



Report on an unannounced inspection of

HMP Stocken

by HM Chief Inspector of Prisons

16–27 January 2023



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Introduction

Stocken is a men's category C training prison in Rutland that held 1,051 prisoners at the time of our inspection. Prisoners arrived at the prison from across England, including from as far afield as the south coast or Liverpool.

The acting governor came into post in September 2022 and since then had established a new vision that focused on building the competence, resilience and well-being of his staff, and getting prisoners back into purposeful activity.

Staff recruitment and retention remained the biggest challenge for Stocken, with shortages in every area from officers, operational support grades and teachers. Despite this, the governor had prioritised purposeful activity and it was a refreshing change to visit a prison that was approaching its pre-pandemic activity levels. Free-flow of prisoners had been reintroduced and up to 500 men were moving peaceably around the prison to work, education or training. There was also evening association on offer for enhanced prisoners and those who were working.

The prison was being badly let down by the education provider who was under a notice to improve, but had nevertheless been awarded an extension on the contract. The curriculum on offer was not suitable for the prisoners at Stocken and there were not enough teachers. In recent months, turnover of education staff had been extremely high, leaving some serious questions about the culture and competence of the provider. The result was the succession of empty classrooms I saw when I walked around and prisoners on long waiting lists to get on to courses.

The distance that many prisoners were held from home was a cause of much frustration at Stocken, particularly as the telephone system kept breaking down, including over Christmas. Engineers were finally due to come and fix a problem that had been going on for many months. Prisoners also struggled to get visits at weekends when there was a waiting list, meaning they were lucky if they could see their families and friends more than once a month. These visits were often cut back to an hour – not enough time for families who had travelled long distances.

Conditions in the jail had deteriorated since our last inspection and many of the wings were tatty and, in some cases, dirty, with dried food splashed on the walls of kitchens and grimy staircases and wings. The heating had stopped working on one unit and some windows were broken.

Although relationships between staff and prisoners were generally reasonable, we were disappointed to see too many officers sitting in offices rather than on the wing engaging with prisoners. It will take commitment from leaders to change what appeared to have become a habit that was partly a result of the layout of the wings.

The care for prisoners in their early days was not good enough, with anxious new arrivals being left unattended for many hours with nothing to do, and limited

staff interaction. Some received an incomplete induction and were waiting too long to receive important information about the prison. A failure to understand and share key information about prisoners was potentially putting their safety at risk, particularly where health needs were not communicated to the induction wing.

There had been impressive work to make Stocken safer: violence had reduced since our last inspection and was below the average of the prison's equivalent jails. This was despite the open regime where large numbers of prisoners were able to go to the well-used gym and library or to other activities by themselves. Good work had also been done to address self-harm, which was lower than in similar prisons, but more analysis of data on the use of segregation may have helped to reduce the time that some prisoners spent on the unit.

The governor and his team have much to be proud of; they had worked hard to improve the jail, which achieved higher scores in our healthy prison assessments for safety, and rehabilitation and release planning than at our last inspection. They had reduced the supply of drugs and phones into the prison and this had helped them to make some impressive reductions in levels of violence, that remained low despite the more open regime.

The key challenges for the next year will be recruiting enough staff in key roles and improving the way they engage with prisoners; improving the infrastructure and cleanliness of the prison; and making sure that the education provider delivers a much better service. I am confident that should this impressive governor remain in place and develop his inexperienced but enthusiastic leadership team, the prison has the potential to become one of the best in the country.

Charlie Taylor

HM Chief Inspector of Prisons

March 2023

What needs to improve at HMP Stocken

During this inspection we identified 15 key concerns, of which five should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

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

Priority concerns

1. **Too few key work sessions were being delivered and officers spent too long in offices instead of interacting with prisoners on the wings, limiting staff-prisoner relationships.**
2. **The prison's infrastructure was in poor condition and in need of investment.**
3. **There were not enough full-time activity spaces available to meet the needs of the population.**
4. **Leaders and managers did not offer a broad enough curriculum that met prisoners' needs and prisoners could not study mathematics above entry level.**
5. **It was difficult for prisoners to maintain contact with their family and friends.**

Key concerns

6. **Support for prisoners during their early days was weak.** Not all prisoners' risks were identified or shared with staff, and prisoners did not receive information about the prison.
7. **Communal areas, food serving areas on wings and some cells were dirty.** Adequate supplies of cleaning materials were not routinely issued to prisoners, and staff did not monitor wing cleaning.
8. **Strategic oversight of equality and inclusion was limited and action to address potential disproportionality or to promote diversity across the prison were too often delegated to the small equality team.**
9. **Too many mentally unwell patients waited beyond the recommended timeframe for a transfer under the Mental Health Act to external specialist mental health units.**
10. **The lack of a pharmacist to provide professional oversight had led to some weaknesses in the service.**

11. **Patients on opiate substitution treatment did not always see the prescriber in person for their 13-week review or to receive routine clinical observations.**
12. **There were not offer appropriate qualifications in work areas to support prisoners to develop valuable employment skills.**
13. **Staff had not received suitable training so they could support prisoners with learning difficulties to make swift progress.**
14. **Too many prisoners continued to arrive at Stocken without an assessment of their risks or needs. (To HMPPS)**
15. **Contact between offender managers and most prisoners was infrequent or task driven and did not consistently support men to make progress in their sentence.**

About HMP Stocken

Task of the prison/establishment

HMP Stocken is an adult male category C training prison.

Certified normal accommodation and operational capacity (see Glossary)

Prisoners held at the time of inspection: 1,051

Baseline certified normal capacity: 974

In-use certified normal capacity: 964

Operational capacity: 1,071

Population of the prison

- 26% of prisoners were aged 29 or under.
- 1019 new prisoners were received in 2022 (approximately 85 per month).
- 75 were foreign national prisoners.
- 30% of prisoners were from black and minority ethnic backgrounds.
- Approximately 22 prisoners were released into the community each month.
- 333 prisoners were receiving support for substance use.
- Around 85 prisoners were referred for mental health assessment each month.

Prison status and key providers

Public

Physical and mental health provider: Practice Plus Group Health and Rehabilitation Services Limited

Substance misuse treatment provider: Inclusion – Midlands Partnership NHS Foundation Trust

Dental health provider: Time for Teeth Limited

Prison education framework provider: People Plus

Escort contractor: GEOAmey/Serco

Prison group

North Midlands Prison Group

Prison Group Director

Mark Livingston

Brief history

Built in 1985 as a young offender institution, HMP Stocken then changed role and became a category C closed training prison. It has since expanded, with new accommodation added in 1990, 1997, 1998, 2003, 2008, 2011 and 2019. A new wing for 214 prisoners is due to open in January 2024.

Short description of residential units

F wing – induction unit

H wing – incentivised substance free living/general population

I wing – drug recovery wing

K wing – integrated drug treatment system wing

L, M and N wings – general population

Name of governor and date in post

Russ Truman (acting governor), September 2022

Changes of governor since the last inspection

Neil Thomas, January 2017–September 2022

Independent Monitoring Board chair

Ed Pollock

Date of last inspection

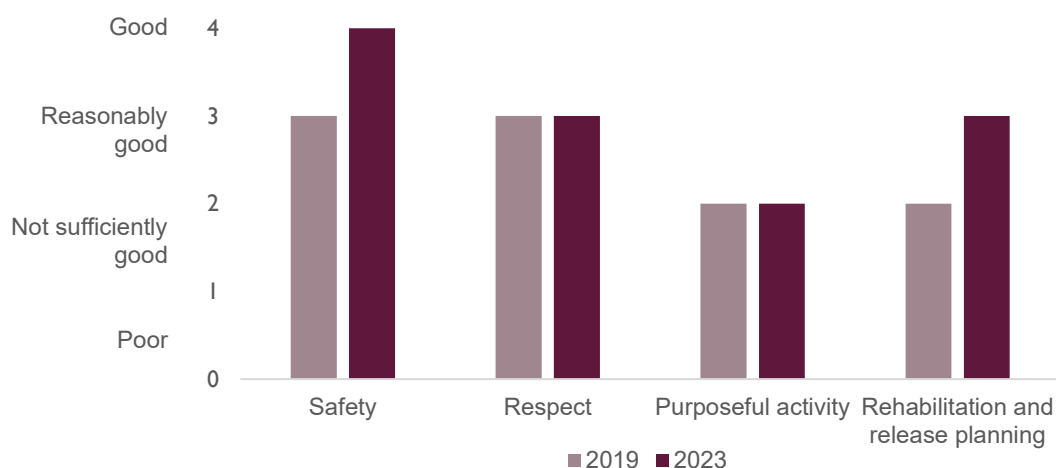
22 January – 8 February 2019

Section 1 Summary of key findings

Outcomes for prisoners

- 1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and rehabilitation and release planning (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.2 At this inspection of Stocken, we found that outcomes for prisoners were:
- good for safety
 - reasonably good for respect
 - not sufficiently good for purposeful activity
 - reasonably good for rehabilitation and release planning.
- 1.3 We last inspected Stocken in 2019. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Stocken healthy prison outcomes 2019 and 2023



Progress on key concerns and recommendations from the full inspection

- 1.4 At our last inspection in 2019 we made 53 recommendations, five of which were about areas of key concern. The prison fully accepted 43 of the recommendations and partially (or subject to resources) accepted nine. It rejected one of the recommendations.
- 1.5 At this inspection we found that one of our recommendations about areas of key concern had been achieved, two had been partially achieved and two had not been achieved. The recommendation made in the area of safety had been achieved, while the recommendation in purposeful activity had not been achieved. Of the two

recommendations made in respect, one had been partially achieved and one had not been achieved. The recommendation made in rehabilitation and release planning had been partially achieved. For a full list of the progress against the recommendations, please see Section 7.

Notable positive practice

- 1.6 We define notable positive practice as innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.
- 1.7 Inspectors found four examples of notable positive practice during this inspection.
- 1.8 The prison placed prisoners onto the basic level of the incentives scheme for short periods, which meant that a spiral of poor behaviour could be avoided, as prisoners could return to the standard regime relatively quickly. (See paragraph 3.12.)
- 1.9 The prison had been running the STARS programme designed to improve well-being and reduce stress, anxiety and depression – it had led to excellent outcomes for vulnerable prisoners. (See paragraph 3.38.)
- 1.10 The partnership work between PE staff and wing managers to support some prisoners with challenging behaviour was proving successful. Those identified as needing additional support received enhanced gym sessions to motivate them to behave well. (See paragraph 5.8.)
- 1.11 A family member, key worker, prison offender manager, community offender manager and programmes staff were involved in a prisoner's post-programme review, helping him to recognise, celebrate and apply his learning. (See paragraph 6.32.)

Section 2 Leadership

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

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 Since taking up post, the enthusiastic and committed acting governor had listened to staff and prisoners and had defined a new vision for the prison – to maximise everyone’s potential. He was providing strong direction through his well-communicated set of priorities. In our survey, 83% of staff who responded said that the establishment’s priorities were communicated quite or very clearly.
- 2.3 Despite a prison officer shortage ranking among the worst in the country, leaders had succeeded in safely providing a regime appropriate to a category C training prison. About 500 prisoners were on ‘free flow’ (which allows prisoners to move about the prison unescorted) when they went to off-wing activities, and most were unlocked during the core day. Evening association had also been reinstated for full-time workers and enhanced level prisoners.
- 2.4 Safety, which was a priority for prison leaders, had improved since our last inspection, and the number of incidents of violence and self-harm was lower than at comparator prisons.
- 2.5 Leadership for reducing reoffending work had improved considerably and managers responded creatively to the resettlement needs of a growing number of prisoners who were being released directly from Stocken.
- 2.6 There were also early indications of an improvement in services that an understaffed and overstretched offender management unit offered since the new head of offender management and senior probation officers had taken up post.
- 2.7 Despite the majority of the senior management team being newly and temporarily promoted, they had stepped up well to the challenge, but were not yet being offered mentoring, for example, to support development in their new roles.
- 2.8 Although the governor had planned to provide coaching and skills development for middle managers, the visibility and leadership of custodial managers in some areas of the prison were variable. Some custodial managers, including those in safer custody, the segregation unit and the drug recovery wing were leading effectively.

- 2.9 High rates of staff attrition were being addressed through a focus on staff engagement. This included regular consultation with leaders and recognition of good work. A wider staff group was also invited to join the morning briefing from offices across the prison via video conference to promote more inclusivity.
- 2.10 Education management had been inconsistent, and the rate of attrition of education staff was exceptionally high. Although prison leaders were managing the poor performance of the education provider robustly, they were frustrated at being tied into an inflexible contract that limited their ability to drive improvement. Ofsted judged education, skills and work provision to be inadequate.
- 2.11 The head of health care, supported by a hardworking deputy, had a clear focus on improving standards of care, despite the staffing challenges, and partnership working with the prison was good.
- 2.12 Although construction of a new houseblock was underway, investment to improve the prison's outdated and failing infrastructure was needed. Faults with the in-cell telephone system had been going on for months and were a cause of real frustration for prisoners and there was no in-cell technology.
- 2.13 Leaders gave an honest and comprehensive assessment of the prison's strengths and challenges and were focused on driving continuous improvement. Some shortcomings identified during our inspection were rectified at the earliest opportunity.

Section 3 Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

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

- 3.1 The reception area was clean and welcoming, and in our survey, 82% of prisoners reported that they had been treated well in reception. A Listener (a prisoner trained by the Samaritans to provide confidential emotional support to other prisoners) met all new arrivals. However, prisoners had to wait in one of two locked holding rooms after being searched using a body scanner. Both rooms were bare, with only bench seating and no available printed information about the prison.



Reception area

- 3.2 All prisoners had a short private interview with staff in reception, but there was not enough focus on identifying any self-harm or suicide risks, and we were not confident that all potential vulnerabilities would be identified during this process. We found that other risk information, for example which prisoners were on drug detoxification, was not formally shared with night staff.

- 3.3 Not all prisoners during the inspection could receive their property on their first night because no reception-trained officers were available to complete the process after 5pm. However, they could buy additional items from the prison shop in reception, which helped reduce potential debt issues.
- 3.4 During our observations, not all prisoners were escorted to the induction wing promptly and three remained in reception for about four and a half hours, which was too long.
- 3.5 On arrival at the induction wing, prisoners were allocated clean, well-equipped cells and they could have a shower. However, they still did not receive any information about the prison or details about what to expect in their early days. They were not routinely offered a free telephone call, and most did not have a first night assessment interview.
- 3.6 In our survey, only 46% of prisoners said that the induction covered everything they needed to know, compared with 62% at our last inspection. The two-week induction did not start until the following Monday, leaving some prisoners up to six days with nothing to do, and prison records indicated only about 50% of prisoners had fully completed it.

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

- 3.7 In our survey, 40% of prisoners said that they had felt unsafe at some time at the prison, and 19% that they felt unsafe at the time of the inspection. This was comparable with results at the previous inspection and at other category C prisons.
- 3.8 Levels of violence had fallen dramatically since the previous inspection and were now much lower than at comparator prisons. Available data showed that the rate of assaults on staff had almost halved and prisoner-on-prisoner assaults had declined by 63%. Relatively few assaults had been recorded as serious.
- 3.9 There continued to be a strong focus on reducing violence. All incidents from the previous week were reviewed at the well-attended weekly violence reduction meeting and received a prompt response so emerging issues could be addressed. The meeting was attended by those from across the prison and there were effective links with security, residential, health and drug services staff. A weekly safety intervention meeting was also held – it reviewed all prisoners being monitored under challenge, support and intervention plans (CSIPs)

(see Glossary) both as perpetrators and victims of violence or antisocial behaviour. It also considered those receiving support through the assessment, care in custody and teamwork (ACCT) process for prisoners at risk of suicide or self-harm.

- 3.10 A wide range of data was collated and analysed to identify hotspots of poor behaviour and, although action was usually implemented swiftly, there remained a lack of strategic oversight. The safety strategy was out of date and did not reflect the risks that the prison's own data regularly identified. There was also no strategic action plan to monitor steps taken to mitigate violence and antisocial behaviour.
- 3.11 The CSIP process was used to manage the most prolifically violent and difficult prisoners and those who struggled to cope with life at the prison. Referrals were made to the safer custody team which then commissioned an investigation. Although most requests for an investigation were granted, investigations were often delayed. CSIP action plans were too often generic and failed to reflect the key issues identified by the investigation.
- 3.12 The incentives scheme operated reasonably well and the proportion of those on the highest level (over 70%) reflected the generally good behaviour evident at the prison. Those on the higher level could access better paid jobs, increased weekly spending, more visits and the opportunity to apply to move to the wing for enhanced level prisoners, which enjoyed a better regime and more time unlocked. A flexible approach of individually tailored periods for those on the basic level also promoted positive behaviour. Most stayed on the level for just three days, which meant that as long as there was an improvement in their behaviour they could swiftly return to the standard level (see paragraph 1.8). The process was monitored well, and managers were able to demonstrate that wing staff provided a good balance of reporting, in which positive and negative case note entries were roughly equal.

Adjudications

- 3.13 The number of adjudications had fallen to less than half that at the time of the last inspection. Disobedience, unlawful possession of items and violence-related activity made up the majority of charges.
- 3.14 As we previously found, too many charges did not proceed, which undermined the effectiveness of the system as a way of addressing and deterring poor behaviour. For example, over 300 charges did not proceed in 2022 often because a reporting officer was unavailable, leaving them to run out of time.
- 3.15 Adjudications were monitored well, and a good range of data was reviewed so emerging trends could be identified and individual tariffs adjusted where necessary.

Use of force

- 3.16 The use of force had declined dramatically since our last inspection. In the year to the 2019 inspection there had been 375 incidents, while throughout 2022, there had been just 135. The number of unplanned incidents was well below the average for the type of prison and marginally above the average for planned incidents, which reflected the prison's proactive approach to managing violence. Most incidents were unplanned and only about half of all recorded incidents included the use of pain compliance techniques. There had been no use of special accommodation in the 12 months to the inspection.
- 3.17 Governance and managerial oversight continued to be good, and a recently introduced weekly scrutiny meeting reviewed all incidents so lessons could be learned, and any remedial action implemented. A monthly strategic meeting was held to discuss these findings and to review a wide range of data to identify emerging trends and areas of concern. There was a particularly good level of scrutiny whenever batons or Pava incapacitant spray had been drawn. Each incident was investigated and any lessons to be learned promptly identified and shared.
- 3.18 There had been a recent drive to improve the completion rate of use of force reports and few were now outstanding. Reports we examined and videos of incidents we observed demonstrated a routine focus on de-escalation, with the expectation that most prisoners would remain on the wing rather than automatically being taken to the segregation unit. We were satisfied that in all the cases we observed the use of force was justified and proportionate to the threats posed.

Segregation

- 3.19 A total of 225 prisoners had been segregated in the previous 12 months, which was similar to the year before the last inspection, but the average length of stay of about 16 days was too long.
- 3.20 Leaders held a weekly multidisciplinary meeting to discuss all segregated prisoners' behaviour. It was a good forum for information sharing, but formal reintegration planning, involving the prisoner, was not fully embedded.
- 3.21 Meetings to monitor the use of segregation were not held regularly and data analysis was too limited to identify trends. We found that many prisoners were segregated while waiting for an adjudication hearing and about 26% of prisoners had been transferred to another establishment from the segregation unit, which leaders had not identified or monitored. Leaders reported that there were long delays in transferring some prisoners, which had contributed to the long stays in the segregation unit (see paragraph 6.25).
- 3.22 Living conditions were generally good, but the regime in the segregation unit remained basic and there was no risk assessment

process that could allow prisoners to exercise together. Exercise yards remained stark and austere.



Segregation exercise yard

- 3.23 Some prisoners were allowed televisions and a laptop so they could undertake educational work, which they appreciated.
- 3.24 Staff-prisoner relationships in the unit were good and staff regularly interacted with prisoners. Staff we spoke to had a good knowledge of the prisoners in their care and we observed professional relationships. Prisoners we spoke to were generally positive about their treatment in the unit.

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 use and effective drug supply reduction measures are in place.

- 3.25 Physical and procedural security arrangements were measured and proportionate. The secure walkways between living areas and work

and education centres allowed for free flow (which allows prisoners to move about the prison unescorted) which increased the amount of time and the number of prisoners in activities.

- 3.26 Security meetings were well attended, regular and well structured. They focused on the known and emerging threats to the security and good order of the prison. Links to the police and other crime prevention organisations were strong, as were those with other departments in the prison.
- 3.27 A daily triage meeting analysed information reports from the previous 24 hours to provide a speedy response. All searches were intelligence led, and a healthy flow of reports from across the prison contributed to the understanding of the overall threats to the prison. A small, dedicated search team worked with detection dog handlers to respond to the highest priority searches, and residential staff conducted the remainder whenever possible. Staff shortages had meant about a quarter of requested searches were not carried out. Most searches had led to finds of contraband, which indicated that the intelligence received was of high quality. Illicitly brewed alcohol made up almost half of all finds, while most of the remainder consisted of drugs, weapons and phones.
- 3.28 Good use of technology and other measures had reduced the availability of these items. Intelligence suggested that the high volume of drugs and other contraband that was prevalent at the last inspection was now much lower. The frequency of finds had dropped from 765 in the year to the last inspection to 264 this time. The biggest decrease had been in drugs finds, which had declined by over 80%. There had been no emergency hospitalisation of prisoners due to psychoactive substances for over a year, and on one wing a prisoner told us:

'If you want to get your hands on drugs and phones, this isn't where you want to be.'

- 3.29 This was confirmed in our survey, where fewer prisoners than previously said it was easy or quite easy to get drugs and alcohol. Random drug testing across four months in July to September 2022 returned a positive rate of just 2.45%. However, few drugs tests had been carried out over the previous six months owing to staff shortages.
- 3.30 The drug strategy covered key areas of prevention, detection and treatment and was supported by a comprehensive action plan. Drug strategy meetings were reasonably well attended by representatives from the main areas of the prison.

Safeguarding

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

Suicide and self-harm prevention

- 3.31 There had been two self-inflicted deaths since the last inspection. Action in response to Prisons and Probation Ombudsman recommendations had been implemented, and systems were in place to make sure practices were embedded.
- 3.32 There had been 391 incidents of self-harm in the previous 12 months, which was similar to the year before the last inspection. The rate of self-harm had been on an upward trajectory in the previous year, but the total number of incidents was lower than in other category C prisons. There had been one serious incident, which the prison had investigated well. It had also acted promptly on the lessons that had been identified.
- 3.33 Those attending the monthly strategic safety meeting had a good understanding of the causes of self-harm and understood patterns and trends by analysing each individual case. However, data had not been used to develop an up-to-date strategy or longer-term action plan to reduce the levels of self-harm.
- 3.34 The prison had managed two very complex prisoners who had repeatedly self-harmed, accounting for 43% of incidents in the previous six months. Both had recently been transferred to secure hospitals.
- 3.35 The number of prisoners at risk of suicide and self-harm receiving support through the ACCT case management process was manageable and staff were knowledgeable about those in their care.
- 3.36 The quality of ACCT documents had improved since the last inspection but remained mixed. All reviews received good input from mental health staff, but case managers were not always consistent, there were some deficiencies in the recording of conversations, and observations were not always up to date. Quality assurance was not consistently undertaken regularly, and action was not always followed up.
- 3.37 There had been 72 ACCTs opened in the segregation unit in the previous 12 months. We found gaps in the records defending the decision to locate prisoners in the unit to make sure it remained appropriate.
- 3.38 Support for vulnerable prisoners was good, and those we spoke to said they felt staff cared for them well. The weekly safety intervention meeting (SIM) considered the needs of those on ACCT documents and

took a wide range of steps to support individual care. The prison had been running a STARS programme designed to improve prisoners' well-being and reduce stress, anxiety and depression. The course had provided excellent outcomes for vulnerable prisoners, and they were very positive about how it had transformed their lives. (See paragraph 1.9.)

- 3.39 Seven active Listeners were available in the prison. They told us prison staff and the local Samaritans coordinator supported them well and met them regularly. Most of the Listeners lived on the enhanced level wing and in our survey, only 34% of prisoners said it was easy to speak to one. The prison had recently identified a further seven Listeners, located across most wings, to improve prisoners' access.

Protection of adults at risk (see Glossary)

- 3.40 A local safeguarding policy had recently been updated, but prison staff's attendance at the local authority meeting had lapsed. Leaders told us prisoners at risk would be discussed at the weekly SIM and safeguarding had recently been added as an agenda item to the monthly safety meeting. Not all staff understood the process for identifying adults at risk, but those we spoke to said they would raise any concerns with managers or someone from the safety team.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

Expected outcomes: Prisoners are treated with respect by staff throughout their time in custody and are encouraged to take responsibility for their own actions and decisions.

- 4.1 In our survey, 63% of prisoners said most staff treated them with respect, which was similar to the last inspection. Many prisoners we spoke to said that staff interacted with them politely and did not abuse their authority but were detached and would keep their distance. We observed that staff were not visible enough on the landings and too many sat in wing offices, leaving prisoners unsupervised for long periods.
- 4.2 The key worker scheme (see Glossary) that had begun to be implemented at the last inspection had deteriorated and was not operating well. Leaders had adapted the scheme to offer fortnightly face-to-face welfare contact for a few critical prisoners, but contact was still inconsistent – sometimes it took longer than 14 days for checks to be carried out. Prison records showed that welfare checks were rarely conducted by the same member of staff. Some prisoners said they felt meaningless, and sometimes refused them altogether as they did not feel valued. In our survey, only 43% of those with a named officer or key worker found them helpful.
- 4.3 Peer work was underdeveloped. Peer workers we spoke to were unsure about their job roles and most had not been trained. They attended focus groups and forums to provide leaders with helpful insight into prison issues, and leaders had plans to develop those roles further to provide meaningful peer support to other prisoners.

Daily life

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

Living conditions

- 4.4 General cleanliness in communal spaces, food serving areas on wings and in some cells was poor. There were insufficient cleaning materials available to prisoners to keep these areas clean and hygienic.

- 4.5 The prison had some overcrowded cells with prisoners sharing those designed for one but, in our survey, 74% of prisoners said they lived in single cells, which was similar to other category C prisons.
- 4.6 In our survey, 49% of prisoners said communal areas on the wing were usually clean, compared with 67% at similar prisons. The walkways around the prison were tidy, and displays of art and murals along corridors and outside entrances to the wings improved the environment.



Clean corridor featuring artwork

- 4.7 A new wing (N wing), an enhanced level prisoner unit, had opened since our last inspection (see paragraph 3.12). Cells were mostly graffiti free and the condition of those on I and N wings were generally better than elsewhere. Many cells and communal areas on the other wings needed to be cleaned and painted.



Decent conditions on I wing

- 4.8 In our survey, only 49% said they could access cleaning materials every week which was lower than last time (65%) and compared with similar prisons (60%). Cleaning store cupboards were empty, and prisoners told us they could not obtain cleaning fluids to keep their cells clean. Systems for distributing cleaning materials to all prisoners regularly were not in place.
- 4.9 Most cells were adequately furnished, but too many had broken or missing toilet seats. Some windows were damaged or had vents that did not close, which had been taped over to keep the draught out. Others had mould growing around the window frame, which was unacceptable.



Taped up windows

- 4.10 The temperature on H wing was too low – leaders were aware of the heating problem, but it had not yet been fixed. Prisoners had asked for extra sheets and blankets to keep warm, but managers said they were in short supply, as was prison clothing. In our survey, only 63% said they had enough clothes to wear each week. Prisoners we spoke to managed by washing their own clothes in the wing laundries. However, some washing machines were in disrepair and there were not enough of them to accommodate everyone on all the wings.



Wing laundry

- 4.11 A shower refurbishment programme was underway, and some showers were clean and in good working order. However, many still required refurbishment, while others were not working, and ceilings were mouldy and peeling.



Shower ceiling

Residential services

- 4.12 Only 40% in our survey said the food was good and just 37% said they had enough to eat at mealtimes. We observed that portion sizes varied from one wing to another. Meals were served at 11.15am on some wings, which was too early for a hot lunch. The evening meal consisted of a sandwich, and on weekdays, homemade soup was also available. Staff planned to start offering a hot meal in the evening rather than at lunch time at the end of January, which many prisoners we spoke to preferred. Prisoners were consulted about the food twice a year and the menu had been adapted to accommodate cultural celebrations.
- 4.13 The kitchen was clean and well managed. Daily supervision of the meal service was poor. Some practices, such as checking the temperature of the food, were not carried out, which was unsafe. All the wing trolleys we looked at were filthy and required regular cleaning. Serveries had not been cleaned properly before mealtimes and prisoners serving food did not wear personal protective equipment, such as coats and hats, which was unsanitary.

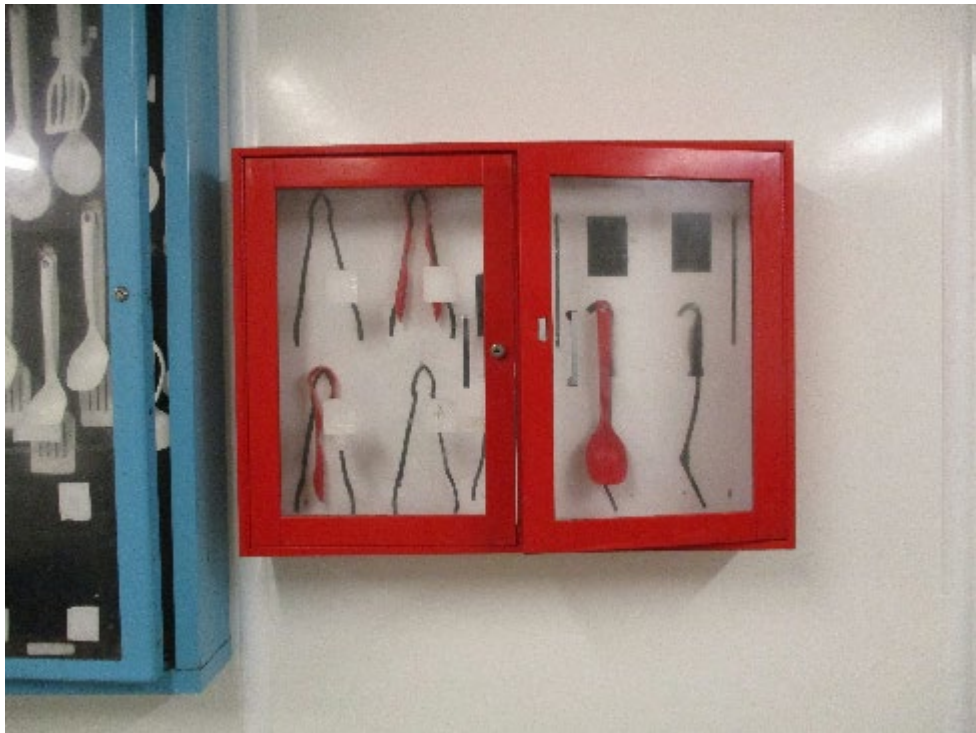


Dirty food trolley



Dirty servery

- 4.14 Utensils used to serve food were left out on some wings unwashed and had not been securely locked away after each meal.



Missing utensils and cabinet left unlocked

- 4.15 Self-catering facilities remained inadequate, and consisted of a microwave and toaster so meal preparation was limited. The designated self-catering rooms were dirty and unsuitable for storing or preparing food.



Self-catering room

- 4.16 In our survey, 44% said the prison shop sold items they needed which was lower than last time (67%) and lower than in similar prisons (56%). Many black prisoners said they could not access suitable hair or skin products as prices were too high.
- 4.17 A number of prisoners were dissatisfied with the catalogue arrangements – items were often out of stock, and it took too long collect them from reception.

Prisoner consultation, applications and redress

- 4.18 Consultation with prisoners was improving – regular prison council and wing forums were being held and prisoners told us they found them valuable. However, issues raised in these meetings still took too long to resolve. The process for selecting prisoners to attend the forums was not transparent. The governor's 'culture crew' meetings, informal consultation with small groups of prisoners, were appreciated by those we spoke to, but it was too early to assess the impact of this scheme.
- 4.19 The applications system was not working. In our survey, only 61% of prisoners said it was easy to submit an application, far fewer than at similar prisons (73%). Prisoners and staff were frustrated and confused about the process. Paper records were held on each wing but were not

kept centrally, so the prison had no way of tracking or monitoring applications, and quality assurance was not robust.

4.20 The number of complaints submitted in the previous 12 months was higher than at our last inspection and was increasing. However, the figure might have been far higher, as staff were sifting out complaints for a range of reasons, without recording or monitoring them. Responses to complaints we reviewed were polite and addressed the issues raised, but there were some issues with timeliness, and too many related to problems that should have been resolved without recourse to the complaints process.

4.21 In our survey, only 23% of prisoners said it was easy to attend legal visits, far lower than at our last inspection (60%) and lower than at similar prisons (37%). Prisoners we spoke to told us the process for booking legal visits was difficult. Legal visits took place at the same time as social visits, and not always in private, potentially compromising confidentiality. Some prisoners we spoke to said they needed support with family law matters but found it difficult to access information.



Legal visits space

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 (see Glossary) 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

- 4.22 Strategic oversight of equality was limited. A tailored delivery plan outlined a series of priorities for the prison, but the priorities were not monitored regularly, and progress was limited. The equality team was better resourced than at our last inspection and there were now two dedicated members of staff. However, responsibility for embedding equality and promoting inclusion was not prison-wide. Action from the diversity and equality action team (DEAT) meetings was largely delegated to the equality team.
- 4.23 There were five equality representatives, and those we spoke to said they felt equality staff valued and supported them. They attended the DEAT meetings, which enabled them to feed back information on equality issues, but it took too long to implement action in response to the matters raised.
- 4.24 Equality staff interrogated a good range of local data, but analysis was limited to monthly comparisons, and it was not always clear whether senior leaders had addressed potential disproportionalities, when they were identified.
- 4.25 Engagement with some prisoners with protected characteristics was improving, but there was still no consistent approach to consultation, which meant prison leaders did not have a full understanding of these prisoners' needs or experiences. For example, forums had been held for foreign national and younger prisoners, but others, such as those from black and minority ethnic groups and prisoners who had been in care, said they felt overlooked.
- 4.26 Seventy-four discrimination incident reporting forms (DIRFs) had been submitted in the year before our inspection. During our inspection, DIRFs were not readily available. In the sample we reviewed, the timeliness of responses had improved since our last inspection and prisoners were kept informed if replies were late, which was positive. However, all investigations were only carried out by the same two members of staff, and there was no external scrutiny. Investigations did not always show evidence of prisoners having been consulted as part of the process. Prisoners we spoke to said there was little trust in the DIRF process.

Protected characteristics

- 4.27 Just under a third of prisoners were from a black or minority ethnic group, and in our survey, prisoners were more negative about several areas, including some aspects of daily life, feelings of safety on arrival and staff-prisoner relationships, as well as bullying and victimisation. For example, only 46% of black and minority ethnic prisoners said staff treated them with respect, compared with 70% of white prisoners, and only 32% said they had not been bullied or victimised by staff (compared with 56% of their white counterparts). Only one forum had been held with this group in the year before inspection. Prisoners we spoke to were frustrated by the lack of engagement.
- 4.28 There were 75 foreign nationals at the time of the inspection, one of whom was being held under immigration powers after his sentence end date. The prison had prioritised this group – forums had been held and a designated foreign national peer mentor appointed, which was positive. However, despite this focus, there was a lack of some basic provision for this group. Prisoners we spoke to said they were anxious because they could not understand fully how the daily regime worked and told us they felt isolated. Professional interpretation was rarely used, and we saw little evidence of translated material around the prison. Prisoners also told us they were concerned about the lack of information about their immigration cases, which caused considerable distress.
- 4.29 Almost 18% of the prison's population were Muslim, and in our survey, respondents were more negative about staff-prisoner relationships than non-Muslim prisoners. For example, only 38% of Muslim prisoners said staff treated them with respect, compared with 68% of non-Muslim prisoners. No forums had been held for them.
- 4.30 In our survey, 41% of prisoners said they had a disability, which was higher than the prison's own data, suggesting staff might not have been aware of all those who needed support. There were four dedicated cells for prisoners with disabilities, which was not sufficient. Some prisoners we spoke to described difficulties in accessing certain areas of the prison, including work. There were no paid carers. Informal carers were still helping to meet their everyday needs, without supervision or training, which was a potential safeguarding risk. Staff did not have sufficient awareness of prisoners who had a personal emergency evacuation plan and information was not always up to date, which was a risk.
- 4.31 In our survey, 4% of prisoners identified as homosexual, bisexual or another sexual orientation. No forums had been held or were planned for this group – the prison told us there was little interest from prisoners, but very little had been done to celebrate or promote LGBT inclusivity across the prison, which might have encouraged prisoners to participate.
- 4.32 Some good progress had been made in interacting with the prison's younger population (those under 25). Forums had been held and a

peer mentor appointed. Younger prisoners we spoke to felt that these meetings were valuable, and they felt staff listened to them.

Faith and religion

- 4.33 In our survey, 89% of prisoners said they could attend religious services if they wanted to, more than at similar prisons (72%). Services were held in the chapel and multi-faith room. The prison was aware of concerns that there was not enough space to accommodate Muslim prisoners and were trying to address this, for example, by using two cohorts for Friday prayers. There were also plans to expand the multi-faith room.



The chapel

- 4.34 Despite experiencing staffing problems, the chaplaincy was able to provide good faith and pastoral support to prisoners from a range of different faiths. Where it had not been possible to recruit chaplains, for example for Rastafarians, prisoners were provided with literature, information and support from other chaplains.
- 4.35 The support offered to prisoners who were recently bereaved or who had sick relatives was particularly appreciated by the prisoners we spoke to. The team also met all new arrivals, carried out welfare checks on prisoners who were receiving support through the assessment, care in custody and teamwork (ACCT) process for those at risk of suicide and self-harm and those in the segregation unit.

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.

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

Strategy, clinical governance and partnerships

- 4.37 We found the quality of health services had improved in many areas since the last inspection and was reasonably good, with strong leadership and better governance in several areas. While there had been some improvement in the management of medicines, we found some weaknesses.
- 4.38 Partnership working had been strengthened and local delivery board meetings now took place regularly. A range of governance and quality assurance meetings provided effective oversight of many areas of the service.
- 4.39 The health and social care needs assessment had been updated and published in June 2021. The health contract was currently out to tender with a new contract starting in October 2023.
- 4.40 Since the last inspection, a new wing had been opened, while another was planned, putting additional pressure on an already stretched health service. Staffing remained a challenge particularly for the primary care team but was offset by a heavy reliance on agency staff and a resilient staff group. An ongoing recruitment campaign had resulted in some skilled staff joining the team. The long-standing vacancies for a clinical substance misuse nurse and a pharmacist had put pressure on other parts of the service and meant there was a lack of clinical expertise in these areas.
- 4.41 All staff we spoke to said they felt supported by health care managers. All teams received mandatory training and attended regular managerial and clinical supervision sessions. Staff had the opportunity to undertake professional development.
- 4.42 Clinical practice was informed by a systematic approach to reporting and learning lessons from incidents. Good progress was made on health recommendations arising from the Prisons and Probation Ombudsman death in custody reports and scrutiny was effective. Action included improvements to the mental health team and timeliness of assessments.

- 4.43 Patient consultation forums had been established and all services gathered patient feedback. Required action was implemented and demonstrated through 'You said – we did' posters displayed on wings and in the health centre.
- 4.44 The health service was not provided 24 hours a day. Health service staff responded to all emergencies while on duty. Registered staff were trained in intermediate life support, which was also offered to agency staff, making them feel part of the team. Suitable emergency equipment was available across the prison and was checked regularly. A system had been established by the prison to check automated external defibrillators on a regular basis.
- 4.45 Clinic rooms in the health care department were clean and well maintained, and regular infection control audits showed compliance was reasonable overall. However, the medicine administration room in the segregation unit had a carpet and no sink, which needed to be addressed. This had been escalated to the prison. Clinical equipment was calibrated every year.
- 4.46 Clinical records we examined on SystmOne (the electronic clinical information system) for all teams ranged from reasonable to good.
- 4.47 Daily handovers, which were well attended by representatives from all teams, shared pertinent patient information and any service updates. Complex patients were reviewed regularly through a strong multidisciplinary approach.
- 4.48 There was a confidential health care complaints system. Sampled written responses were timely, polite and addressed the concerns raised. Complaints were also resolved face to face. Responses informed patients how to escalate their complaint if they were unhappy with the outcome.

Promoting health and well-being

- 4.49 There was no prison-wide approach to health promotion. However, the health care provider had a well-organised structured programme of health promotion activity linked to national campaigns with health promotion material displayed across the prison. Telephone interpretation services were available so health appointments could be arranged when needed and health information translated, but these services were not well advertised. A monthly newsletter and Way-Out TV (the prison TV channel) informed prisoners of health promotion initiatives. Inclusion, the substance misuse service provider, had several eye-catching displays about substance misuse around the prison.
- 4.50 An enthusiastic patient engagement coordinator supported 13 health care representatives. They met with their peers to identify any health issues that should be brought to the monthly patient forum. They displayed health promotion information on each wing and those we spoke to enjoyed their role and felt it was helpful.

- 4.51 Blood-borne virus screening was now offered routinely during reception or secondary health screening. Good progress had been made on improving uptake of immunisations and vaccinations and carrying out NHS health checks. A range of age-appropriate prevention screening programmes was also offered, including bowel cancer screening.
- 4.52 The gym continued to contribute to the well-being of prisoners, particularly those who were hard to engage, providing several weekly individually tailored sessions. Support to help prisoners stop smoking or vaping was not offered.
- 4.53 Condoms were available on request and on release and they were advertised. Some sexual health services were delivered at the prison, but prisoners needing specialist services had to access them in the community under escort, which compromised patient confidentiality.

Primary care and inpatient services

- 4.54 A registered nurse provided all new arrivals with an initial health screening in reception and appropriate referrals to other clinical teams were made. Each prisoner received a comprehensive health services welcome pack. A secondary health screening was completed within the seven-day National Institute for Health and Care Excellence guidance timeframe.
- 4.55 A good range of primary health care services was available and waiting times were reasonable, apart from the podiatrist, which was too long at 13 weeks. Patients could see a GP for a routine appointment within nine days, and urgent referrals were prioritised. Out of hours, officers used the NHS 111 telephone line, and any interventions were passed onto the health team on the following day.
- 4.56 Prisoners made health appointments through paper applications, which were collected every day from the wings and triaged by the GP and advanced clinical practitioner (ACP) who prioritised clinical need. Daily nurse triage clinics meant that access to see a nurse was prompt.
- 4.57 Managers monitored non-attendance rates, which were high for some services including the GP. Prisoners were followed up to find out why they had failed to attend. Reasons for non-attendance included delays before prisoners were allowed to leave their wing. The start of morning clinics was also often delayed because only one officer was available to manage medicines administration in the main pharmacy area and clinics. These appointments were rescheduled, which extended waiting times for patients and wasted clinical time.
- 4.58 A skilled ACP and regular bank nurse managed prisoners with long-term conditions effectively, and patients received good care with regular reviews, clear care plans and detailed progress notes. Patients could see the ACP for minor injuries or other conditions within seven days.

- 4.59 Telemedicine (the use of telecommunication and information technology to provide clinical health care at a distance) was used effectively for some hospital appointments, such as dermatology. Rigorous administrative processes were in place to monitor external hospital appointments and there was clinical oversight of any cancellations. The reduction in the daily allocation of officers to facilitate external hospital appointments from six to four per day had significantly lengthened the time patients waited for treatment and increased the risk of their condition deteriorating. This needed to be addressed.
- 4.60 Pre-release arrangements were thorough and included helping prisoners to register with a GP if needed. On release, a nurse reviewed their cases, and they received a summary of their care and 28 days' supply of any prescribed medication.

Social care

- 4.61 Social care arrangements were informed by a memorandum of understanding (MOU) between Rutland County Council (RCC), the prison and the health care provider. The MOU included information on how to deal with complaints and initiate advocacy, where appropriate, but it needed updating.
- 4.62 Referrals for social care assessments were made through the prison's head of health and well-being who had good links with RCC. Prisoners could make self-referrals, but they had to request a form from staff.
- 4.63 The RCC occupational therapist completed assessments in a timely manner. No one was receiving a social care package (see Glossary) at the time of the inspection, but systems to promote, identify and respond to prisoners' needs had been established. The prison's health care provider was identified as the provider of personal care when needed.
- 4.64 Nine prisoners had been referred since November 2022, four of whom had received equipment. Meetings with RCC took place every two months, during which all prisoners on the social care referral list were discussed. There was an up-to-date spreadsheet detailing referrals and outcomes.
- 4.65 No formal peer supporters were in post, but we were told there were plans to introduce them in the future.

Mental health care

- 4.66 The cohesive and well-led mental health team provided a good range of therapeutic interventions. The service had improved significantly since the last inspection – there was a new manager, and the team now had a varied skills mix. The team's two vacancies were covered by long-term agency nurses.
- 4.67 There was an open referral system and routine assessments were now undertaken in a timely manner. A nurse screened all referrals every day and those requiring urgent support were triaged within 48 hours.

Routine referrals were seen within one week. A well-attended weekly multidisciplinary allocations meeting reviewed all new referrals as well as any patients raised by the team for discussion.

- 4.68 During the inspection, the mental health team was supporting approximately 50 patients, 27 of whom were receiving regular interventions from a named nurse (who was responsible for their cases) and had care plans tailored to their individual needs. A small number of patients were under the care programme approach (CPA) (a framework that assesses and supports those with a mental illness) and reviews of their care were scheduled.
- 4.69 A psychology service had been established within the team. A psychologist and psychology assistant offered individual psychological therapy as well as psychoeducational group work for anxiety and sleep management. A second psychology assistant was due to take up post imminently to expand the provision. Formulations (the process of constructing a hypothesis about a person's difficulties, which guides the interventions and treatment approach) were completed for all patients involved with the psychology team. Patients who had recently completed the anxiety management group programme, were positive about the intervention.
- 4.70 A psychiatrist attended the prison one day a week and provided remote support by phone on another day. The team was working to reduce a backlog of patients waiting for a psychiatry appointment, some of whom were waiting up to five months to be seen. Urgent referrals to the psychiatrist were accommodated, which increased the waiting time for routine appointments.
- 4.71 A mental health nurse attended all initial ACCT case reviews, as well as those for patients on their caseloads, and joint working with prison staff was good. A mental health nurse reviewed patients held in the segregation unit where required, and the psychiatrist visited the unit every week.
- 4.72 In the previous 12 months, nine patients had been assessed as requiring a transfer under the Mental Health Act, but only two were transferred to a secure hospital within the recommended timeframe.

Substance misuse treatment

- 4.73 The prison and Inclusion had completed a joint needs analysis of local issues, which fed into the prison's drug strategy. Regular drug strategy meetings took place, which health care and Inclusion staff attended. Joint working with wider prison staff was good.
- 4.74 New arrivals received information about the service during induction. Any reports of suspected illicit drug use were followed up and prisoners were encouraged to get involved with the service.
- 4.75 Despite three vacancies and high caseloads, staff remained highly motivated in their efforts to improve patient outcomes. The team

supported 333 prisoners (32% of the population). It provided a wide range of recovery-based group work programmes, short interventions, one-to-one sessions and in-cell workbooks to address harm reduction issues for specific substances. Officers had received training and information in some of these areas.

- 4.76 The recovery wing continued to provide a positive and calm environment. The team was based there and had access to good facilities so staff could run groups and individual sessions. A peer mentor co-facilitated some group sessions, and seven enthusiastic champions promoted the service and felt part of the team.
- 4.77 The prison was currently establishing an incentivised substance free living wing, which was a promising initiative.
- 4.78 During the inspection 114 prisoners (approximately 11% of the population) were prescribed methadone, the only opiate substitution therapy (OST) available on arrival, limiting patients' treatment options, which needed to be addressed. About a third (36 prisoners) were on reducing doses.
- 4.79 There was only one substance use specialist GP session per week, which was not enough to enable all patients to be seen regularly for OST prescribing reviews. Inclusion staff saw everyone on their caseload regularly, including those on OST, updating their care plans on SystmOne so the prescribing GP could review their treatment plans. The lack of a substance misuse nurse meant that no clinical observations were completed routinely at the 13-week stage, although primary care nurses had undertaken them on an ad-hoc basis when required. The service was looking actively to increase the number of GP sessions and make sure clinical reviews were completed by an appropriately trained nurse.
- 4.80 No prisoners had needed alcohol detoxification in the previous six months.
- 4.81 Staff had links with community teams and provided patients with harm minimisation advice. Those with a clearly identifiable risk of overdose and high likelihood of relapse who were about to leave the prison were considered for a 're-induction' in OST, for whom two types were available.
- 4.82 Naloxone (a drug to manage substance misuse overdose) was issued on release following training in its use.

Medicines optimisation and pharmacy services

- 4.83 Medicines were delivered to prisoners reasonably well. They were dispensed remotely by an external provider, which supplied medicines the next day, apart from on weekends or bank holidays. Some medicines did not contain patient information leaflets.
- 4.84 While there had been some improvement in the management of medicines, the lack of a pharmacist to provide professional guidance

and oversight had led to some weaknesses. A pharmacist had been recruited and was due to start in the following weeks.

- 4.85 Most patients had had an in-possession risk assessment, but many assessments were not adhered to. Half of prisoners receiving medicines did so in possession, but one third of them received them for seven days. Some of those not receiving in-possession medicines had risk assessments showing they should have 28 days of in-possession medication. No appropriate reason was recorded for this.
- 4.86 Medicines were administered from five areas, including the segregation unit, and electronic clinical prescribing was used. Medicines were administered up to twice a day, though additional times could be facilitated. However, the intervals were not always suitable for the medicines prescribed. Nurses and pharmacy technicians administered medicines, but there was no record of the pharmacy technicians' competencies to carry out this task, which managers said they would rectify.
- 4.87 We observed limited prison officer supervision of medicine queues, with only one officer in the busiest areas, increasing the potential for diversion and bullying. There were reports that prisoners were concealing medicines and that officers did not always help health care staff in these situations.
- 4.88 A range of emergency medicines was available to allow patients access out of hours. Recording of what had been taken from the cupboard was good, but reconciliation needed to improve. Suitable medicines were available to treat minor ailments, again with little stock reconciliation. Patient group directions (PGDs) (which enable nurses to supply and administer prescription-only medicines) were limited to vaccinations and salbutamol inhalers.
- 4.89 Controlled drugs (CD) were well managed and audited at regular intervals. There had been a recent incident where two bottles of Oramorph (a liquid form of morphine used as a pain killer) had gone missing, which had been reported and investigated appropriately. However, during the inspection, the code for the CD cabinet keys was stored in an unlocked drawer in the pharmacy room, which did not promote security. There were some processes for monitoring patient compliance, depending on the type of medication they were on. The senior pharmacy technician and prescribers attended a regular medicines management group meeting.

Dental services and oral health

- 4.90 A good range of community-equivalent dental treatments, including oral health advice, was available. A dental nurse and dentist were on site four days a week, and a dental therapist provided two sessions a week. Urgent dental care was prioritised, and routine waiting times had been reduced from 23 weeks to 12 weeks, with further reductions planned which was positive.

- 4.91 The dental clinic met infection control standards – there was a separate decontamination area. Staff completed regular environmental audits and equipment checks to make sure safety standards were met and adhered to. Equipment was serviced and maintained appropriately, and a new dental chair had recently been fitted.
- 4.92 Good governance arrangements were in place and patients were positive about the service they received from the dental team.

Section 5 Purposeful activity

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

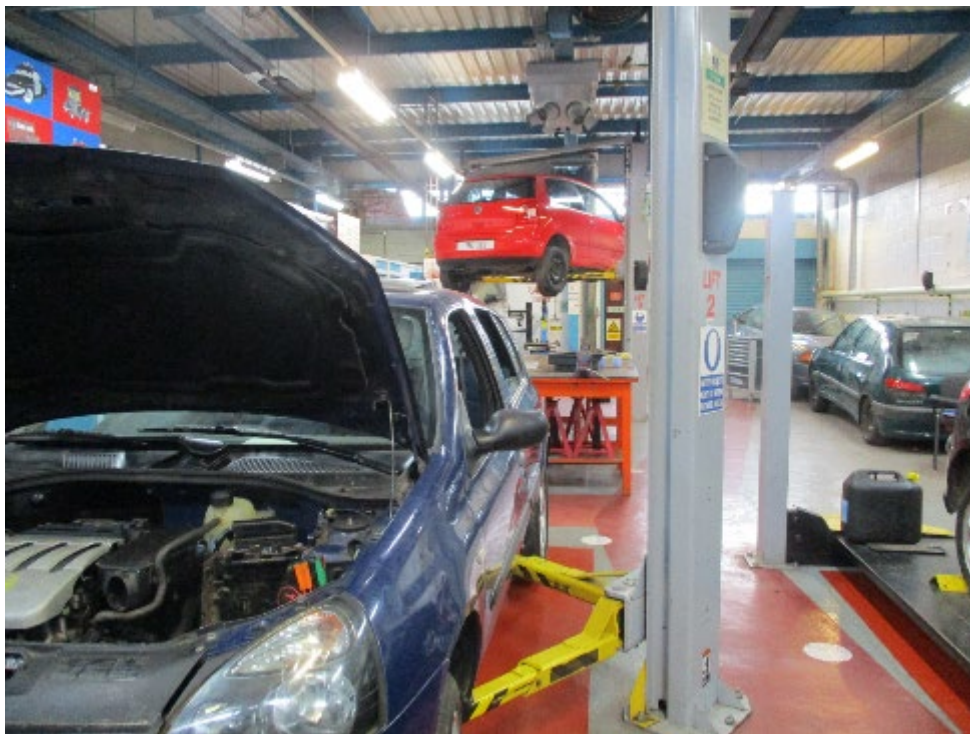
Time out of cell

Expected outcomes: All prisoners have sufficient time out of cell (see Glossary) and are encouraged to engage in activities which support their rehabilitation.

- 5.1 During our roll checks, only 7% of prisoners were locked up, which was much lower than we have seen in similar prisons recently. About half of prisoners had left the wing to attend activities. Regular attendance at most workshops and classes was over 90%, which was very good. Prisoners were also unlocked on the wing to complete domestic tasks, exercise outdoors and have a period of association. This meant prisoners could receive between 2.5 and nine hours out of their cell every day, depending on their incentive scheme status and whether they were employed. Full-time workers and some enhanced level prisoners received evening association up to four times a week. In our survey, fewer prisoners than in similar prisons (36% compared with 60%) spent more than two hours locked up on weekends.
- 5.2 Unlocking usually took place on time and we observed few regime curtailments during the inspection, but prison records showed that intermittent regime disruptions occurred from time to time, which had a significant impact on prisoners' time out of cell on those days.
- 5.3 Time spent in the fresh air took place every day and most exercise yards had outdoor gym equipment. There were also plans to reintroduce gardening areas with raised flower beds. Other than on I wing, which had a very well-equipped music and games rooms, wing-based activities were too limited.



I wing music room



Vehicle workshop



Plumbing workshop

- 5.4 The library was well-stocked and welcoming. An average of 600 prisoners visited each month. In our survey, 69% said they had visited the library once a week or more, which was higher than at our last inspection (54%) and compared with similar prisons (36%). Library staff collected data on book loans and requests and used them to plan the provision.
- 5.5 Material was available to meet a wide range of needs and it included publications in a number of languages and for prisoners new to reading. The library also had a good supply of DVDs, as well as up-to-date legal texts. Prisoners could use computers so they could write letters or participate in creative writing, which was positive.
- 5.6 The library had activities to promote reading, including a book club and the Reading Ahead challenge, and staff ran a Shannon Trust literacy programme as part of the prison's reading strategy. (See also paragraph 5.29.)
- 5.7 Access to the gym was very good. Prisoners had three allocated slots a week and some, such as enhanced level or full-time workers, had up to five. About 600 prisoners attended the gym every week.
- 5.8 Experienced PE staff worked closely with the health care department to deliver remedial gym, and, in conjunction with safer custody staff, successfully supported the management of some particularly challenging prisoners with a programme of motivational one-to-one sessions. Prisoners' participation in the sessions could continue if their behaviour improved. (See paragraph 1.10.)

- 5.9 There was an artificial grass pitch, cardiovascular room, a sports hall and a weights room. A wide variety of sporting activities was also offered. The gym was rarely closed, and PE staff were rarely redeployed to work in other areas of the prison, which prisoners appreciated. A new sports hall and gym was being built and due to open later in the year, enabling the provision to be widened, but no courses or qualifications were offered.
- 5.10 Some of the equipment in the gym had fallen into disrepair and needed repairing or replacing. Prisoners' showers were in a poor state and required refurbishment.



Gym showers

Education, skills and work activities



This part of the report is written by Ofsted inspectors using Ofsted's inspection framework, available at <https://www.gov.uk/government/publications/education-inspection-framework>.

Ofsted inspects the provision of education, skills and work in custodial establishments using the same inspection framework and methodology it applies to further education and skills provision in the wider community. This covers four areas: quality of education, behaviour and attitudes, personal development and leadership and management. The findings are presented in

the order of the learner journey in the establishment. Together with the areas of concern, provided in the summary section of this report, this constitutes Ofsted's assessment of what the establishment does well and what it needs to do better.

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

Overall effectiveness: Inadequate

Quality of education: Inadequate

Behaviour and attitudes: Requires improvement

Personal development: Requires improvement

Leadership and management: Inadequate

- 5.12 Leaders and managers had not provided sufficient activity spaces for the prison population. They offered enough full-time activities for about a third of the population, and just over half the population was limited to accessing part-time activities. Too many prisoners were not taking part in education or work.

- 5.13 Leaders had rightly set out an action plan for the education and information, advice and guidance (IAG) providers to follow to improve the quality of provision. Significant areas of improvement were needed to enable the prison to offer a suitable curriculum for prisoners to progress, both inside the establishment and on release. Prison leaders had only recently suitably supported and challenged contractors. Therefore, the overall quality of provision had not improved quickly enough. Leaders had only fully met two of the recommendations from the previous inspection.

- 5.14 Leaders and managers had not provided enough spaces in English or mathematics to meet the needs of the population. They did not offer any mathematics teaching above entry level, with over 130 prisoners on a waiting list for this training. At the time of the inspection, managers did not offer any outreach training in English or mathematics for prisoners working in workshops. This limited prisoners' ability to develop new knowledge and skills. In mathematics at entry level 3, prisoners were not encouraged to develop enough new knowledge or skills to build on their starting points.

- 5.15 The education provider had a severe shortage of staff. It did not offer a broad enough curriculum to meet prisoners' needs. In addition to level 1 and 2 in mathematics, prisoners could not study subjects such as information and communication technology, business, barbering, art, mentoring or industrial cleaning. They were limited to English, catering and hospitality, waste management, motor vehicle maintenance, painting and decorating, tiling and brickwork. Too many prisoners remained on waiting lists, unable to gain the knowledge or skills they needed to progress to the next stage of education.

- 5.16 Teaching staff mostly planned the curriculum on offer well, and prisoners progressed onto higher levels in vocational areas. Most tutors provided clear explanations. However, in too many instances, teachers did not check prisoners' learning enough to make sure they had a sufficient understanding before progressing to the next task. Not enough prisoners gained a deep enough understanding of topics to enable them to achieve their qualifications.
- 5.17 An insufficient number of prisoners with learning difficulties received the support they needed. New staff, with little experience, had not received a well-planned induction to their specialist roles. Staff did not consistently identify or review prisoners' needs rigorously. However, they had a basic knowledge of neurodiversity. Instructors made basic but helpful adjustments for prisoners with learning difficulties, such as using coloured overlays for those with dyslexia, or placing prisoners with autism or ADHD in a suitable area of the workshop to enable them to work more effectively. Managers referred prisoners who needed to improve their resilience to highly effective, targeted support, through an additional training course.
- 5.18 Leaders and managers gave prisoners the incentive through the pay policy to take part in work and workshops, attend education and to progress onto higher levels. However, they did not specifically encourage them to improve vital skills such as mathematics or English.
- 5.19 Staff did not plan the allocation of prisoners to activities thoroughly enough to align them with their sentence plans. They did not always have correct information to allocate prisoners to the right course or work role. Managers had allocated prisoners to nearly all of the activity spaces that were available. Staff did consider prisoners' needs or prior experience when this information was available. Leaders had an ambitious vision to provide enough purposeful activity spaces for prisoners and to build on their knowledge and skills, but this was not benefiting enough prisoners at the time of the inspection.
- 5.20 Not enough prisoners received suitable careers IAG assistance during their time at HMP Stocken. Over a third had not had an initial discussion with staff about their needs and ambitions. As a result, staff were not aware of the aspirations of enough of the population to allocate prisoners to activities effectively. Prisoners who had had an initial interview did not receive advice that was high enough in quality. They did not receive a copy of their goals so they could understand and reflect on their progress against them and access to the virtual campus (internet access for prisoners to community education, training and employment opportunities) was too limited. Prisoners studying Open University courses struggled to access suitable resources and were worried they would not achieve their modules on time.
- 5.21 In stark contrast, the guidance that prisoners received as they approached their release date was high quality. Employment hub staff had developed useful links with key regional and national employers in the hospitality, construction and car manufacturing industries. Managers had used these links to refine curriculums, such as for

catering and the warehousing workshop. They set up well-attended, valuable employer engagement events. Prisoners nearing their release dates received comprehensive support to prepare them for employment, such as writing and developing a curriculum vitae and opening a bank account. As a result, prisoners were starting to progress directly into work on release. However, these initiatives had recently been introduced so had limited impact at this stage.

- 5.22 In too many cases, prisoners had not received suitable training or achieved qualifications for their work roles. Leaders did not offer enough accredited qualifications for prisoners in work activities, although they had concrete plans to offer them imminently. In the kitchens, for example, no accredited food preparation qualifications were available. There was a considerable backlog of prisoners who needed to take the food safety course. Although prisoners could study qualifications in waste management, only a small minority took this opportunity. Those who did, made slow progress due to a lack of progression opportunities. Most prisoners who studied for qualifications in workshops achieved them. Too often, the work set in industries was not ambitious enough. Most instructors recorded prisoners' employability skills development. However, targets set were too vague to help prisoners improve their skills and knowledge.
- 5.23 Instructors in the kitchen and bicycle repair workshop staff were highly qualified and experienced. In other workshops, however, such as horticulture, laundry and waste management, trainers did not have relevant subject-specific qualifications.
- 5.24 A small proportion of the population benefited from valuable, full-time vocational training. In vocational training workshops, trainers taught the courses well. Tutors provided prisoners with helpful opportunities to practise practical tasks and to recap their theoretical knowledge, for example through quizzes on key terminology. Prisoners developed a sound understanding of the use of components within their subject areas, such as different types of pipes on level 2 plumbing, and could identify and rectify successfully faults in central heating systems. Prisoners produced high-quality work and the large majority of them completed their courses successfully. Achievement rates were particularly high in plumbing and tiling. In vocational workshops, most prisoners benefited from helpful careers guidance, including from external employers. Those with longer to serve appreciated the guidance to help them focus on relevant future career options.
- 5.25 Teachers' feedback was not of a consistently good standard, which meant prisoners did not know how much they had learned or what they need to do to improve. In the motor vehicle workshop and in mathematics, on too many occasions, feedback did not help prisoners to make improvements. For example, where prisoners did not understand a theoretical point, tutors wrote the answers for them, rather than revisiting the topic. However, in English, tutors' feedback focused prisoners closely on the areas in which they need to improve.

- 5.26 Most prisoners attended their activities and behaved well. Leaders had made notable improvements in prisoners' attendance. Leaders and managers promoted positive behaviour through incentives, such as a 'learner of the month' award. Activity areas were calm and orderly with staff and prisoner relationships being productive and respectful. Longer serving education staff built positive relationships with prisoners to encourage them to apply for opportunities. Learners enjoyed their studies and valued what they had learned. Prisoners in vocational training worked diligently and supported one another well with tasks. For example, when peers struggled, they stepped sensitively in with suggestions for improvements. Prisoners in warehousing, waste and recycling workshops demonstrated a positive work ethic. However, a significant minority of prisoners lacked engagement, motivation and enthusiasm and they did not display a consistently good work ethic. They were mostly in the tea packing and wing cleaner roles, which were less challenging and offered fewer opportunities for reward.
- 5.27 Prison leaders and managers invited prisoners to take part in projects that explored their interests. For example, leaders provided painting kits to prisoners so they could create artwork, which was displayed around the prison. Prisoners selected from each wing participated in a cooking competition linked to the hospitality industry. However, these opportunities were not offered frequently enough and did not involve enough of the population.
- 5.28 Teachers and instructors promoted values of tolerance and respect, and prisoners exhibited them throughout their activities, most notably in the personal development course. Learners discussed sensitive topics respectfully and were mindful of others' beliefs and values.
- 5.29 Leaders were in the early stages of implementing their reading strategy. Staff provided support to those who needed it most, but it was not offered across the prison at this stage. Staff had designed a tool to check prisoners' reading ability at induction. Prisoners who would benefit received helpful support through The Shannon Trust. For example, from identifying letters of the alphabet to learning phonics. In a few instances prisoners had progressed to achieve entry level English qualifications. Education courses included a weekly visit to the library. English teachers promoted reading to widen prisoners' vocabulary, however more specialist support staff were in the process of being recruited. In too many workshops, there was minimal focus on developing reading skills or reading for pleasure. For example, only a small number of prisoners took up opportunities to read materials available, such as industry relevant magazines, during breaks. (See also paragraph 5.6.)

Section 6 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.

- 6.1 Many prisoners were located far from home which made it difficult for their friends and families to visit. Several prisoners described how they were disappointed and anxious because they could not see their families, which had an impact on their well-being. Our survey confirmed this – only 8% of prisoners said it was easy for friends and family to visit them, far lower than at similar prisons (29%) and compared with the last inspection (23%). There were seven social visit sessions each week, including four at weekends to try to accommodate visitors from further afield. However, there were waiting lists of two to three weeks, and prisoners and their families expressed their frustration about visits lasting only an hour.
- 6.2 In our survey, only 63% of prisoners said they could make a phone call every day, compared with 91% at similar prisons and 93% at the last inspection. There had been technical issues with the phones on some wings, which had gone on for too long.
- 6.3 The availability of video calls was good and included access on weekday evenings, which enabled prisoners with young children to call them after school. Despite this, prisoners and families told us of various technical and procedural difficulties, which made them reluctant to use the facility, and the take up of video calls was relatively low. Foreign national prisoners, in particular, said their families found the process difficult.
- 6.4 In our survey, 62% of prisoners said they had problems sending or receiving mail, which was higher than at similar prisons (50%). Many complaints related to mail, and prisoners told us there were delays in receiving their letters.
- 6.5 Lincolnshire Action Trust (LAT) staff helped prisoners to maintain contact with their families. They supported families with children in the visitors' centre and visits hall, which families we spoke to appreciated.



Visits hall

- 6.6 LAT staff carried out an induction with families on their first visit to help determine their wider needs and had run 12 family days in 2022.
- 6.7 They also provided tailored one-to-one support to help prisoners maintain contact with their families, but some prisoners we spoke to who were concerned about family contact were unaware of the provision. Parenting programmes had not yet restarted as a result of staffing shortages.

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.

- 6.8 Stocken was a category C training establishment, and the majority of the population were serving long sentences of over four years. However, about a third had less than 12 months left to serve and should have been in a local resettlement prison.
- 6.9 The management of reducing reoffending work had improved and was now a real strength. There was a comprehensive strategy setting out the prison's vision, risks and priorities, informed by a range of data and a valuable prisoner survey. Effective leadership and frequent, reasonably well-attended meetings coordinated action to improve outcomes for prisoners.

- 6.10 The resilience and commitment of staff in the offender management unit (OMU) was commendable, especially given the longstanding staffing shortfalls and changes in leadership.
- 6.11 Until recently, there had been a protracted period with no senior probation officer (SPO) in post and the team had to rely on remote support and direction from other prisons. Probation-trained prison offender managers (POMs) were operating at just over half of their full-time equivalent capacity, and recruitment to these posts remained difficult. The team of 9.5 prison-employed POMs was also not up to full strength. Their caseloads were high, up to 100 for some, and not manageable.
- 6.12 In the previous few months, a hub manager had been temporarily promoted to the head of offender management services, and two full-time SPOs had been recruited and were now in post, all of whom provided the team with strong and capable leadership. Additional support staff had been drafted in from other prisons and the HM Prison and Probation Service offender assessment system (OASys) backlog taskforce team had provided assistance. An extra three prison-employed POMs and one probation-employed POM were due to start imminently.
- 6.13 In the previous six months, over a third of prisoners had arrived at the prison without an initial assessment of their risks and needs, adding significant pressure to an already overstretched team. Too many prisoners did not have an up-to-date OASys report, but efforts to reduce the backlogs were taking place. At the time of inspection, 81 prisoners did not have an initial OASys report or sentence plan, and only just over 70% had had a review in the previous 12 months.
- 6.14 Most assessments we examined were reasonable or good. They appropriately analysed prisoners' offending behaviour, factors linked to their likelihood of reoffending and their risk of harm to others. Sentence plan objectives were tailored to the individual's needs.
- 6.15 The OMU made initial contact with prisoners soon after they arrived, setting out what they could realistically expect from the unit. This honest approach seemed to reduce some prisoners' frustrations about the lack of frequent contact. The prisoners we interviewed spoke positively about their POMs and the support they received when they did see them.
- 6.16 In our sample, we saw some good examples of case management work, and POMs appeared to know their prisoners' cases very well. However, levels of contact were usually infrequent and task driven and did not consistently support prisoners to make progress in their sentence. In our survey, 87% of prisoners who had a custody plan said they knew what they needed to do achieve their targets, but only 30% said someone was helping them. Key work sessions (see Glossary) to support and enhance offender management very rarely took place (see paragraph 4.2).

- 6.17 Fifty-three prisoners were serving indeterminate sentences for public protection (IPP), nearly twice as many as at our last inspection. The majority had been recalled to prison and were waiting for direction from the parole board before they could move on. Three recent forums had enabled them to share ideas, concerns and experiences and obtain answers to common issues. Oversight of IPP prisoners from the OMU and regional psychology lead staff was appropriate. Parole arrangements were managed well, and dossiers were usually submitted on time, except in a few cases when responses from community offender managers (COMs) were delayed.

Public protection

- 6.18 Leaders and managers had prioritised improvements in public protection arrangements. A steering group had been introduced to provide strategic oversight, and a dedicated full-time public protection case administrator had recently been appointed. Staff at a neighbouring prison were sharing their experience to help Stocken improve the robustness of its record keeping, which included developing electronic prisoner files.
- 6.19 Over half the population was assessed as presenting a high or very high risk of serious harm to others, and about 70% were eligible for multi-agency public protections arrangements (MAPPA) on their release.
- 6.20 Risk management meeting arrangements had improved and now routinely considered in good time the few who were released to provide assurance that their risks were being properly managed. In our case sample, information sharing between the prison and COMs ahead of a prisoner's release was usually thorough and timely (see paragraph 6.38). We found sufficient evidence to show that MAPPA levels were confirmed, although they were not always clearly recorded on electronic case notes.
- 6.21 The standard of risk management plans was reasonable. The prison's written contributions to community MAPPA meetings were mixed. The best examples were comprehensive, informative, and analytical. The weaker ones were more limited in content and tended to be descriptive.
- 6.22 There were gaps in monitoring arrangements for prisoners subject to the restrictions. Staff assigned to listen to calls were often redeployed to undertake other duties. There was a backlog of calls waiting to be monitored, in some cases it was up to two months. Reviews had been postponed until sufficient evidence could be collated to determine whether monitoring should stop or continue. The failure to monitor prisoners promptly undermined the good efforts of the OMU to improve public protection work. During our inspection, a new dedicated team of non-operational collators in the security department had been identified to address this deficit.
- 6.23 Very few prisoners posing a risk to children had an assessed risk level that permitted them some contact with a named child. However, in

some of these cases, levels had not been accurately recorded, shared, or reviewed.

Categorisation and transfers

- 6.24 POMs carried out reviews of prisoners' categorisation level and, in the cases we examined, most decisions were well considered, appropriate and justified. However, in one case, a decision was made not to support a prisoner's move to category D status based on the lack of an up-to-date OASys report, which was unacceptable. In another case where a prisoner's behaviour meant a higher level of restriction was required, staff could provide a defensible rationale, but it was not recorded properly.
- 6.25 The oversight and management of transfers to other prisons were good, but category B prisoners often waited too long to be moved (see also paragraph 3.21). In the previous 12 months, 270 prisoners had been transferred to open conditions. Such moves now took place more quickly. Transfers of category C prisoners for progressive and resettlement purposes, such as to undertake a treatment intervention or to be closer to home before their release, were taking place but were limited and often took a long time, owing to national population pressures.
- 6.26 Due to their sentence length, only about 8% of prisoners were potentially eligible to be considered for home detention curfew. For those who were, arrangements were managed well.

Interventions

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

- 6.27 The prison was commissioned to deliver the Thinking Skills Programme (TSP), which helps prisoners develop cognitive skills to manage their risks, and two strands of the high intensity Kaizen programme (for prisoners with sexual and violence offences).
- 6.28 Leaders had undertaken a comprehensive analysis, which indicated they were offering an appropriate range of accredited behaviour interventions, but more places on high intensity programmes were required to meet the demand.
- 6.29 Vacancies within the programmes team, and the lack of fully trained and experienced staff, meant prisoners had reduced access to some treatment interventions. For example, one of the Kaizen programmes had been temporarily paused and the number of places on the TSP for the year had been reduced by 17.
- 6.30 However, the dedicated team worked hard to use its reduced staffing resources well. A reasonable number of prisoners had finished the interventions and the prison was among the top for programme

completions in the previous three years compared to comparator prisons.

- 6.31 Places on programmes were prioritised based on national instructions, for example, preference was given to those serving indeterminate sentences who were over tariff, prisoners with upcoming parole hearings and those closest to their release date. However, this meant some prisoners could not demonstrate their progression, such as those with a longer time left to serve, which those we spoke to found frustrating.
- 6.32 We saw some examples of good work to help prisoners recognise, celebrate and apply their learning. In one case, the post-programme review was attended by the prisoner, programmes staff, his POM, COM, key worker and mother, which was positive. (See paragraph 1.11.)
- 6.33 Another prisoner who had completed TSP told us:

'This prison has kept me focused and on track to achieve my goals on release. TSP made me think about other people's perspective and look at my values and my social circle....'

- 6.34 Some other non-accredited interventions were available. Since April 2022, 154 prisoners had completed modules in areas such as anger management, dealing with consequences and managing conflict as part of the personal and social development programme. POMs had also provided some prisoners with victim awareness packs. However, a broader range of lower-level interventions was needed, for example to help address the specific needs of young adults.

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.

- 6.35 Stocken was not a resettlement prison, but, on average, over 20 prisoners were released each month.
- 6.36 Prison leaders had improved support for prisoners to help review and address their resettlement needs. For example, a multi-agency pre-release board had been introduced – it was convened about 12 weeks ahead of a prisoner's release.
- 6.37 The employment hub brought together resettlement agencies, such as the Department for Work and Pensions (DWP), LAT and the information, advice and guidance service in one place. Prisoners could see staff in person to obtain help with practical issues such as CV writing and sourcing forms of identification and there was now

dedicated support to help prisoners with their finances, benefits and debts (see also paragraph 5.21).

- 6.38 The probation pre-release team worked one day a week on site to help low- and medium-risk prisoners, and good work took place between POMs and COMs to help those assessed as presenting a high risk. Where POMs were providing COMs with support for cases they were managing, POMs continued to be actively involved. COMs usually saw prisoners face to face to plan for their release, which we do not always see.
- 6.39 Some prisoners in our sample knew they would be released initially to probation-approved premises (AP). We saw examples of COMs planning ahead for accommodation beyond an AP by undertaking checks with the police to verify suitable addresses and making referrals to the local authority.
- 6.40 The prison's data indicated 97% of all those released from November 2022 to November 2023 left with an address to go to on their first night. Good work took place to make sure the data were reliable, and the prison could determine the sustainability of prisoners' accommodation outcomes. The data showed about 33% of all releases from November 2022 to November 2023 went to accommodation that was likely to have remained in place for a minimum of 13 weeks after their release.

Section 7 Progress on recommendations from the last full inspection report

Recommendations from the last full inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2019, prisoners received good support during their early days at the prison. Too many prisoners experienced violence, although levels were lower than in similar prisons and had not risen since the previous inspection. There was a strong focus on reducing violence, much of which was due to drugs and debt. The number of adjudications was comparable with that at similar prisons but too many were not proceeded with. Levels of use of force had increased but governance arrangements had improved. Security processes were well managed and the number of incidents of disorder had reduced. Segregation was well governed and its use had reduced. Drug availability, particularly new psychoactive substances, was problematic. There was a good reactive approach to reduce supply but the overall strategy to limit illicit drug use and drive improvement was underdeveloped. Some good support was provided for prisoners at risk of self-harm but this was not evidenced in assessment, care in custody and teamwork (ACCT) processes. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendation

A comprehensive strategy and action plan should be introduced to drive and coordinate a drug supply and demand reduction. Actions should be monitored for effectiveness.

Achieved

Recommendations

The needs of newly arrived prisoners whose first language is not English should be assessed with the use of professional telephone interpreting services.

Not achieved

A comprehensive violence reduction strategy and action plan should be introduced, to drive and coordinate a violence reduction. Actions should be monitored for effectiveness.

Not achieved

Individualised plans to support those who self-isolate to deal with the issues that cause their behaviour should be improved, and their regime should include reasonable access to time out of cell and purposeful activity.

Achieved

Disciplinary hearings should be dealt with in a timely fashion.

Not achieved

Masks or balaclavas should not be worn by officers during use of force incidents.

Achieved

Actions planned in response to recommendations from Prisons and Probation Ombudsman investigations into deaths in custody should be kept under review, to ensure that they are embedded in practice.

Achieved

Based on an analysis of incidents, the establishment should implement a local strategy and action plan to reduce levels of self-harm.

Not achieved

The quality of assessment, care in custody and teamwork (ACCT) management should be improved by ensuring that care plans include actions to mitigate all relevant risks, that there are meaningful interactions between staff and prisoners at risk and that reviews take place whenever there is a change in the prisoner's circumstances.

Partially achieved

Prisoners located on the segregation unit on an open ACCT should have their risks reviewed and authorisation completed on arrival.

Partially achieved

The process to identify and protect adults at risk of harm, abuse and neglect should be understood by all staff.

Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2019, we saw generally positive staff–prisoner relationships. Living conditions were clean and decent, and prisoners had good access to basic essentials. The food provided was reasonable and access to the prison shop was good. Applications processes were weak. Complaints were well managed. There was too little focus on equality work and there was insufficient provision for prisoners within protected groups. Faith provision was good. Health provision had deteriorated and required improvement. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

Equality strategy, action planning and oversight should be robust, informed by routine consultation and ensure that the needs of prisoners in protected groups are identified and addressed.

Not achieved

Effective and robust governance structures should be in place, to ensure that all aspects of health delivery meet the needs of prisoners and are safe, including effective oversight of patient care and the immediate implementation of robust and secure medicines management arrangements.

Partially achieved

Recommendations

In-cell toilets in shared single cells should be adequately screened.

Not achieved

Self-catering facilities should be consistent across all wings.

Not achieved

There should be effective tracking, monitoring and quality assurance of the applications process.

Not achieved

Responses to prisoners' complaints should be clear, helpful and deal with the issue raised.

Achieved

Her Majesty's Prison and Probation Service should provide prompt comprehensive equality monitoring data reports.

Not achieved

Discrimination incident report forms should be responded to promptly.

Achieved

Foreign national prisoners should have ready access to independent immigration advice and be kept informed of their immigration status by the Home Office.

Not achieved

There should be appropriate formal, supervised arrangements for the care of prisoners with disabilities by wing staff, including the use of wing care plans and paid carers, as necessary.

Not achieved

All staff should be aware of which prisoners need assistance in the event of an evacuation.

Not achieved

Local partnership board meetings should occur more frequently, to provide strategic oversight and effective governance of the service.

Achieved

Screening, immunisation and vaccinations should be offered and implemented in a timely fashion.

Achieved

Specialist sexual health services should be available within the prison, to ensure privacy and dignity.

Not achieved

There should be clinical oversight of the appointment system, to ensure that patients are appropriately booked into clinics.

Achieved

Waiting times for some primary care services, including physiotherapy, the GP and dental services, should not exceed clinically acceptable waiting times in the community.

Partially achieved

Prisoners should have timely access to mental health services, including routine mental health assessments.

Achieved

Prisoners needing treatment for their condition in hospital under the Mental Health Act should be transferred within the timescales established by the Department of Health.

Not achieved

Wider options for clinical treatment should be available, in line with national clinical guidance.

Not achieved

Joint clinical and psychosocial reviews should be timely, to support effective management and care of prisoners on opiate substitution therapy.

Not achieved

Medicines should be prescribed and administered at clinically appropriate times, to ensure optimal treatment.

Partially achieved

Medication administration should be supervised effectively by prison staff, to ensure confidentiality and compliance, and reduce the risk of bullying and diversion.

Not achieved

The medicines management quorate should ensure that medicines storage and oversight are in line with legal and professional standards, and deficits should be immediately resolved.

Partially achieved

Purposeful activity

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

At the last inspection, in 2019, the regime was predictable and the amount of time out of cell for prisoners engaged in activities was good. Too many prisoners were locked up during the working day. PE and library services were very good. The leadership and management of education skills and work required improvement. There were enough activity places for the population but too many prisoners failed to attend or were under-employed. A wide range and variety of provision were offered. The quality of teaching and learning was good, with a suitable focus on English and mathematics. Not enough prisoners developed a suitable work ethic. Qualification achievement rates were high but employability skills were not always recognised. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendation

Prisoners should be engaged in work that is purposeful and keeps them fully occupied. Prisoners allocated to activities should attend.

Not achieved

Recommendations

There should be effective monitoring of library and gym use, to ensure equitable access to these services.

Achieved

Arrangements should be introduced to evaluate and improve rapidly the quality of prison-delivered teaching, learning and assessment.

Partially achieved

Prisoners should have access to sufficient and appropriately synchronised high-quality careers information, advice and guidance.

Partially achieved

Effective preparation should be available for prisoners who are released from the establishment.

Achieved

Effective promotion and recording of prisoners' employability skills development should be introduced, where relevant.

Partially achieved

Prisoners should routinely use appropriate protective clothing in food packing areas.

Achieved

Tutors and instructors should provide prisoners with feedback that helps them to improve.

Partially achieved

Tutors and instructors should set and monitor effective short-term targets that help prisoners to succeed.

Partially achieved

More able prisoners and those employed in industrial workshops and on the wings should engage in activities that challenge them to attain quickly their full potential.

Not achieved

In all education, skills and work areas, prisoners should attend punctually and develop an appropriate work ethic.

Partially achieved

Production workshops and wing work should ensure that prisoners develop the relevant skills and attitudes expected of commercial enterprises.

Partially achieved

Rehabilitation and release planning

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

At the last inspection, in 2019, work to support family ties was good overall but more needed to be done to assist with visits travelling arrangements. Offender management was compromised by staff shortages, lack of professional oversight and a backlog of offender assessment system (OASys) assessments. Offender supervisors did not routinely drive forward sentence progression. Home detention curfew and recategorisation processes were sound but prisoners waited too long for transfer to open conditions. Public protection arrangements were poor and presented an unacceptable risk. Few prisoners were released directly from the prison but, in the absence of a local community resettlement company, resettlement provision was limited. Interventions and programmes to address offending behaviour were good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendation

Public protection procedures should be given urgent and sustained attention, to ensure that prisoners' risks, both in custody and on release, are appropriately managed.

Partially achieved

Recommendations

Visits should start at the advertised time for all prisoners.

Not achieved

Prisoners should have regular contact with an offender supervisor and an up-to-date offender assessment system (OASys) assessment to help them to address their offending behaviour and ensure that their progression is monitored effectively.

Not achieved

Uniformed offender supervisors should receive regular professional supervision, to help them to manage high-risk prisoners.

Achieved

Prisoners awarded category D status should move promptly to an open prison.

Achieved

The prison should understand the extent of need for work to address domestic abuse and ensure that provision is adequate.

Achieved

Prisoners should not be released directly from Stocken unless adequate provision is put in place to review and address their resettlement needs.

Achieved

Appendix I About our inspections and reports

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

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

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

Respect

Prisoners are treated with respect for their human dignity.

Purposeful activity

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

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.

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

Outcomes for prisoners are good.

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

Outcomes for prisoners are reasonably good.

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

Outcomes for prisoners are not sufficiently good.

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

Outcomes for prisoners are poor.

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

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

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

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

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

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

This report

This report outlines the priority and key concerns from the inspection and our judgements against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons* (Version 5, 2017) (available on our website at <https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison->

expectations/). Section 7 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

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

Inspection team

This inspection was carried out by:

Charlie Taylor	Chief inspector
Sara Pennington	Team leader
Natalie Heeks	Inspector
Sally Lester	Inspector
Ali McGinley	Inspector
Jade Richards	Inspector
Paul Rowlands	Inspector
Esra Sari	Inspector
Charlotte Betts	Researcher
Rachel Duncan	Researcher
Joe Simmonds	Researcher
Maureen Jamieson	Lead health and social care inspector
Lynn Glassup	Health and social care inspector
Susan Melvin	Pharmacist
Dayni Johnson	Care Quality Commission inspector
Dave Everett	Ofsted inspector
Rebecca Jennings	Ofsted inspector
Saul Pope	Ofsted inspector
Sheila Willis	Ofsted inspector

Appendix II Glossary

We try to make our reports as clear as possible, and this short glossary should help to explain some of the specialist terms you may find. If you need an explanation of any other terms, please see the longer glossary, available on our website at: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

Care Quality Commission (CQC)

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

Certified normal accommodation (CNA) and operational capacity

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

Challenge, support and intervention plan (CSIP)

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

Key worker scheme

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

Leader

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

Offender management in custody (OMiC)

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

Protected characteristics

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

Protection of adults at risk

Safeguarding duties apply to an adult who:

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

Social care package

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

Time out of cell

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

Appendix III Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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