and affirmative responses compared.[35] Missing responses have been excluded from all analyses and for some questions, responses from a sub-group of the sample are reported (as indicated in the data).

Full survey results
A full breakdown of responses is provided for every question. Percentages have been rounded and therefore may not add up to 100%.

Responses from HMP Lowdham Grange 2018 compared with those from other HMIP surveys[36]

- Survey responses from HMP Lowdham Grange in 2018 compared with survey responses from the most recent inspection at all other category B training prisons.
- Survey responses from HMP Lowdham Grange in 2018 compared with survey responses from HMP Lowdham Grange in 2015.

Comparisons between sub-populations of prisoners within HMP Lowdham Grange 2018[37]

- white prisoners' responses compared with those of prisoners from black or minority ethnic groups.
- Muslim prisoners' responses compared with those of non-Muslim prisoners.
- disabled prisoners' responses compared with those who do not have a disability.
- responses of prisoners with mental health problems compared with those who do not have mental health problems.
- responses of prisoners aged 50 and over compared with those under 50.
- responses of prisoners aged 25 and under compared with those over 25.

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group.[38]

In the comparator analyses, statistically significant[39] differences are indicated by shading. Results that are significantly more positive are indicated by green shading and results that are significantly more negative are indicated by blue shading. Orange shading has been used to show a statistically significant difference in demographic or other background details. If there is no shading, any difference between the two results is not statistically significant and may have occurred by chance. Grey shading indicates that there are no valid comparative data for that question.

Filtered questions are indented and preceded by an explanation in italics of how the filter has been applied. In the comparator analyses, percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the total number of valid responses to the question.

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35 Using the Chi-square test (or Fisher's exact test if there are fewer than five responses in a group).

36 These analyses are carried out on summary data from all survey questions. As we have been using a new version of the questionnaire since September 2017, we do not yet have full comparator data for all questions.

37 These analyses are carried out on summary data from selected survey questions only.

38 A minimum of 10 responses which must also represent at least 10% of the total response.

39 A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing, $p<0.01$ is considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

Survey summary

Background information

1.1 What wing or houseblock are you currently living on?

Houseblock 1	42 (24%)
Houseblock 2	53 (30%)
Houseblock 3	25 (14%)
Houseblock 4	28 (16%)
Houseblock 5	27 (15%)
Segregation unit	3 (2%)

1.2 How old are you?

Under 21	0 (0%)
21 - 25	23 (13%)
26 - 29	35 (20%)
30 - 39	57 (33%)
40 - 49	33 (19%)
50 - 59	20 (11%)
60 - 69	5 (3%)
70 or over	1 (1%)

1.3 What is your ethnic group?

White - English/ Welsh/ Scottish/ Northern Irish/ British	102 (59%)
White - Irish	2 (1%)
White - Gypsy or Irish Traveller	3 (2%)
White - any other White background	3 (2%)
Mixed - White and Black Caribbean	13 (7%)
Mixed - White and Black African	2 (1%)
Mixed - White and Asian	0 (0%)
Mixed - any other Mixed ethnic background	2 (1%)
Asian/ Asian British - Indian	4 (2%)
Asian/ Asian British - Pakistani	8 (5%)
Asian/ Asian British - Bangladeshi	5 (3%)
Asian/ Asian British - Chinese	0 (0%)
Asian - any other Asian Background	3 (2%)
Black/ Black British - Caribbean	9 (5%)
Black/ Black British - African	11 (6%)
Black - any other Black/ African/ Caribbean background	2 (1%)
Arab	2 (1%)
Any other ethnic group	3 (2%)

1.4 How long have you been in this prison?

Less than 6 months	34 (19%)
6 months or more	141 (81%)

1.5 Are you currently serving a sentence?

Yes	173(98%)
Yes - on recall	4 (2%)
No - on remand or awaiting sentence	0 (0%)
No - immigration detainee	0 (0%)

1.6 How long is your sentence?

Less than 6 months	0 (0%)
6 months to less than 1 year	0 (0%)
1 year to less than 4 years	2 (1%)
4 years to less than 10 years	16 (9%)
10 years or more	106 (61%)
IPP (indeterminate sentence for public protection)	10 (6%)
Life	40 (23%)
Not currently serving a sentence	0 (0%)

Arrival and reception

2.1 Were you given up-to-date information about this prison before you came here?

Yes	34 (19%)
No	132 (75%)
Don't remember	9 (5%)

2.2 When you arrived at this prison, how long did you spend in reception?

Less than 2 hours	83 (47%)
2 hours or more	89 (50%)
Don't remember	5 (3%)

2.3 When you were searched in reception, was this done in a respectful way?

Yes	139 (79%)
No	25 (14%)
Don't remember	11 (6%)

2.4 Overall, how were you treated in reception?

Very well	50 (28%)
Quite well	96 (54%)
Quite badly	20 (11%)
Very badly	7 (4%)
Don't remember	4 (2%)

2.5 When you first arrived here, did you have any of the following problems?

Problems getting phone numbers	43 (25%)
Contacting family	37 (21%)
Arranging care for children or other dependants	4 (2%)
Contacting employers	3 (2%)
Money worries	23 (13%)
Housing worries	4 (2%)
Feeling depressed	36 (21%)
Feeling suicidal	11 (6%)
Other mental health problems	29 (17%)
Physical health problems	28 (16%)
Drug or alcohol problems (e.g. withdrawal)	11 (6%)
Problems getting medication	33 (19%)
Needing protection from other prisoners	8 (5%)
Lost or delayed property	53 (30%)
Other problems	21 (12%)
Did not have any problems	56 (32%)

2.6 Did staff help you to deal with these problems when you first arrived?

Yes	21 (12%)
No	96 (55%)
Did not have any problems when I first arrived	56 (32%)

First night and induction

3.1 Before you were locked up on your first night here, were you offered any of the following things?

Tobacco or nicotine replacement	95 (55%)
Toiletries / other basic items	103 (59%)
A shower	75 (43%)
A free phone call	74 (43%)
Something to eat	127 (73%)
The chance to see someone from health care	100 (57%)
The chance to talk to a Listener or Samaritans	47 (27%)
Support from another prisoner (e.g. Insider or buddy)	58 (33%)
Wasn't offered any of these things	15 (9%)

3.2 On your first night in this prison, how clean or dirty was your cell?

Very clean	4 (2%)
Quite clean	59 (34%)
Quite dirty	59 (34%)
Very dirty	47 (27%)
Don't remember	7 (4%)

3.3 Did you feel safe on your first night here?

Yes	135 (77%)
No	35 (20%)
Don't remember	6 (3%)

3.4 In your first few days here, did you get:

	Yes	No	Don't remember
Access to the prison shop / canteen?	119 (70%)	46 (27%)	6 (4%)
Free PIN phone credit?	98 (58%)	61 (36%)	9 (5%)
Numbers put on your PIN phone?	119 (70%)	43 (25%)	9 (5%)

3.5 Did your induction cover everything you needed to know about this prison?

Yes	94 (54%)
No	69 (40%)
Have not had an induction	10 (6%)

On the wing

4.1 Are you in a cell on your own?

Yes	167 (94%)
No, I'm in a shared cell or dormitory	10 (6%)

4.2 Is your cell call bell normally answered within 5 minutes?

Yes	16 (9%)
No	153 (86%)
Don't know	7 (4%)
Don't have a cell call bell	1 (1%)

4.3 Please answer the following questions about the wing or houseblock you are currently living on:

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	137 (80%)	35 (20%)	0 (0%)
Can you shower every day?	167 (95%)	9 (5%)	0 (0%)
Do you have clean sheets every week?	132 (75%)	43 (24%)	1 (1%)
Do you get cell cleaning materials every week?	81 (46%)	90 (51%)	4 (2%)
Is it normally quiet enough for you to relax or sleep at night?	101 (58%)	70 (40%)	2 (1%)
Can you get your stored property if you need it?	43 (25%)	92 (53%)	37 (22%)

4.4 Normally, how clean or dirty are the communal / shared areas of your wing or houseblock (landings, stairs, wing showers etc.)?

Very clean	13 (7%)
Quite clean	75 (43%)
Quite dirty	57 (33%)
Very dirty	29 (17%)

Food and canteen

5.1 What is the quality of food like in this prison?

Very good	15 (9%)
Quite good	95 (55%)
Quite bad	47 (27%)
Very bad	17 (10%)

5.2 Do you get enough to eat at mealtimes?

Always	29 (17%)
Most of the time	55 (31%)
Some of the time	69 (39%)
Never	22 (13%)

5.3 Does the shop / canteen sell the things that you need?

Yes	93 (53%)
No	82 (47%)
Don't know	1 (1%)

Relationships with staff

6.1 Do most staff here treat you with respect?

Yes	109 (63%)
No	64 (37%)

6.2 Are there any staff here you could turn to if you had a problem?

Yes	91 (53%)
No	81 (47%)

6.3 In the last week, has any member of staff talked to you about how you are getting on?

Yes	35 (20%)
No	143 (80%)

6.4 How helpful is your personal or named officer?

Very helpful	12 (7%)
Quite helpful	19 (11%)
Not very helpful	20 (11%)
Not at all helpful	35 (20%)
Don't know	26 (15%)
Don't have a personal / named officer	64 (36%)

6.5 How often do you see prison governors, directors or senior managers talking to prisoners?

Regularly	6 (3%)
Sometimes	28 (16%)
Hardly ever	139 (79%)
Don't know	2 (1%)

6.6 Do you feel that you are treated as an individual in this prison?

Yes	56 (33%)
No	115 (67%)

6.7 Are prisoners here consulted about things like food, canteen, health care or wing issues?

Yes, and things sometimes change	30 (17%)
Yes, but things don't change	55 (31%)
No	69 (39%)
Don't know	21 (12%)

Faith

7.1 What is your religion?

No religion	35 (20%)
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	80 (47%)
Buddhist	5 (3%)
Hindu	0 (0%)
Jewish	2 (1%)
Muslim	43 (25%)
Sikh	2 (1%)
Other	5 (3%)

7.2 Are your religious beliefs respected here?

Yes	80 (46%)
No	37 (21%)
Don't know	23 (13%)
Not applicable (no religion)	35 (20%)

7.3 Are you able to speak to a Chaplain of your faith in private, if you want to?

Yes	92 (53%)
No	18 (10%)
Don't know	30 (17%)
Not applicable (no religion)	35 (20%)

7.4 Are you able to attend religious services, if you want to?

Yes	120 (69%)
No	15 (9%)
Don't know	4 (2%)
Not applicable (no religion)	35 (20%)

Contact with family and friends

8.1	**Have staff here encouraged you to keep in touch with your family / friends?**	
	Yes	40 (23%)
	No	135 (77%)
8.2	**Have you had any problems with sending or receiving mail (letters or parcels)?**	
	Yes	130 (74%)
	No	45 (26%)
8.3	**Are you able to use a phone every day (if you have credit)?**	
	Yes	175 (99%)
	No	1 (1%)
8.4	**How easy or difficult is it for your family and friends to get here?**	
	Very easy	9 (5%)
	Quite easy	35 (20%)
	Quite difficult	55 (31%)
	Very difficult	67 (38%)
	Don't know	9 (5%)
8.5	**How often do you have visits from family or friends?**	
	More than once a week	3 (2%)
	About once a week	22 (13%)
	Less than once a week	92 (53%)
	Not applicable (don't get visits)	57 (33%)
8.6	**Do visits usually start and finish on time?**	
	Yes	49 (43%)
	No	65 (57%)
8.7	**Are your visitors usually treated respectfully by staff?**	
	Yes	58 (52%)
	No	53 (48%)

Time out of cell

9.1	**Do you know what the unlock and lock-up times are supposed to be here (or roll check times if you are in an open prison)?**	
	Yes, and these times are usually kept to	62 (36%)
	Yes, but these times are not usually kept to	100 (58%)
	No	9 (5%)
9.2	**How long do you usually spend out of your cell on a typical weekday (including time spent at education, work etc.)?**	
	Less than 2 hours	11 (7%)
	2 to 6 hours	60 (36%)
	6 to 10 hours	59 (36%)
	10 hours or more	20 (12%)
	Don't know	16 (10%)
9.3	**How long do you usually spend out of your cell on a typical Saturday or Sunday?**	
	Less than 2 hours	11 (6%)
	2 to 6 hours	57 (33%)
	6 to 10 hours	82 (48%)
	10 hours or more	8 (5%)
	Don't know	14 (8%)

9.4 How many days in a typical week do you have time to do domestics (shower, clean cell, use the wing phones etc.)?

None	1 (1%)
1 or 2	15 (9%)
3 to 5	21 (12%)
More than 5	126 (73%)
Don't know	10 (6%)

9.5 How many days in a typical week do you get association, if you want it?

None	4 (2%)
1 or 2	2 (1%)
3 to 5	15 (9%)
More than 5	144 (83%)
Don't know	9 (5%)

9.6 How many days in a typical week could you go outside for exercise, if you wanted to?

None	1 (1%)
1 or 2	5 (3%)
3 to 5	19 (11%)
More than 5	146 (82%)
Don't know	6 (3%)

9.7 Typically, how often do you go to the gym?

Twice a week or more	78 (45%)
About once a week	31 (18%)
Less than once a week	13 (7%)
Never	52 (30%)

9.8 Typically, how often do you go to the library?

Twice a week or more	10 (6%)
About once a week	65 (37%)
Less than once a week	33 (19%)
Never	67 (38%)

9.9 Does the library have a wide enough range of materials to meet your needs?

Yes	42 (25%)
No	58 (35%)
Don't use the library	67 (40%)

Applications, complaints and legal rights

10.1 Is it easy for you to make an application?

Yes	109 (62%)
No	57 (32%)
Don't know	10 (6%)

10.2 If you have made any applications here, please answer the questions below:

	Yes	No	Not made any applications
Are applications usually dealt with fairly?	40 (25%)	111 (69%)	11 (7%)
Are applications usually dealt with within 7 days?	30 (19%)	118 (74%)	11 (7%)

10.3 Is it easy for you to make a complaint?

Yes	113 (65%)
No	44 (25%)
Don't know	17 (10%)

10.4 If you have made any complaints here, please answer the questions below:

	Yes	No	Not made any complaints
Are complaints usually dealt with fairly?	14 (9%)	111 (69%)	37 (23%)
Are complaints usually dealt with within 7 days?	10 (6%)	115 (71%)	37 (23%)

10.5 Have you ever been prevented from making a complaint here when you wanted to?

Yes	51 (31%)
No	83 (50%)
Not wanted to make a complaint	32 (19%)

10.6 In this prison, is it easy or difficult for you to...

	Easy	Difficult	Don't know	Don't need this
Communicate with your solicitor or legal representative?	72 (43%)	37 (22%)	32 (19%)	27 (16%)
Attend legal visits?	59 (36%)	26 (16%)	49 (30%)	28 (17%)
Get bail information?	9 (6%)	21 (14%)	60 (39%)	64 (42%)

10.7 Have staff here ever opened letters from your solicitor or legal representative when you were not present?

Yes	110 (64%)
No	29 (17%)
Not had any legal letters	33 (19%)

Health care

11.1 How easy or difficult is it to see the following people?

	Very easy	Quite easy	Quite difficult	Very difficult	Don't know
Doctor	6 (3%)	16 (9%)	47 (27%)	98 (56%)	7 (4%)
Nurse	8 (5%)	44 (26%)	55 (32%)	56 (33%)	9 (5%)
Dentist	4 (2%)	21 (12%)	42 (25%)	93 (54%)	11 (6%)
Mental health workers	10 (6%)	16 (9%)	29 (17%)	58 (34%)	58 (34%)

11.2 What do you think of the quality of the health service from the following people?

	Very good	Quite good	Quite bad	Very bad	Don't know
Doctor	17 (10%)	51 (30%)	41 (24%)	44 (26%)	18 (11%)
Nurse	16 (9%)	55 (33%)	42 (25%)	40 (24%)	16 (9%)
Dentist	14 (8%)	45 (26%)	38 (22%)	40 (24%)	33 (19%)
Mental health workers	13 (8%)	27 (16%)	18 (11%)	33 (20%)	75 (45%)

11.3 Do you have any mental health problems?

Yes	71 (41%)
No	103 (59%)

11.4 Have you been helped with your mental health problems in this prison?

Yes	18 (10%)
No	52 (30%)
Don't have any mental health problems	103 (60%)

11.5 What do you think of the overall quality of the health services here?

Very good	8 (5%)
Quite good	39 (22%)
Quite bad	51 (29%)
Very bad	62 (35%)
Don't know	15 (9%)

Other support needs

12.1 Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?

Yes	50 (29%)
No	124 (71%)

12.2 If you have a disability, are you getting the support you need?

Yes	12 (7%)
No	37 (21%)
Don't have a disability	124 (72%)

12.3 Have you been on an ACCT in this prison?

Yes	15 (9%)
No	158 (91%)

12.4 If you have been on an ACCT in this prison, did you feel cared for by staff?

Yes	4 (2%)
No	11 (6%)
Have not been on an ACCT in this prison	158 (91%)

12.5 How easy or difficult is it for you to speak to a Listener, if you need to?

Very easy	26 (15%)
Quite easy	24 (14%)
Quite difficult	13 (8%)
Very difficult	9 (5%)
Don't know	68 (39%)
No Listeners at this prison	33 (19%)

Alcohol and drugs

13.1 Did you have an alcohol problem when you came into this prison?

Yes	19 (11%)
No	156 (89%)

13.2 Have you been helped with your alcohol problem in this prison?

Yes	6 (3%)
No	13 (7%)
Did not / do not have an alcohol problem	156 (89%)

13.3 Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?

Yes	31 (18%)
No	143 (82%)

13.4 Have you developed a problem with illicit drugs since you have been in this prison?

Yes	25 (14%)
No	149 (86%)

13.5 Have you developed a problem with taking medication not prescribed to you since you have been in this prison?

Yes	16 (9%)
No	156 (91%)

13.6 Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?

Yes	16 (9%)
No	23 (14%)
Did not / do not have a drug problem	130 (77%)

13.7 Is it easy or difficult to get illicit drugs in this prison?

Very easy	65 (38%)
Quite easy	19 (11%)
Quite difficult	7 (4%)
Very difficult	6 (4%)
Don't know	74 (43%)

13.8 Is it easy or difficult to get alcohol in this prison?

Very easy	55 (32%)
Quite easy	24 (14%)
Quite difficult	9 (5%)
Very difficult	4 (2%)
Don't know	79 (46%)

Safety

14.1 Have you ever felt unsafe here?

Yes	93 (54%)
No	80 (46%)

14.2 Do you feel unsafe now?

Yes	47 (27%)
No	124 (73%)

14.3 Have you experienced any of the following types of bullying / victimisation from other prisoners here? (Please tick all that apply to you.)

Verbal abuse	58 (35%)
Threats or intimidation	54 (33%)
Physical assault	34 (20%)
Sexual assault	1 (1%)
Theft of canteen or property	36 (22%)
Other bullying / victimisation	32 (19%)
Not experienced any of these from prisoners here	89 (54%)

14.4 If you were being bullied / victimised by other prisoners here, would you report it?

Yes	34 (20%)
No	135 (80%)

14.5 Have you experienced any of the following types of bullying / victimisation from staff here? (Please tick all that apply to you.)

Verbal abuse	66 (39%)
Threats or intimidation	60 (36%)
Physical assault	27 (16%)
Sexual assault	2 (1%)
Theft of canteen or property	28 (17%)
Other bullying / victimisation	36 (21%)
Not experienced any of these from staff here	76 (45%)

14.6 If you were being bullied / victimised by staff here, would you report it?

Yes	63 (38%)
No	101 (62%)

Behaviour management

15.1 Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?

Yes	57 (32%)
No	95 (54%)
Don't know what the incentives / rewards are	24 (14%)

15.2 Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?

Yes	51 (29%)
No	101 (58%)
Don't know	15 (9%)
Don't know what this is	6 (3%)

15.3 Have you been physically restrained by staff in this prison in the last 6 months?

Yes	18 (10%)
No	158 (90%)

15.4 If you have been restrained by staff in this prison in the last 6 months, did anyone come and talk to you about it afterwards?

Yes	1 (1%)
No	17 (10%)
Don't remember	0 (0%)
Not been restrained here in last 6 months	158 (90%)

15.5 Have you spent one or more nights in the segregation unit in this prison in the last 6 months?

Yes	13 (7%)
No	161 (93%)

15.6 If you have spent one or more nights in the segregation unit in this prison in the last 6 months please answer the questions below:

	Yes	No
Were you treated well by segregation staff?	6 (46%)	7 (54%)
Could you shower every day?	1 (8%)	12 (92%)
Could you go outside for exercise every day?	8 (62%)	5 (38%)
Could you use the phone every day (if you had credit)?	9 (69%)	4 (31%)

Education, skills and work

16.1 Is it easy or difficult to get into the following activities in this prison?

	Easy	Difficult	Don't know	Not available here
Education	98 (58%)	44 (26%)	27 (16%)	0 (0%)
Vocational or skills training	46 (28%)	82 (49%)	36 (22%)	3 (2%)
Prison job	32 (19%)	126 (75%)	9 (5%)	0 (0%)
Voluntary work outside of the prison	5 (3%)	35 (22%)	30 (19%)	88 (56%)
Paid work outside of the prison	1 (1%)	37 (23%)	29 (18%)	96 (59%)

16.2 If you have done any of these activities while in this prison, do you think they will help you on release?

	Yes, will help	No, won't help	Not done this
Education	90 (55%)	50 (30%)	25 (15%)
Vocational or skills training	79 (51%)	38 (25%)	38 (25%)
Prison job	61 (38%)	83 (51%)	18 (11%)
Voluntary work outside of the prison	32 (21%)	20 (13%)	103 (66%)
Paid work outside of the prison	35 (23%)	17 (11%)	103 (66%)

16.3 Do staff encourage you to attend education, training or work?

Yes	48 (28%)
No	118 (70%)
Not applicable (e.g. if you are retired, sick or on remand)	3 (2%)

Planning and progression

17.1 Do you have a custody plan? (This may be called a sentence plan or resettlement plan.)

Yes	129 (75%)
No	42 (25%)

17.2 Do you understand what you need to do to achieve the objectives or targets in your custody plan?

Yes	110 (87%)
No	9 (7%)
Don't know what my objectives or targets are	7 (6%)

17.3 Are staff here supporting you to achieve your objectives or targets?

Yes	50 (41%)
No	66 (54%)
Don't know what my objectives or targets are	7 (6%)

17.4 If you have done any of the following things in this prison, did they help you to achieve your objectives or targets?

	Yes, this helped	No, this didn't help	Not done / don't know
Offending behaviour programmes	57 (47%)	18 (15%)	46 (38%)
Other programmes	43 (38%)	17 (15%)	52 (46%)
One to one work	33 (30%)	13 (12%)	65 (59%)
Being on a specialist unit	5 (5%)	10 (10%)	88 (85%)
ROTL - day or overnight release	2 (2%)	1 (1%)	99 (97%)

Preparation for release

18.1 Do you expect to be released in the next 3 months?

Yes	3 (2%)
No	168 (97%)
Don't know	2 (1%)

18.2 How close is this prison to your home area or intended release address?

Very near	1 (33%)
Quite near	0 (0%)
Quite far	1 (33%)
Very far	1 (33%)

18.3 Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, case worker)?

Yes	2 (67%)
No	1 (33%)

18.4 Are you getting help to sort out the following things for when you are released?

	Yes, I'm getting help with this	No, but I need help with this	No, and I don't need help with this
Finding accommodation	2 (67%)	1 (33%)	0 (0%)
Getting employment	0 (0%)	2 (100%)	0 (0%)
Setting up education or training	1 (33%)	2 (67%)	0 (0%)
Arranging benefits	1 (33%)	2 (67%)	0 (0%)
Sorting out finances	0 (0%)	2 (100%)	0 (0%)
Support for drug or alcohol problems	0 (0%)	2 (100%)	0 (0%)
Health / mental health support	0 (0%)	2 (100%)	0 (0%)
Social care support	0 (0%)	2 (100%)	0 (0%)
Getting back in touch with family or friends	0 (0%)	1 (50%)	1 (50%)

More about you

19.1 Do you have children under the age of 18?

Yes	90 (51%)
No	85 (49%)

19.2 Are you a UK / British citizen?

Yes	167 (95%)
No	8 (5%)

19.3 Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?

Yes	9 (5%)
No	165 (95%)

19.4 Have you ever been in the armed services (e.g. army, navy, air force)?

Yes	10 (6%)
No	161 (94%)

19.5 What is your gender?

Male	174 (100%)
Female	0 (0%)
Non-binary	0 (0%)
Other	0 (0%)

19.6 How would you describe your sexual orientation?

Straight / heterosexual	169 (97%)
Gay / lesbian / homosexual	1 (1%)
Bisexual	1 (1%)
Other	3 (2%)

19.7 Do you identify as transgender or transsexual?

Yes	3 (2%)
No	167 (98%)

Final questions about this prison

20.1 Do you think your experiences in this prison have made you more or less likely to offend in the future?

More likely to offend	11 (7%)
Less likely to offend	82 (49%)
Made no difference	73 (44%)

HMP Lowdham Grange 2018

Survey responses compared with those from other HMIP surveys of category B training prisons and with those from the previous survey

In this table summary statistics from HMP Lowdham Grange 2018 are compared with the following HMIP survey data:

- Summary statistics from most recent surveys of all other category B training prisons (6 prisons). Please note that we do not have comparable data for the new questions introduced in September 2017.

- Summary statistics from HMP Lowdham Grange in 2018 are compared with those from HMP Lowdham Grange in 2015. Please note that we do not have comparable data for the new questions introduced in September 2017.

Shading is used to indicate statistical significance*, as follows:

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* *less than 1% probability that the difference is due to chance*

			HMP Lowdham Grange 2018	All other category B training prisons	HMP Lowdham Grange 2018	HMP Lowdham Grange 2015
	Number of completed questionnaires returned		**178**	**1,255**	**178**	**184**
		n=number of valid responses to question (HMP Lowdham Grange 2018)				
	DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	*n=174*	0%	0%	0%	0%
	Are you 25 years of age or younger?	*n=174*	13%		13%	
	Are you 50 years of age or older?	*n=174*	15%	30%	15%	9%
	Are you 70 years of age or older?	*n=174*	1%	5%	1%	0%
1.3	Are you from a minority ethnic group?	*n=174*	37%	25%	37%	38%
1.4	Have you been in this prison for less than 6 months?	*n=175*	19%		19%	
1.5	Are you currently serving a sentence?	*n=177*	100%	99%	100%	100%
	Are you on recall?	*n=177*	2%	4%	2%	6%
1.6	Is your sentence less than 12 months?	*n=174*	0%	1%	0%	0%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	*n=174*	6%	13%	6%	13%
7.1	Are you Muslim?	*n=172*	25%	11%	25%	23%
11.3	Do you have any mental health problems?	*n=174*	41%		41%	
12.1	Do you consider yourself to have a disability?	*n=174*	29%	30%	29%	20%
19.1	Do you have any children under the age of 18?	*n=175*	51%	43%	51%	61%
19.2	Are you a foreign national?	*n=175*	5%	11%	5%	13%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	*n=174*	5%	3%	5%	3%
19.4	Have you ever been in the armed services?	*n=171*	6%	7%	6%	6%
19.5	Is your gender female or non-binary?	*n=174*	0%		0%	
19.6	Are you homosexual, bisexual or other sexual orientation?	*n=174*	3%	7%	3%	3%
19.7	Do you identify as transgender or transsexual?	*n=170*	2%		2%	
	ARRIVAL AND RECEPTION					
2.1	Were you given up-to-date information about this prison before you came here?	*n=175*	19%		19%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	*n=177*	47%	51%	47%	36%

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			HMP Lowdham Grange 2018	All other category B training prisons	HMP Lowdham Grange 2018	HMP Lowdham Grange 2015
	Number of completed questionnaires returned		178	1,255	178	184
		n=number of valid responses to question (HMP Lowdham Grange 2018)				
2.3	When you were searched in reception, was this done in a respectful way?	*n=175*	79%	82%	79%	77%
2.4	Overall, were you treated very / quite well in reception?	*n=177*	83%		83%	
2.5	When you first arrived, did you have any problems?	*n=175*	68%	66%	68%	63%
2.5	Did you have problems with:					
	- Getting phone numbers?	*n=175*	25%	20%	25%	20%
	- Contacting family?	*n=175*	21%	21%	21%	16%
	- Arranging care for children or other dependents?	*n=175*	2%		2%	
	- Contacting employers?	*n=175*	2%	2%	2%	0%
	- Money worries?	*n=175*	13%	12%	13%	15%
	- Housing worries?	*n=175*	2%	5%	2%	5%
	- Feeling depressed?	*n=175*	21%		21%	
	- Feeling suicidal?	*n=175*	6%		6%	
	- Other mental health problems?	*n=175*	17%		17%	
	- Physical health problems	*n=175*	16%	15%	16%	10%
	- Drugs or alcohol (e.g. withdrawal)?	*n=175*	6%		6%	
	- Getting medication?	*n=175*	19%		19%	
	- Needing protection from other prisoners?	*n=175*	5%	6%	5%	6%
	- Lost or delayed property?	*n=175*	30%	24%	30%	29%
	For those who had any problems when they first arrived:					
2.6	Did staff help you to deal with these problems?	*n=117*	18%	35%	18%	28%
FIRST NIGHT AND INDUCTION						
3.1	Before you were locked up on your first night, were you offered:					
	- Tobacco or nicotine replacement?	*n=174*	55%	59%	55%	68%
	- Toiletries / other basic items?	*n=174*	59%	52%	59%	57%
	- A shower?	*n=174*	43%	29%	43%	33%
	- A free phone call?	*n=174*	43%	38%	43%	36%
	- Something to eat?	*n=174*	73%	57%	73%	68%
	- The chance to see someone from health care?	*n=174*	58%	58%	58%	63%
	- The chance to talk to a Listener or Samaritans?	*n=174*	27%	32%	27%	23%
	- Support from another prisoner (e.g. Insider or buddy)?	*n=174*	33%		33%	
	- None of these?	*n=174*	9%		9%	
3.2	On your first night in this prison, was your cell very / quite clean?	*n=176*	36%		36%	
3.3	Did you feel safe on your first night here?	*n=176*	77%	74%	77%	83%
3.4	In your first few days here, did you get:					
	- Access to the prison shop / canteen?	*n=171*	70%	24%	70%	34%

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			HMP Lowdham Grange 2018	All other category B training prisons	HMP Lowdham Grange 2018	HMP Lowdham Grange 2015
	Number of completed questionnaires returned		178	1,255	178	184
		n=number of valid responses to question (HMP Lowdham Grange 2018)				
	- Free PIN phone credit?	*n=168*	58%		58%	
	- Numbers put on your PIN phone?	*n=171*	70%		70%	
3.5	Have you had an induction at this prison?	*n=173*	94%	90%	94%	91%
	For those who have had an induction:					
3.5	Did your induction cover everything you needed to know about this prison?	*n=163*	58%		58%	
ON THE WING						
4.1	Are you in a cell on your own?	*n=177*	94%		94%	
4.2	Is your cell call bell normally answered within 5 minutes?	*n=177*	9%	37%	9%	16%
4.3	On the wing or houseblock you currently live on:					
	- Do you normally have enough clean, suitable clothes for the week?	*n=172*	80%	70%	80%	66%
	- Can you shower every day?	*n=176*	95%	90%	95%	99%
	- Do you have clean sheets every week?	*n=176*	75%	60%	75%	33%
	- Do you get cell cleaning materials every week?	*n=175*	46%	65%	46%	60%
	- Is it normally quiet enough for you to relax or sleep at night?	*n=173*	58%	66%	58%	61%
	- Can you get your stored property if you need it?	*n=172*	25%	25%	25%	25%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	*n=174*	51%		51%	
FOOD AND CANTEEN						
5.1	Is the quality of the food in this prison very / quite good?	*n=174*	63%		63%	
5.2	Do you get enough to eat at meal-times always / most of the time?	*n=175*	48%		48%	
5.3	Does the shop / canteen sell the things that you need?	*n=176*	53%	50%	53%	48%
RELATIONSHIPS WITH STAFF						
6.1	Do most staff here treat you with respect?	*n=173*	63%	79%	63%	80%
6.2	Are there any staff here you could turn to if you had a problem?	*n=172*	53%	74%	53%	65%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	*n=178*	20%	28%	20%	24%
6.4	Do you have a personal officer?	*n=176*	64%		64%	
	For those who have a personal officer:					
6.4	Is your personal or named officer very / quite helpful?	*n=112*	28%		28%	
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	*n=175*	3%		3%	
6.6	Do you feel that you are treated as an individual in this prison?	*n=171*	33%		33%	
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	*n=175*	49%		49%	
	If so, do things sometimes change?	*n=85*	35%		35%	
FAITH						
7.1	Do you have a religion?	*n=172*	80%	77%	80%	79%
	For those who have a religion:					
7.2	Are your religious beliefs respected here?	*n=140*	57%		57%	

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			HMP Lowdham Grange 2018	All other category B training prisons	HMP Lowdham Grange 2018	HMP Lowdham Grange 2015
	Number of completed questionnaires returned		178	1,255	178	184
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	*n=140*	66%		66%	
7.4	Are you able to attend religious services, if you want to?	*n=139*	86%		86%	
CONTACT WITH FAMILY AND FRIENDS						
8.1	Have staff here encouraged you to keep in touch with your family / friends?	*n=175*	23%		23%	
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	*n=175*	74%	48%	74%	47%
8.3	Are you able to use a phone every day (if you have credit)?	*n=176*	99%		99%	
8.4	Is it very / quite easy for your family and friends to get here?	*n=175*	25%		25%	
8.5	Do you get visits from family/friends once a week or more?	*n=174*	14%		14%	
	For those who get visits:					
8.6	Do visits usually start and finish on time?	*n=114*	43%		43%	
8.7	Are your visitors usually treated respectfully by staff?	*n=111*	52%		52%	
TIME OUT OF CELL						
9.1	Do you know what the unlock and lock-up times are supposed to be here?	*n=171*	95%		95%	
	For those who know what the unlock and lock-up times are supposed to be.					
9.1	Are these times usually kept to?	*n=162*	38%		38%	
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	*n=166*	7%	9%	7%	8%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	*n=166*	12%	16%	12%	23%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	*n=172*	6%		6%	
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	*n=172*	5%		5%	
9.4	Do you have time to do domestics more than 5 days in a typical week?	*n=173*	73%		73%	
9.5	Do you get association more than 5 days in a typical week, if you want it?	*n=174*	83%		83%	
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	*n=177*	83%		83%	
9.7	Do you typically go to the gym twice a week or more?	*n=174*	45%		45%	
9.8	Do you typically go to the library once a week or more?	*n=175*	43%	43%	43%	37%
	For those who use the library:					
9.9	Does the library have a wide enough range of materials to meet your needs?	*n=100*	42%	50%	42%	48%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS						
10.1	Is it easy for you to make an application?	*n=176*	62%	80%	62%	76%
	For those who have made an application:					
10.2	Are applications usually dealt with fairly?	*n=151*	27%	51%	27%	31%
	Are applications usually dealt with within 7 days?	*n=148*	20%	34%	20%	27%
10.3	Is it easy for you to make a complaint?	*n=174*	65%	65%	65%	59%
	For those who have made a complaint:					
10.4	Are complaints usually dealt with fairly?	*n=125*	11%	29%	11%	14%
	Are complaints usually dealt with within 7 days?	*n=125*	8%	22%	8%	16%

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			HMP Lowdham Grange 2018	All other category B training prisons	HMP Lowdham Grange 2018	HMP Lowdham Grange 2015
	Number of completed questionnaires returned		178	1,255	178	184
		n=number of valid responses to question (HMP Lowdham Grange 2018)				
10.5	Have you ever been prevented from making a complaint here when you wanted to?	*n=134*	38%		38%	
	For those who need it, is it easy to:					
10.6	Communicate with your solicitor or legal representative?	*n=141*	51%		51%	
	Attend legal visits?	*n=134*	44%		44%	
	Get bail information?	*n=90*	10%		10%	
	For those who have had legal letters:					
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	*n=139*	79%	57%	79%	68%
HEALTH CARE						
11.1	Is it very / quite easy to see:					
	- Doctor?	*n=174*	13%		13%	
	- Nurse?	*n=172*	30%		30%	
	- Dentist?	*n=171*	15%		15%	
	- Mental health workers?	*n=171*	15%		15%	
11.2	Do you think the quality of the health service is very / quite good from:					
	- Doctor?	*n=171*	40%		40%	
	- Nurse?	*n=169*	42%		42%	
	- Dentist?	*n=170*	35%		35%	
	- Mental health workers?	*n=166*	24%		24%	
11.3	Do you have any mental health problems?	*n=174*	41%		41%	
	For those who have mental health problems:					
11.4	Have you been helped with your mental health problems in this prison?	*n=70*	26%		26%	
11.5	Do you think the overall quality of the health services here is very / quite good?	*n=175*	27%		27%	
OTHER SUPPORT NEEDS						
12.1	Do you consider yourself to have a disability?	*n=174*	29%	30%	29%	20%
	For those who have a disability:					
12.2	Are you getting the support you need?	*n=49*	25%		25%	
12.3	Have you been on an ACCT in this prison?	*n=173*	9%		9%	
	For those who have been on an ACCT:					
12.4	Did you feel cared for by staff?	*n=15*	27%		27%	
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	*n=173*	29%		29%	
ALCOHOL AND DRUGS						
13.1	Did you have an alcohol problem when you came into this prison?	*n=175*	11%	15%	11%	10%
	For those who had / have an alcohol problem:					
13.2	Have you been helped with your alcohol problem in this prison?	*n=19*	32%	63%	32%	50%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	*n=174*	18%	17%	18%	20%

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			HMP Lowdham Grange 2018	All other category B training prisons	HMP Lowdham Grange 2018	HMP Lowdham Grange 2015
	Number of completed questionnaires returned		178	1,255	178	184
		n=number of valid responses to question (HMP Lowdham Grange 2018)				
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	*n=174*	14%	11%	14%	12%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	*n=172*	9%		9%	
	For those who had / have a drug problem:					
13.6	Have you been helped with your drug problem in this prison?	*n=39*	41%	55%	42%	64%
13.7	Is it very / quite easy to get illicit drugs in this prison?	*n=171*	49%		49%	
13.8	Is it very / quite easy to get alcohol in this prison?	*n=171*	46%		46%	
SAFETY						
14.1	Have you ever felt unsafe here?	*n=173*	54%	50%	54%	48%
14.2	Do you feel unsafe now?	*n=171*	28%	25%	28%	25%
14.3	Have you experienced any of the following from other prisoners here:					
	- Verbal abuse?	*n=166*	35%		35%	
	- Threats or intimidation?	*n=166*	33%		33%	
	- Physical assault?	*n=166*	21%		21%	
	- Sexual assault?	*n=166*	1%		1%	
	- Theft of canteen or property?	*n=166*	22%		22%	
	- Other bullying / victimisation?	*n=166*	19%		19%	
	- Not experienced any of these from prisoners here	*n=166*	54%		54%	
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	*n=169*	20%		20%	
14.5	Have you experienced any of the following from staff here:					
	- Verbal abuse?	*n=168*	39%		39%	
	- Threats or intimidation?	*n=168*	36%		36%	
	- Physical assault?	*n=168*	16%		16%	
	- Sexual assault?	*n=168*	1%		1%	
	- Theft of canteen or property?	*n=168*	17%		17%	
	- Other bullying / victimisation?	*n=168*	21%		21%	
	- Not experienced any of these from staff here	*n=168*	45%		45%	
14.6	If you were being bullied / victimised by staff here, would you report it?	*n=164*	38%		38%	
BEHAVIOUR MANAGEMENT						
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	*n=176*	32%		32%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	*n=173*	30%		30%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	*n=176*	10%	9%	10%	14%
	For those who have been restrained in the last 6 months.					
15.4	Did anyone come and talk to you about it afterwards?	*n=18*	6%		6%	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	*n=174*	8%		8%	

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		HMP Lowdham Grange 2018	All other category B training prisons	HMP Lowdham Grange 2018	HMP Lowdham Grange 2015
	Number of completed questionnaires returned	178	1,255	178	184
	n=number of valid responses to question (HMP Lowdham Grange 2018)				
	For those who have spent one or more nights in the segregation unit in the last 6 months				
15.6	Were you treated well by segregation staff? *n=13*	46%		46%	
	Could you shower every day? *n=13*	8%		8%	
	Could you go outside for exercise every day? *n=13*	62%		62%	
	Could you use the phone every day (if you had credit)? *n=13*	69%		69%	
EDUCATION, SKILLS AND WORK					
16.1	In this prison, is it easy to get into the following activities:				
	- Education? *n=169*	58%		58%	
	- Vocational or skills training? *n=167*	28%		28%	
	- Prison job? *n=167*	19%		19%	
	- Voluntary work outside of the prison? *n=158*	3%		3%	
	- Paid work outside of the prison? *n=163*	1%		1%	
16.2	In this prison, have you done the following activities:				
	- Education? *n=165*	85%	85%	85%	86%
	- Vocational or skills training? *n=155*	76%	74%	76%	80%
	- Prison job? *n=162*	89%	88%	89%	94%
	- Voluntary work outside of the prison? *n=155*	34%		34%	
	- Paid work outside of the prison? *n=155*	34%		34%	
	For those who have done the following activities, do you think they will help you on release				
	- Education? *n=140*	64%	55%	64%	63%
	- Vocational or skills training? *n=117*	68%	49%	68%	62%
	- Prison job? *n=144*	42%	42%	42%	37%
	- Voluntary work outside of the prison? *n=52*	62%		62%	
	- Paid work outside of the prison? *n=52*	67%		67%	
16.3	Do staff encourage you to attend education, training or work? *n=166*	29%		29%	
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan? *n=171*	75%		75%	
	For those who have a custody plan:				
17.2	Do you understand what you need to do to achieve your objectives or targets? *n=126*	87%		87%	
17.3	Are staff helping you to achieve your objectives or targets? *n=123*	41%		41%	
17.4	In this prison, have you done:				
	- Offending behaviour programmes? *n=121*	62%		62%	
	- Other programmes? *n=112*	54%		54%	
	- One to one work? *n=111*	41%		41%	
	- Been on a specialist unit? *n=103*	15%		15%	

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		HMP Lowdham Grange 2018	All other category B training prisons	HMP Lowdham Grange 2018	HMP Lowdham Grange 2015
	Number of completed questionnaires returned	178	1,255	178	184
	n=number of valid responses to question (HMP Lowdham Grange 2018)				
	- ROTL - day or overnight release? *n=102*	3%		3%	
	For those who have done the following, did they help you to achieve your objectives or targets.				
	- Offending behaviour programmes? *n=75*	76%		76%	
	- Other programmes? *n=60*	72%		72%	
	- One to one work? *n=46*	72%		72%	
	- Being on a specialist unit? *n=15*	33%		33%	
	- ROTL - day or overnight release? *n=3*	67%		67%	
PREPARATION FOR RELEASE					
18.1	Do you expect to be released in the next 3 months? *n=173*	2%		2%	
	For those who expect to be released in the next 3 months:				
18.2	Is this prison very / quite near to your home area or intended release address? *n=3*	33%		33%	
18.3	Is anybody helping you to prepare for your release? *n=3*	67%		67%	
18.4	Do you need help to sort out the following for when you are released:				
	- Finding accommodation? *n=3*	100%		100%	
	- Getting employment? *n=2*	100%		100%	
	- Setting up education or training? *n=3*	100%		100%	
	- Arranging benefits? *n=3*	100%		100%	
	- Sorting out finances? *n=2*	100%		100%	
	- Support for drug or alcohol problems? *n=2*	100%		100%	
	- Health / mental Health support? *n=2*	100%		100%	
	- Social care support? *n=2*	100%		100%	
	- Getting back in touch with family or friends? *n=2*	50%		50%	
18.4	Are you getting help to sort out the following for when you are released, if you need it:				
	- Finding accommodation? *n=3*	67%		67%	
	- Getting employment? *n=2*	0%		0%	
	- Setting up education or training? *n=3*	33%		33%	
	- Arranging benefits? *n=3*	33%		33%	
	- Sorting out finances? *n=2*	0%		0%	
	- Support for drug or alcohol problems? *n=2*	0%		0%	
	- Health / mental Health support? *n=2*	0%		0%	
	- Social care support? *n=2*	0%		0%	
	- Getting back in touch with family or friends? *n=1*	0%		0%	
FINAL QUESTION ABOUT THIS PRISON					
20.1	Do you think your experiences in this prison have made you less likely to offend in the future? *n=166*	49%		49%	

HMP Lowdham Grange 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:
-responses of prisoners from black and minority ethnic groups are compared with those of white prisoners
-Muslim prisoners' responses are compared with those of non-Muslim prisoners
Please note that these analyses are based on summary data from selected survey questions only.

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	Black and minority ethnic	White	Muslim	Non-Muslim
Number of completed questionnaires returned	64	110	43	129
DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION				
1.2 Are you under 21 years of age?	0%	0%	0%	0%
Are you 50 years of age or older?	6%	20%	7%	18%
1.3 Are you from a minority ethnic group?			93%	18%
7.1 Are you Muslim?	65%	3%		
11.3 Do you have any mental health problems?	27%	50%	33%	42%
12.1 Do you consider yourself to have a disability?	16%	37%	19%	31%
19.2 Are you a foreign national?	9%	2%	7%	4%
19.3 Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	2%	6%	2%	6%
ARRIVAL AND RECEPTION				
2.3 When you were searched in reception, was this done in a respectful way?	70%	85%	65%	84%
2.4 Overall, were you treated very / quite well in reception?	75%	86%	67%	88%
2.5 When you first arrived, did you have any problems?	71%	66%	76%	64%
For those who had any problems when they first arrived:				
2.6 Did staff help you to deal with these problems?	18%	19%	24%	15%
FIRST NIGHT AND INDUCTION				
3.3 Did you feel safe on your first night here?	75%	77%	65%	80%
3.5 Have you had an induction at this prison?	92%	95%	93%	96%
For those who have had an induction:				
3.5 Did your induction cover everything you needed to know about this prison?	55%	59%	56%	58%
ON THE WING				
4.2 Is your cell call bell normally answered within 5 minutes?	5%	11%	5%	11%
4.3 On the wing or houseblock you currently live on:				
- Do you normally have enough clean, suitable clothes for the week?	82%	78%	79%	80%
- Can you shower every day?	94%	95%	95%	95%
- Do you have clean sheets every week?	71%	76%	72%	76%
- Do you get cell cleaning materials every week?	40%	50%	35%	51%
- Is it normally quiet enough for you to relax or sleep at night?	66%	55%	57%	60%
- Can you get your stored property if you need it?	13%	32%	15%	29%

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	Black and minority ethnic	White	Muslim	Non-Muslim
Number of completed questionnaires returned	64	110	43	129
FOOD AND CANTEEN				
5.2 Do you get enough to eat at meal-times always / most of the time?	41%	52%	41%	49%
5.3 Does the shop / canteen sell the things that you need?	44%	57%	47%	56%
RELATIONSHIPS WITH STAFF				
6.1 Do most staff here treat you with respect?	46%	72%	42%	69%
6.2 Are there any staff here you could turn to if you had a problem?	36%	63%	32%	61%
6.3 In the last week, has any member of staff talked to you about how you are getting on?	9%	25%	19%	20%
6.6 Do you feel that you are treated as an individual in this prison?	31%	34%	29%	34%
FAITH				
For those who have a religion:				
7.2 Are your religious beliefs respected here?	53%	60%	44%	64%
7.3 Are you able to speak to a Chaplain of your faith in private, if you want to?	65%	65%	69%	65%
CONTACT WITH FAMILY AND FRIENDS				
8.1 Have staff here encouraged you to keep in touch with your family / friends?	14%	28%	14%	26%
8.2 Have you had any problems with sending or receiving mail (letters or parcels)?	81%	70%	83%	71%
8.3 Are you able to use a phone every day (if you have credit)?	100%	99%	100%	99%
For those who get visits:				
8.7 Are your visitors usually treated respectfully by staff?	47%	57%	48%	56%
TIME OUT OF CELL				
9.2 Do you usually spend less than 2 hours out of your cell on a typical weekday?	2%	10%	5%	8%
Do you usually spend 10 hours or more out of your cell on a typical weekday?	9%	15%	8%	14%
For those who use the library:				
9.9 Does the library have a wide enough range of materials to meet your needs?	41%	44%	48%	43%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS				
10.1 Is it easy for you to make an application?	55%	65%	56%	66%
For those who have made an application:				
10.2 Are applications usually dealt with fairly?	12%	34%	13%	30%
10.3 Is it easy for you to make a complaint?	64%	65%	58%	69%
For those who have made a complaint:				
10.4 Are complaints usually dealt with fairly?	8%	13%	9%	13%
10.5 Have you ever been prevented from making a complaint here when you wanted to?	43%	36%	44%	36%

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	Black and minority ethnic	White	Muslim	Non-Muslim
Number of completed questionnaires returned	64	110	43	129
HEALTH CARE				
11.1 Is it very / quite easy to see:				
- Doctor?	10%	15%	10%	14%
- Nurse?	25%	34%	24%	34%
- Dentist?	10%	18%	7%	18%
- Mental health workers?	10%	19%	10%	18%
For those who have mental health problems:				
11.4 Have you been helped with your mental health problems in this prison?	6%	33%	14%	31%
11.5 Do you think the overall quality of the health services here is very / quite good?	20%	32%	21%	30%
OTHER SUPPORT NEEDS				
For those who have a disability:				
12.2 Are you getting the support you need?	11%	28%	14%	28%
SAFETY				
14.1 Have you ever felt unsafe here?	48%	57%	55%	53%
14.2 Do you feel unsafe now?	30%	25%	43%	23%
14.3 Not experienced bullying / victimisation by other prisoners	65%	49%	56%	54%
14.4 If you were being bullied / victimised by other prisoners here, would you report it?	17%	22%	22%	20%
14.5 Not experienced bullying / victimisation by members of staff	43%	47%	32%	50%
14.6 If you were being bullied / victimised by staff here, would you report it?	37%	40%	37%	41%
BEHAVIOUR MANAGEMENT				
15.1 Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	30%	33%	33%	32%
15.2 Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	14%	38%	17%	34%
15.3 Have you been physically restrained by staff in this prison, in the last 6 months?	5%	14%	7%	12%
15.5 Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	10%	7%	12%	4%
EDUCATION, SKILLS AND WORK				
16.3 Do staff encourage you to attend education, training or work?	25%	32%	24%	32%
PLANNING AND PROGRESSION				
17.1 Do you have a custody plan?	68%	79%	76%	77%
For those who have a custody plan:				
17.3 Are staff helping you to achieve your objectives or targets?	44%	39%	50%	38%
PREPARATION FOR RELEASE				
For those who expect to be released in the next 3 months:				
18.3 Is anybody helping you to prepare for your release?	100%	50%		100%
FINAL QUESTION ABOUT THIS PRISON				
20.1 Do you think your experiences in this prison have made you less likely to offend in the future?	56%	45%	58%	47%

HMP Lowdham Grange 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:
- Responses of prisoners with mental health problems are compared with those of prisoners who do not have mental health problems.
- Disabled prisoners' responses are compared with those of prisoners who do not have a disability
Please note that these analyses are based on summary data from selected survey questions only.

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	Mental health problems	No mental health problems	Have a disability	Do not have a disability
Number of completed questionnaires returned	71	103	50	124
DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION				
1.2 Are you under 21 years of age?	0%	0%	0%	0%
Are you 50 years of age or older?	15%	16%	19%	13%
1.3 Are you from a minority ethnic group?	24%	47%	20%	45%
7.1 Are you Muslim?	21%	28%	17%	29%
11.3 Do you have any mental health problems?			78%	25%
12.1 Do you consider yourself to have a disability?	56%	11%		
19.2 Are you a foreign national?	0%	8%	2%	6%
19.3 Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	6%	5%	6%	5%
ARRIVAL AND RECEPTION				
2.3 When you were searched in reception, was this done in a respectful way?	77%	82%	78%	80%
2.4 Overall, were you treated very / quite well in reception?	78%	86%	80%	84%
2.5 When you first arrived, did you have any problems?	88%	55%	92%	58%
For those who had any problems when they first arrived:				
2.6 Did staff help you to deal with these problems?	25%	9%	23%	13%
FIRST NIGHT AND INDUCTION				
3.3 Did you feel safe on your first night here?	73%	78%	66%	80%
3.5 Have you had an induction at this prison?	93%	95%	90%	96%
For those who have had an induction:				
3.5 Did your induction cover everything you needed to know about this prison?	56%	60%	48%	62%
ON THE WING				
4.2 Is your cell call bell normally answered within 5 minutes?	6%	12%	6%	11%
4.3 On the wing or houseblock you currently live on:				
- Do you normally have enough clean, suitable clothes for the week?	75%	83%	74%	83%
- Can you shower every day?	93%	96%	94%	95%
- Do you have clean sheets every week?	73%	78%	76%	75%
- Do you get cell cleaning materials every week?	50%	45%	56%	42%
- Is it normally quiet enough for you to relax or sleep at night?	55%	60%	58%	58%
- Can you get your stored property if you need it?	22%	27%	25%	25%

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** less than 1% probability that the difference is due to chance*

	Mental health problems	No mental health problems	Have a disability	Do not have a disability
Number of completed questionnaires returned	71	103	50	124
FOOD AND CANTEEN				
5.2 Do you get enough to eat at meal-times always / most of the time?	40%	53%	47%	48%
5.3 Does the shop / canteen sell the things that you need?	49%	56%	48%	55%
RELATIONSHIPS WITH STAFF				
6.1 Do most staff here treat you with respect?	59%	64%	74%	58%
6.2 Are there any staff here you could turn to if you had a problem?	41%	61%	52%	53%
6.3 In the last week, has any member of staff talked to you about how you are getting on?	18%	19%	18%	19%
6.6 Do you feel that you are treated as an individual in this prison?	27%	37%	30%	35%
FAITH				
For those who have a religion:				
7.2 Are your religious beliefs respected here?	48%	64%	50%	61%
7.3 Are you able to speak to a Chaplain of your faith in private, if you want to?	56%	73%	61%	68%
CONTACT WITH FAMILY AND FRIENDS				
8.1 Have staff here encouraged you to keep in touch with your family / friends?	18%	26%	22%	22%
8.2 Have you had any problems with sending or receiving mail (letters or parcels)?	80%	71%	75%	74%
8.3 Are you able to use a phone every day (if you have credit)?	99%	100%	100%	99%
For those who get visits:				
8.7 Are your visitors usually treated respectfully by staff?	46%	56%	57%	51%
TIME OUT OF CELL				
9.2 Do you usually spend less than 2 hours out of your cell on a typical weekday?	12%	3%	17%	3%
Do you usually spend 10 hours or more out of your cell on a typical weekday?	12%	12%	13%	12%
For those who use the library:				
9.9 Does the library have a wide enough range of materials to meet your needs?	43%	41%	48%	39%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS				
10.1 Is it easy for you to make an application?	59%	64%	62%	62%
For those who have made an application:				
10.2 Are applications usually dealt with fairly?	24%	27%	28%	25%
10.3 Is it easy for you to make a complaint?	59%	70%	52%	71%
For those who have made a complaint:				
10.4 Are complaints usually dealt with fairly?	11%	12%	14%	9%
10.5 Have you ever been prevented from making a complaint here when you wanted to?	51%	29%	56%	32%

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	Mental health problems	No mental health problems	Have a disability	Do not have a disability
Number of completed questionnaires returned	71	103	50	124
HEALTH CARE				
11.1 Is it very / quite easy to see:				
- Doctor?	9%	16%	10%	14%
- Nurse?	29%	32%	29%	31%
- Dentist?	4%	22%	11%	16%
- Mental health workers?	16%	15%	20%	13%
For those who have mental health problems:				
11.4 Have you been helped with your mental health problems in this prison?	26%		33%	13%
11.5 Do you think the overall quality of the health services here is very / quite good?	16%	35%	18%	30%
OTHER SUPPORT NEEDS				
For those who have a disability:				
12.2 Are you getting the support you need?	31%	0%	23%	
SAFETY				
14.1 Have you ever felt unsafe here?	73%	40%	78%	44%
14.2 Do you feel unsafe now?	38%	21%	43%	22%
14.3 Not experienced bullying / victimisation by other prisoners	31%	71%	29%	64%
14.4 If you were being bullied / victimised by other prisoners here, would you report it?	14%	25%	20%	20%
14.5 Not experienced bullying / victimisation by members of staff	24%	61%	28%	53%
14.6 If you were being bullied / victimised by staff here, would you report it?	31%	43%	34%	40%
BEHAVIOUR MANAGEMENT				
15.1 Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	28%	36%	28%	35%
15.2 Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	24%	33%	33%	28%
15.3 Have you been physically restrained by staff in this prison, in the last 6 months?	16%	6%	16%	7%
15.5 Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	11%	5%	12%	6%
EDUCATION, SKILLS AND WORK				
16.3 Do staff encourage you to attend education, training or work?	23%	32%	28%	29%
PLANNING AND PROGRESSION				
17.1 Do you have a custody plan?	74%	76%	74%	76%
For those who have a custody plan:				
17.3 Are staff helping you to achieve your objectives or targets?	31%	47%	34%	44%
PREPARATION FOR RELEASE				
For those who expect to be released in the next 3 months:				
18.3 Is anybody helping you to prepare for your release?	0%	100%	50%	100%
FINAL QUESTION ABOUT THIS PRISON				
20.1 Do you think your experiences in this prison have made you less likely to offend in the future?	39%	57%	46%	50%

HMP Lowdham Grange 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:
-responses of prisoners aged 25 and under are compared with those of prisoners over 25
-responses of prisoners aged 50 and over are compared with those of prisoners under 50
Please note that these analyses are based on summary data from selected survey questions only.

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		25 and under	Over 25	50 and over	Under 50
	Number of completed questionnaires returned	23	151	26	148
	DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION				
1.2	Are you under 21 years of age?	0%			0%
	Are you 50 years of age or older?		17%	100%	
1.3	Are you from a minority ethnic group?	44%	36%	15%	40%
7.1	Are you Muslim?	36%	24%	12%	28%
11.3	Do you have any mental health problems?	52%	39%	39%	41%
12.1	Do you consider yourself to have a disability?	17%	30%	36%	27%
19.2	Are you a foreign national?	0%	5%	0%	6%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	4%	4%	4%	4%
	ARRIVAL AND RECEPTION				
2.3	When you were searched in reception, was this done in a respectful way?	65%	82%	85%	79%
2.4	Overall, were you treated very / quite well in reception?	70%	85%	85%	82%
2.5	When you first arrived, did you have any problems?	83%	66%	50%	71%
	For those who had any problems when they first arrived:				
2.6	Did staff help you to deal with these problems?	0%	22%	25%	18%
	FIRST NIGHT AND INDUCTION				
3.3	Did you feel safe on your first night here?	77%	76%	69%	77%
3.5	Have you had an induction at this prison?	91%	95%	92%	94%
	For those who have had an induction:				
3.5	Did your induction cover everything you needed to know about this prison?	43%	60%	58%	58%
	ON THE WING				
4.2	Is your cell call bell normally answered within 5 minutes?	0%	9%	4%	9%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	87%	78%	83%	79%
	- Can you shower every day?	96%	95%	96%	95%
	- Do you have clean sheets every week?	78%	74%	77%	74%
	- Do you get cell cleaning materials every week?	50%	45%	52%	45%
	- Is it normally quiet enough for you to relax or sleep at night?	74%	55%	50%	59%
	- Can you get your stored property if you need it?	13%	26%	35%	23%

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	25 and under	Over 25	50 and over	Under 50
Number of completed questionnaires returned	23	151	26	148
FOOD AND CANTEEN				
5.2 Do you get enough to eat at meal-times always / most of the time?	22%	51%	73%	43%
5.3 Does the shop / canteen sell the things that you need?	48%	53%	46%	53%
RELATIONSHIPS WITH STAFF				
6.1 Do most staff here treat you with respect?	52%	64%	85%	59%
6.2 Are there any staff here you could turn to if you had a problem?	32%	56%	69%	50%
6.3 In the last week, has any member of staff talked to you about how you are getting on?	17%	19%	19%	19%
6.6 Do you feel that you are treated as an individual in this prison?	23%	33%	32%	32%
FAITH				
For those who have a religion:				
7.2 Are your religious beliefs respected here?	53%	57%	64%	55%
7.3 Are you able to speak to a Chaplain of your faith in private, if you want to?	53%	67%	73%	64%
CONTACT WITH FAMILY AND FRIENDS				
8.1 Have staff here encouraged you to keep in touch with your family / friends?	18%	23%	32%	21%
8.2 Have you had any problems with sending or receiving mail (letters or parcels)?	77%	74%	65%	76%
8.3 Are you able to use a phone every day (if you have credit)?	100%	99%	100%	99%
For those who get visits:				
8.7 Are your visitors usually treated respectfully by staff?	44%	54%	64%	51%
TIME OUT OF CELL				
9.2 Do you usually spend less than 2 hours out of your cell on a typical weekday?	10%	6%	0%	7%
Do you usually spend 10 hours or more out of your cell on a typical weekday?	5%	13%	21%	11%
For those who use the library:				
9.9 Does the library have a wide enough range of materials to meet your needs?	44%	41%	36%	42%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS				
10.1 Is it easy for you to make an application?	61%	61%	73%	59%
For those who have made an application:				
10.2 Are applications usually dealt with fairly?	24%	27%	53%	23%
10.3 Is it easy for you to make a complaint?	74%	64%	68%	64%
For those who have made a complaint:				
10.4 Are complaints usually dealt with fairly?	0%	14%	39%	8%
10.5 Have you ever been prevented from making a complaint here when you wanted to?	58%	34%	20%	40%

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	25 and under	Over 25	50 and over	Under 50
Number of completed questionnaires returned	23	151	26	148
HEALTH CARE				
11.1 Is it very / quite easy to see:				
- Doctor?	9%	13%	23%	10%
- Nurse?	27%	31%	35%	29%
- Dentist?	9%	15%	19%	13%
- Mental health workers?	14%	16%	19%	15%
For those who have mental health problems:				
11.4 Have you been helped with your mental health problems in this prison?	17%	29%	40%	24%
11.5 Do you think the overall quality of the health services here is very / quite good?	17%	28%	31%	26%
OTHER SUPPORT NEEDS				
For those who have a disability:				
12.2 Are you getting the support you need?	0%	26%	20%	24%
SAFETY				
14.1 Have you ever felt unsafe here?	39%	56%	62%	52%
14.2 Do you feel unsafe now?	17%	29%	25%	27%
14.3 Not experienced bullying / victimisation by other prisoners	65%	51%	38%	56%
14.4 If you were being bullied / victimised by other prisoners here, would you report it?	9%	22%	36%	17%
14.5 Not experienced bullying / victimisation by members of staff	36%	47%	60%	42%
14.6 If you were being bullied / victimised by staff here, would you report it?	33%	38%	50%	35%
BEHAVIOUR MANAGEMENT				
15.1 Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	17%	34%	50%	28%
15.2 Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	13%	31%	50%	25%
15.3 Have you been physically restrained by staff in this prison, in the last 6 months?	26%	7%	4%	11%
15.5 Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	9%	7%	0%	8%
EDUCATION, SKILLS AND WORK				
16.3 Do staff encourage you to attend education, training or work?	23%	29%	33%	28%
PLANNING AND PROGRESSION				
17.1 Do you have a custody plan?	86%	74%	76%	75%
For those who have a custody plan:				
17.3 Are staff helping you to achieve your objectives or targets?	21%	45%	50%	40%
PREPARATION FOR RELEASE				
For those who expect to be released in the next 3 months:				
18.3 Is anybody helping you to prepare for your release?		67%		67%
FINAL QUESTION ABOUT THIS PRISON				
20.1 Do you think your experiences in this prison have made you less likely to offend in the future?	48%	50%	48%	50%



HM Inspectorate of Prisons is a member of the UK's National Preventive Mechanism, a group of organisations which independently monitor all places of detention to meet the requirements of international human rights law.

