Report on an unannounced inspection of

HMP Onley

by HM Chief Inspector of Prisons

6–22 May 2025

Contents

Introduction

The relentless targeting of Onley by drones carrying drugs and other contraband was having a hugely destabilising effect on this Midlands category C prison at the time of this inspection. Random drug testing with a positive rate of 34% showed the extent of the challenge faced by leaders. In a rural location, with weaknesses in physical security, including windows that were easily breeched, the prison service had failed to defend this jail from serious organised crime gang activity.

Unsurprisingly, levels of violence had increased significantly since our 2022 inspection; much was driven by the effects of a thriving illicit economy, with prisoners in debt subjected to assault or choosing to self-isolate.

The experienced governor had, for the first time in many years, been able to recruit the full complement of officers, and leaders had worked hard to support staff welfare and improve retention. This meant, however, that many staff members lacked experience and had not developed sufficient capability in the role. As a result, there were many frustrated prisoners who could not get some of their basic needs met, particularly as the applications and complaints systems were not functioning properly. Inspectors also found some unnecessary pettiness that irked prisoners, such as the rule that they were only allowed two rolls of toilet paper a week. Conditions on the wings, particularly the older ones, were not good enough, with ingrained dirt on the stairs and corridors, and showers that were long overdue for replacement.

As was the case at our 2022 inspection, there were not enough activity places for the population and allocations to work and education took too long, meaning that far too many men were unemployed and locked up during the working day. While over 100 prisoners had been given jobs on the wings such as cleaning, there was often not enough for them to do and they were underemployed. The workshops varied between impressive Greene King hospitality training and the drywalling course, to mundane tasks such as dismantling CD cases or stripping string off bobbins for recycling. Attendance at workshops and education had improved recently but was still not good enough.

It was hard to walk anywhere in the prison without being stopped by prisoners complaining about the lack of opportunities for sentence progression. Many did not have a sentence plan, even after many months at the jail, while others could not access accredited programmes that would have supported their chances of getting parole or recategorisation to open conditions. Leaders will need to address the limited response of the offender management unit (OMU) if they are to tackle the sense of helpless felt by many men, particularly those serving long or indeterminate sentences, who were often overlooked in favour of those who were due for release.

The drug problem was not helped by mismanagement of medicine queues, which meant that prescribed medicines were often diverted. Mental health provision was poor, with only the most unwell being treated and many men in need of help being assessed and then stuck on a waiting list with no hope of support unless their condition deteriorated.

Those who had been assessed as at risk of suicide or self-harm were often given process-driven, transactional support, rather than the personal care that they needed. This was disappointing because keywork at Onley was much better than we usually see in similar prisons. Prisoners appreciated the regular sessions they got with a named member of staff and this was helping to maintain relationships despite the many day-to-day frustrations.

On this inspection it was disappointing to see a fall in our scores for both ‘safety’ and ‘respect’ from reasonably good to not sufficiently good, reflecting increased violence and the high levels of prisoner frustration. If, however, the current cohort of officers can be supported to become more effective in their roll, asserting the rules while responding to prisoners’ needs, then there is an opportunity for this jail to become more settled and productive. There will also need to be a renewed focus on purposeful activity and sentence progression. It is also essential that leaders at Onley get material support from the prison service to reduce the copious amounts of drugs that are making the prison’s job so challenging.

Charlie Taylor
HM Chief Inspector of Prisons
July 2025

What needs to improve at HMP Onley

During this inspection, we identified 13 concerns, of which six should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

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

Priority concerns

1. **Illicit drug use remained a significant concern, driving debt, violence and self-harm.** Weaknesses in physical security and insufficient purposeful activity increased boredom and vulnerability, while the lack of regular and meaningful drug strategy meetings meant that these links were not fully addressed.

2. **The rate of use of force was high and oversight was weak.** Staff did not always wear or turn on their body-worn cameras, and leaders did not routinely review restraint incidents.

3. **Staff did not routinely address men's legitimate day-to-day concerns, resulting in overuse of the application and complaint systems, and frustration for prisoners.**

4. **The mental health service did not meet the needs of the population.** There were insufficient staff to deliver a full range of interventions and there was no psychology input. The oversight and governance of the service were weak.

5. **There were insufficient activity places to meet the needs of a training prison, and too few opportunities for prisoners to develop relevant knowledge and skills.** The allocations process was not effective in making sure that prisoners accessed their choice of activity. There were too few roles in vocational training and waiting lists were too long. Approximately a quarter of the prisoners were unemployed.

6. **Governance of the offender management unit was not good enough and this had had a significant impact on prisoner outcomes.** There was insufficient contact between prisoners and their offender manager and too many either did not have a sentence plan or were unable to complete the set objectives within it.

Key concerns

7. **Staff support for prisoners was sometimes lacking in care.** Not all new arrivals had a prompt induction to help them settle in, many stayed on the induction wing for too long, with little contact from staff, and interpreting services were not always used when needed.

8. **Some prisoners with protected characteristics experienced worse outcomes, and this was not always properly explored or responded to.** Some needs, particularly among disabled and foreign national prisoners, went unmet.

9. **The high levels of non-attendance contributed to excessive waits to see the dentist.**

10. **Attendance in education, skills and work was too low and punctuality in vocational subjects and workshops was poor.**

11. **Leaders and managers had only recently developed a reading strategy, and the implementation was in the very early stages.** Prisoners who struggled to read were not supported well enough to develop their skills. Prisoners who could not speak English did not receive support from tutors in education, skills and work to improve their language skills.

12. **Too many prisoners in wing work roles and workshops were not able to develop relevant workplace skills.**

13. **There were weaknesses in public protection arrangements.** Attendance at the interdepartmental risk management team meeting was inconsistent and new arrivals were not screened, which caused delays to any potential monitoring needed.

About HMP Onley

Task of the prison/establishment:
HMP Onley is a category C training and resettlement prison.

Certified normal accommodation and operational capacity (see Glossary) as reported by the prison during the inspection
Prisoners held at the time of inspection: 729
Baseline certified normal capacity: 742
In-use certified normal capacity: 714
Operational capacity: 742

Population of the prison

- 986 new prisoners received in the last 12 months.
- 40 foreign national prisoners.
- 542 prisoners released in the last 12 months (around 45 prisoners per month.
- Two prisoners transferred under the Mental Health Act in the last 12 months.
- Most prisoners were from, and therefore released to, a different resettlement area.

Prison status (public or private) and key providers
Public

Physical health provider: Practice Plus Group Health and Rehabilitation Services Limited (PPG)
Mental health provider: PPG
Substance misuse treatment provider: The Forward Trust
Dental health provider: Time for Teeth Limited
Prison education framework provider: PeoplePlus Group
Escort contractor: Amey Estates

Prison group/Department
Midlands

Prison Group Director
Paul Cawkwell

Brief history
Built as a borstal in 1968, HMP Onley held young offenders until 1998. The juvenile population was replaced by sentenced adults in March 2004. The establishment was re-roled to a full adult category C training establishment in March 2010. From 2013, it was designated as a resettlement prison for Greater London. Owing to a reconfiguration of establishments in 2017, the prison has moved back into the Midlands cohort, although still largely holds a London population.

Short description of residential units:
A to H wings are the older original wings. A, B, C, D and E wings each provide general accommodation for 60 prisoners.

F wing is the segregation unit, consisting of 15 cells.
G wing is the resettlement wing and H wing is the first night and induction unit, both providing accommodation for 60 prisoners.
I wing provides general accommodation for 100 prisoners, and is the only wing to have all double-occupancy cells.
J wing is the integrated drug treatment system wing, accommodating 75 prisoners.
K wing provides general accommodation for 75 prisoners.
L wing provides general accommodation for 72 prisoners, with a shower in every cell.

Name of governor and date in post
Mark Allen, March 2024

Changes of governor since the last inspection
Matthew Tilt, 2018–2024

Independent Monitoring Board chair
Mark Connors

Date of last inspection
23–24 May and 6–10 June 2022

Section 1 Summary of key findings

Outcomes for prisoners

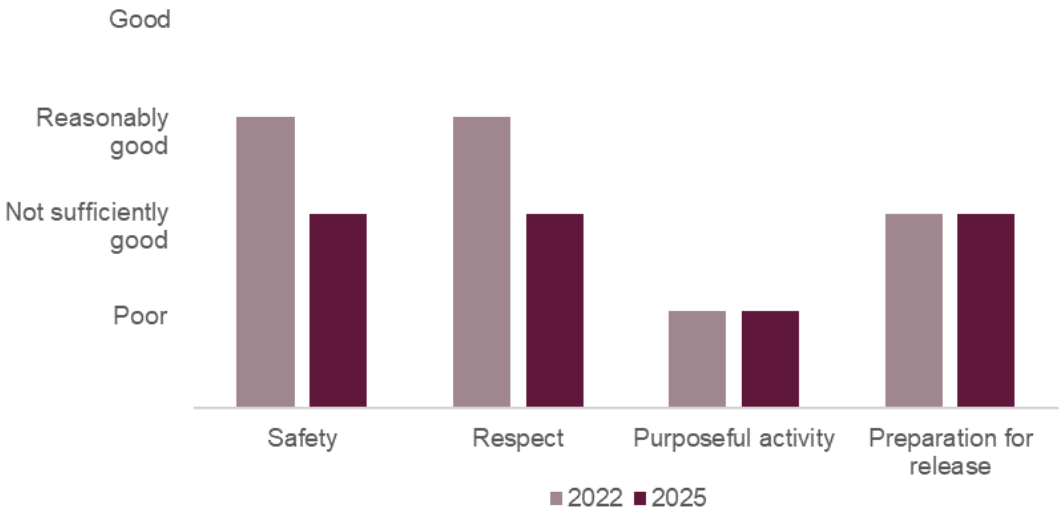
1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

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

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

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

Figure 1: HMP Onley healthy prison outcomes 2022 and 2025



Progress on priority and key concerns from the last inspection

1.4 At our last inspection, in 2022, we raised 14 concerns, five of which were priority concerns.

1.5 At this inspection, we found that only one of our priority concerns had been addressed, one had been partially addressed, two had not been addressed and one was no longer relevant.

1.6 For a full list of progress against the concerns, please see Section 7.

Notable positive practice

1.7 We define notable positive practice as:

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

1.8 Inspectors found one example of notable positive practice during this inspection, which other prisons may be able to learn from or replicate. Unless otherwise specified, these examples are not formally evaluated, are a snapshot in time and may not be suitable for other establishments. They show some of the ways our expectations might be met, but are by no means the only way.

Examples of notable positive practice		
a)	Prisoners trained as neurodiversity 'red bands' (trusted workers) were visible and offered proactive support to neurodivergent prisoners across the establishment.	See paragraph 4.28

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 The governor had been appointed the year before the inspection and had made some improvements. However, the substantial challenges of drones, drugs and a lack of education and workplaces remained. These were having a negative impact across the establishment.

2.3 The leadership team had changed substantially, with six senior leaders appointed in the previous eight months.

2.4 The governor, supported by the Prison Group Director, had made significant progress in improving support for staff; most notably, investing in five new colleague mentors. As a result, the chronic staffing shortfalls identified at the previous two inspections had been addressed. This improved staffing picture meant that the daily routine was more predictable and leaders had been able to establish key work (see Glossary) at a level that we rarely see at category C training prisons.

2.5 The governor and his team now faced a new challenge of developing the relatively inexperienced staff and leaders so that they could consistently meet the needs of prisoners. In particular, leaders had not made sure that prisoners' legitimate day-to-day concerns were dealt with effectively by staff on the wing. This led to frustrations among prisoners and the overuse of the application and complaint systems, which also did not function effectively.

2.6 Leaders in HM Prison and Probation Service had identified that Onley was particularly vulnerable to drones bringing in drugs and other illicit items. However, they had not provided the investment needed to make the site more secure. As a result, there continued to be regular drone activity, and in our survey 57% of respondents said that it was easy to get drugs in the prison.

2.7 National failures to plan effectively for predicted rises in the prison population meant that the establishment now experienced a higher turnover of prisoners, which put pressure on services, including induction, health care and offender management. Prison leaders were also unable to transfer prisoners for programmes or local release.

2.8 Leaders had not made sure that there was enough education and work for the population and, despite recent improvements, attendance was not good enough for a training prison.

2.9 Leaders in the offender management unit did not have enough oversight of the significant shortfalls in sentence planning and contact with prisoners, many of which had been identified at the previous inspection.

2.10 There were weaknesses in partnership working which were having a negative impact on the delivery of health services and on patient care. In particular, there was no regular forum for health care commissioners, leaders in the prison and the service providers to address issues and improve the provision.

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 average number of new receptions each week had increased slightly, with more than half having transferred from prisons in London. Many prisoners told us that they did not want to be at Onley as it was too far from home.

3.2 A capable and helpful team of reception staff welcomed new arrivals, and an enthusiastic prisoner peer worker from the induction unit also attended reception to share information about the prison, although he was not always available for those who arrived later in the day.

3.3 Arrivals were generally booked in quickly, including a health care screening, before being escorted individually to the induction unit, rather than having to wait until everyone from the transport had been processed, as we often see.

3.4 Most transfers into the prison took place in the afternoon and we saw several examples of prisoners being locked in their cell for their first night without having a structured safety interview by officers, which was a significant shortfall. In these cases, the entry in their case notes stated that this had not taken place because of their late arrival time, but all the examples we looked at had arrived before 6pm, and some as early as 2pm.

3.5 Hourly checks on new arrivals were completed by night staff, but the value of these was undermined by the absence of a safety interview for many prisoners. Some of those who arrived on a Friday did not get this interview until the Sunday. In our survey, far fewer respondents than at similar prisons (66% versus 78%) said that they had felt safe on their first night (see also paragraph 3.11).

3.6 New arrivals could make a telephone call at the prison's expense, but some told us that they had not been made aware of this. In our survey, far fewer respondents than at similar prisons said that they had been able to get a free telephone call on their first night (26% versus 48%).

3.7 While prisoners were offered a welfare telephone call on arrival, those transferring from private prisons experienced delays of several days in contacting their family or friends. This was because, unlike their

counterparts who came from public sector prisons, their approved telephone numbers did not transfer automatically.

3.8 First night cells were clean but shabby, with several having broken or missing furniture and some with crumbling plaster on the walls.

First night cell with crumbling plaster

3.9 Interpreting services were not well used to help settle and inform new arrivals who spoke little English (see also paragraph 4.25). We saw an Albanian national who appeared to understand little of what was happening in reception or the peer-led induction the following day, and had been given a printed induction pack in English. Prison staff had not noticed the prisoner's demeanour, and interpreting services were only used when we pointed this out. Case notes suggested that induction and safety interviews had been completed with such prisoners without the use of interpreting services.

3.10 The limited induction was appropriate for those transferring from another establishment. However, the content was delivered over a whole week, with very little input on most days and none on others. This left new arrivals to spend more than 22 hours a day locked in their cells with nothing to do and very little contact with staff. The resulting boredom and frustration were exacerbated by the fact that many prisoners spent several weeks on the unit, which delayed their opportunity to settle in on their residential wing.

Promoting positive behaviour

Expected outcomes: Prisoners live in a safe, well ordered and motivational environment where their positive behaviour is promoted and rewarded. Unacceptable conduct is dealt with in an objective, fair, proportionate and consistent manner.

Encouraging positive behaviour

3.11 Levels of violence had increased, with a notable rise in prisoner-on-prisoner assaults during autumn 2024. More recent data showed that this had begun to reduce, and assaults against staff were also declining. Although overall levels of violence were comparable to those in other prisons, it was concerning that 31% of respondents to our survey said that they currently felt unsafe, which was higher than elsewhere.

3.12 Investigations into violence were reasonable but often delayed, which prevented timely support for victims. We also identified some violent incidents where information had not been shared with the safety and security teams. This meant leaders were unable to take adequate action in response to all incidents (see also paragraph 3.39).

3.13 In cases where prisoners were progressed to a challenge, support and intervention plan (CSIP; see Glossary), the quality of targets to provide support or address the reasons for violence was too variable. In addition, subsequent reviews often failed to consider the targets, and too few staff outside the safety team understood the importance of providing adequate individual support.

3.14 The safety team was sighted on several of these concerns and was taking steps to improve support for prisoners. For example, in conjunction with trained psychologists, there were advanced plans to provide training for prisoners to act as safety peer support workers, including the use of mediation for low-level incidents. There were also several examples of prisoners successfully completing a chaplaincy-led initiative, known as Facing up to Conflict, that supported them to learn how to handle conflict better (see also paragraph 4.34).

3.15 A small number of prisoners who chose to self-isolate, most often because they feared for their safety, were also managed by the CSIP process. While this made sure that each prisoner was offered regular, but very limited, time out of cell, the plans were poor, with little investigation or support. This resulted in extended periods of isolation – in one case for more than 12 weeks – with little done to address the underlying issues.

3.16 Leaders collated a range of data to get a better understanding of the causes of violence, which were mostly linked to the illicit economy and prisoner frustrations about being able to get things done (see also paragraph 4.1). The data were considered at a monthly safety meeting;

however, while this generated a small number of actions, the prison lacked an overall plan to reduce violence.

3.17 Staff challenge of low-level poor behaviour across the prison, including in residential units, medicines administration queues and activity areas, was not robust or consistent, and we often saw prisoners inappropriately dressed or vaping in communal areas.

3.18 Incentives to encourage more positive behaviour remained limited. This was reflected in our survey, where only 12% of respondents said that good behaviour was rewarded fairly, and just 11% said that the culture encouraged good behaviour; both being worse than in other prisons. Prison data also showed that staff entries in prisoner case notes were more likely to record negative than positive behaviour.

3.19 Leaders had taken recent steps to widen the range of opportunities available to motivate prisoners to engage, including the introduction of the Greene King Academy training kitchen (see also paragraph 5.20), which was an excellent initiative. Other recent proposals, such as residential competitions that encouraged engagement with the regime, also showed promise and had been well received by prisoners.

Adjudications

3.20 Over the previous 12 months, there had been an average of just over 200 adjudications each month. Unsurprisingly, given the concerns about the entry of illicit items into the prison (see section on security), most charges were related to the possession of unauthorised articles or incidents of violence.

3.21 The hearings we observed took place in a relaxed environment and prisoners were encouraged to engage. Records we reviewed supported these observations; they documented adequate exploration of the facts and showed prisoners were provided with opportunities to seek advice.

3.22 An adjudication standardisation meeting was held quarterly to identify emerging issues and there was regular quality assurance by the deputy governor. At the time of the inspection, there were around 90 outstanding hearings. Leaders had put measures in place to address this, such as completing hearings during afternoons and on some weekends. A small number of serious charges remained with the police and these were monitored appropriately.

Use of force

3.23 The level of use of force had increased by 91% since the previous inspection and by 50% in the previous 12 months. The level was higher than at similar prisons and was continuing to rise.

3.24 In our survey, 28% of respondents said that they had been restrained by staff in the previous six months. Of these, only 19% said that someone had spoken to them about it afterwards. Prisoners from ethnic minority backgrounds and those of the Muslim faith had more

negative perceptions of the use of force than other prisoners. Leaders were unable to explain why this was the case.

3.25 In the last 12 months, there had been 655 incidents of use of force; 597 unplanned and 58 planned. Pain-inducing techniques had been used 43 times during restraints. PAVA (see Glossary) had been drawn once but not deployed, and extendable batons had been drawn twice but also not used. Most uses of restraints were for refusal to locate in a cell, to prevent injury to self or others or for general non-compliance.

3.26 The use of body-worn cameras was not as well embedded as we have seen in other prisons. Not all staff wore cameras and nearly a quarter of incidents were not recorded. Only a small number of staff reports remained incomplete.

3.27 Despite a weekly meeting to review all restraint incidents and a monthly strategic meeting to assess use of force data, oversight remained weak. At the time of the inspection, there was a backlog of 180 incidents waiting for review at the weekly meeting, some dating back to February 2025. The monthly strategic meeting typically looked at only one or two planned interventions, which was insufficient to identify and address any concerns that might arise.

3.28 Although leaders had identified the increase in use of force, and it was a regular discussion point at the monthly meeting, there was no plan to reduce it. Actions arising from these meetings were too limited and did not adequately address the growing issue.

3.29 Prisoner debriefs were carried out after each incident, but the interviews were too narrow in enquiry and failed to explore the context of the restraint from the prisoner's perspective. As a result, they provided little useful information. Combined with weak oversight of body-worn camera footage, this hindered leaders' ability to understand the underlying causes of the use of restraint.

3.30 Some of the use of force incidents we reviewed were concerning. Opportunities to de-escalate were often missed. In several cases, the use of force appeared disproportionate and the associated documentation did not always accurately reflect what had occurred. One particularly troubling incident had not yet been investigated, despite having taken place more than 10 days earlier.

Segregation

3.31 The use of segregation had continued to increase, with over 350 uses in the previous 12 months, compared with 241 in the same period at the time of the previous inspection. This was reflected in our survey, where 29% of respondents said that they had been segregated during the previous six months, which was far more than in other prisons.

3.32 The prison's data were not sufficiently detailed, often recording only the initial reasons for segregation. Data provided by the prison also indicated that most prisoners were initially segregated pending an

adjudication, but it was not always clear whether this had been the most appropriate method of managing individual prisoners following an incident.

3.33 Although this issue was noted for action at the quarterly segregation monitoring and review group meeting, overall governance remained weak. For instance, when prisoners were segregated pending adjudication, records often failed to explain why they remained segregated afterwards.

3.34 Most segregation periods were short. However, while there was evidence of reintegration, individual plans and targets to support this were not always sufficiently individualised.

3.35 Although most segregated prisoners that we spoke to felt that staff treated them well, the regime offered only basic entitlements, such as access to fresh air and showers, with little consideration of individual risk.

Security

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

3.36 Illicit drug use remained a serious issue in the prison, contributing to debt, violence and self-harm. In our survey, 57% of respondents said that it was easy to get drugs at the jail. Similarly, 48% said that alcohol was easy to access, which was higher than at other prisons and at the time of the last inspection. These concerns were echoed in the random mandatory drug testing positive rate, which stood at 34% over the past year and was among the highest in category C prisons.

3.37 Drones were increasingly used to smuggle in contraband. While the security team, with support from regional HM Prison and Probation Service (HMPPS) search teams and the police, had taken steps to mitigate the risks posed, the prison lacked the necessary investment from HMPPS to make the site more secure. For example, windows in the older accommodation blocks needed urgent replacement to reduce the risk of drug ingress via drones.

3.38 Leaders understood the risk of illicit items entering the prison and had appropriately set reducing supply and demand as the number one priority in the self-assessment report. Despite this, there had been no formal drug strategy meeting for several months to explore the links between drug use, boredom from the lack of purposeful activity (see section on purposeful activity) and the inevitable consequences of violence and debt. As a result, there was no cohesive plan to reduce supply and demand.

3.39 Our case studies revealed missed opportunities by other departments within the prison to share intelligence that could have helped prevent violence and improve safety (see also paragraph 3.12). However, the security team responded swiftly to intelligence, holding regular triage meetings to identify emerging risks. This made sure that cell searches and suspicion-based drug tests were usually timely and effective. The prison's drug dog handlers played a vital role in these operations, and their effectiveness contributed considerably to disrupting illicit drug activity.

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

3.40 There had been one self-inflicted death since the previous inspection and the prison had completed an immediate learning exercise to identify actions to reduce the risk of future incidents. The subsequent inspection by the Prisons and Probation Ombudsman had made no recommendations for the prison. Investigations into serious incidents of self-harm lacked detail, the findings were not collated together, and leaders did not review the suggested actions to ensure they had been completed.

3.41 The monthly safety meeting considered data on self-harm trends and had set several actions in response. The meeting also included the findings from recent prisoner surveys on some wings, to get a better understanding of the factors that could lead to self-harm. However, there was no specific action plan to make sure that these issues were being addressed successfully.

3.42 The level of self-harm had been stable over the previous year and remained below the average for similar prisons.

3.43 There were 20 prisoners being supported by the assessment, care in custody and teamwork (ACCT) case management process for prisoners at risk of suicide or self-harm, which was more than at the time of the last inspection. We spoke to 19 of these and almost all said that they did not feel supported. Several said that they were not aware of any action being taken to care for them, other than staff occasionally looking at them in the cell through the observation panel. Only one prisoner said that staff regularly sat with them and had a meaningful conversation. These views were reflected in our survey, where only 37% of those who had been supported by ACCT said that they had felt cared for by staff.

3.44 Some prisoners had been supported by ACCT for long periods and the documentation had become extensive and disorganised, with missing entries and a lack of continuity, making it almost impossible to understand the plan to support the prisoner.

3.45 Many wing staff we spoke to had no detailed knowledge of the prisoners supported by ACCT, their triggers, sources of support or any action that other staff might be pursuing to benefit the prisoner. Staff often described prisoners supported by ACCT solely in terms of the number of observations per hour they were expected to complete.

3.46 There were now only four Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), which was not enough for the size of the jail. They worked in pairs to provide alternating 24-hour cover. Volunteers from the Samaritans attended the prison regularly to support Listeners and were invited to the strategic safety meeting, but they told us that they felt the Listener scheme was not sufficiently well promoted, and that awareness among staff was low.

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, 72% of respondents said that most staff treated them with respect. Prisoners generally described staff as pleasant, although many were frustrated that officers were unable to resolve legitimate day-to-day requests; this led to an overuse of the formal application and complaints systems, which also did not function effectively (see paragraphs 4.19 and 4.20).

4.2 The strength of staff-prisoner relationships varied across the prison, being notably better on the newer wings, particularly the incentivised substance-free living and integrated drug treatment system (IDTS) wings. This was mainly because of the layout, which enabled staff to be visible and supervise prisoners more effectively. Additionally, custodial managers had offices on some of the newer wings, which also contributed positively to staff presence on the landings. The layout of the older wings made it difficult for staff to be visible to prisoners.

4.3 The key worker scheme (see Glossary) was in place and operating reasonably well. In our survey, 90% of respondents knew who their key worker was, which was far better than elsewhere. However, the scheme had not been used effectively to support sentence planning or progression (see also paragraph 6.12).

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 In our survey, fewer prisoners than at other training prisons reported that communal areas (including landings, stairs, association areas and exercise yards) were clean. Although recent efforts to improve standards had resulted in communal spaces, including external grounds, being mostly tidy, the overall living conditions remained poor. For example, furniture was worn and, in some cases, unfit for use.

Showers on many wings were also dirty, rusty, too cold or not operating at all. The older wings were particularly grimy, with dust and dirt built up in corners, on walls, on gates and behind doors.

4.5 On one exercise yard, weeds were still growing through the surface, as noted at the last inspection.

4.6 Most cells were tidy and prisoners did their best to keep themselves clean, but this was made difficult with the shortages in clean bedding and clothing, and broken and dirty showers. Only 36% of respondents to our survey said that they had enough clean bedding each week, and just 45% said that they normally had enough clean clothes to wear. There was no process for dirty items to be laundered and many of the prisoners we spoke to did not have enough clothes or underwear.

4.7 There were not enough washing machines on each wing. Leaders had purchased small drum domestic machines which were not appropriate for wings of up to 100 prisoners. However, even these machines had not been installed. Walking past these disconnected machines was frustrating for prisoners, who struggled to wash their clothes.

Unplumbed washing machines

Dirty showers and air vents

4.8 Some cells were lacking essential items, such as tables, chairs and bins. Leaders were aware of this and had ordered missing furniture, which had started to arrive. The inappropriate practice of restricting essentials, including toilet paper, to two items per week also created tension between prisoners and staff. However, in-cell conditions on L wing were notably better. Prisoners there had in-cell showers and toilets, which they appreciated.

L wing in-cell shower

4.9 Repairs to damaged cells were not always completed promptly. In one case, a prisoner had been left in a cell with a broken sink and no running water for over a week. Leaders were unable to explain how or why this had occurred. They committed to looking into it after it was brought to their attention.

4.10 Although cell call bells were not always responded to promptly, leaders had oversight of this issue and monitored reports to understand delays when responses exceeded five minutes.

Residential services

4.11 In our survey, only 18% of respondents said that they got enough to eat at mealtimes, which was far lower than in similar prisons. Many prisoners we spoke to expressed dissatisfaction with the food, describing it as bland, cold and unappetising, which was consistent with what we observed.

Typical meal

4.12 Broken kitchen equipment and staffing shortfalls were having a negative effect on the overall standard of meals. There was no catering manager in post. The menu had not been reviewed recently, and although prisoners' suggestions for improvements were discussed in focus groups, few had been implemented.

4.13 The main kitchen was grubby and the lack of functional equipment made it difficult for staff to prepare meals that met the necessary standards of quality, quantity or variety. In addition, poor servery supervision on the wings led to inconsistent portion control, with some prisoners receiving inadequate meals, especially towards the end of the hot meal service.

4.14 The food trolleys and serveries on the wings were unsanitary, with old food stains and spillages that had clearly not been cleaned properly for several weeks, if not longer. While prisoners serving the food had completed basic food hygiene training, they were not provided with, or did not wear, gloves, hats or overalls, resulting in unhygienic food handling.

Dirty food trolly about to be stocked with that day's meals

4.15 Apart from microwave ovens to reheat food, most prisoners had no means to prepare food for themselves. The range of fresh food available through the prison shop was too narrow, and no refrigeration was available to enable prisoners to store perishable items safely. Most wings lacked space or suitable furniture for prisoners to eat communally if they wished to do so.

4.16 The prison shop sold a range of goods. However, errors took too long to resolve. This frustrated prisoners and resulted in complaints and applications being submitted repeatedly for the same issues (see also paragraph 4.20).

Prisoner consultation, applications and redress

4.17 Consultation and redress processes had deteriorated since the last inspection. In our survey, only 43% of respondents said that they were consulted on food, the prison shop and wing issues. While some focus groups had been held on a few wings, they were not consistent across the establishment. The resulting actions were very limited. Records of these meetings were not communicated to prisoners, which limited the effectiveness of these forums.

4.18 A monthly prisoner council had been running for the past six months and was generally well attended by prisoner representatives from most wings, along with several key senior leaders. However, the governor and deputy governor did not routinely attend, which prisoners found frustrating. As with the wing-based meetings, few tangible outcomes emerged, and prisoners described the sessions as missed opportunities to raise everyday concerns and have them addressed by senior leaders.

4.19 The application system was in disarray; in our survey just 35% of those who had made an application reported that it was dealt with fairly. Leaders had no oversight of the system and there were no records of

applications made or clear expectations of acceptable timescales for replies. In addition, there was no quality assurance of the application system. Many prisoners described the process as unreliable and said that they had little confidence in receiving helpful responses to legitimate concerns.

4.20 In our survey, while 60% of respondents said that it was easy to make a complaint, only 20% said that these were dealt with fairly. The number of complaints (2,221 in the last 12 months) was very high compared with that in similar prisons. Most related to property, staff and the prison shop. While most responses were issued on time, many failed to address the issues raised. As a result, prisoners often submitted multiple complaints on the same matter, leading to increased frustration. Senior leaders carried out very limited quality assurance and there was little analysis of trends to tackle recurring, thematic problems.

4.21 The library contained a selection of legal books for prisoner use, and legal visits were conducted in private. Although legal mail was occasionally opened in error, such incidents were recorded and the prisoners concerned were notified.

Fair treatment and inclusion

Expected outcomes: There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics (see Glossary), or those who may be at risk of discrimination or unequal treatment, are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.

4.22 Work to meet the needs of prisoners from protected groups had stagnated, and in some ways deteriorated, since the last inspection. However, investment in a new manager to lead and re-energise this work was positive.

4.23 At least one leader led on each protected group, but some were more proactive than others. Forums with such prisoners rarely took place.

4.24 Around 57% of the population were from ethnic minority backgrounds. Support for these prisoners had worsened since the last inspection. Forums were infrequent and involved only small numbers (five at the last meeting), There was no support, and there were no groups for prisoners from a Gypsy, Roma, or Traveller background.

4.25 Support for foreign national prisoners who spoke little English was inadequate. There was very little translated material or use of professional interpreting services, which led to feelings of loneliness and isolation. A new foreign national offender (FCO) specialist focused mostly on issuing Home Office documentation, rather than supporting and improving the experience of all foreign national prisoners.

4.26 Disappointingly, work to support prisoners with disabilities remained underdeveloped and we found some with unmet needs. Prisoners were rarely assessed to make sure that there were suitable adaptations to support them adequately. We found prisoners who could not shower safely or get around the prison because of a lack of adaptations or poor equipment. Some prisoners received help from their peers, but very little of this was from trained prisoner carers. Some staff we spoke to were not aware of prisoners who needed help in an emergency evacuation.

4.27 There was too little support for older prisoners or younger adults and not enough had been done to understand their specific needs. Retired prisoners were not always unlocked during the working day and had no support groups. Other than a weekly over-50s gym session and the Choices and Changes programme for young adults (see paragraph 6.32), the provision was poor.

4.28 A well-established neurodiversity support manager provided good help to many neurodivergent prisoners. Two trained prisoners (trusted 'red bands'), alongside numerous neurodiversity champions, were visible around the prison. They had ready access to a range of distraction materials and were proactive in their support for prisoners with neurodivergency. However, staff awareness was more limited, particularly in relation to those who had tailored support plans in place.

4.29 While we were told of other equality peer representatives, they were not visible or known to staff and were not doing anything meaningful to support prisoners from protected groups.

4.30 Quarterly equality meetings were not always well attended, particularly by leaders, and only sporadically included peer representatives. However, a reasonable range of data was considered, including on segregation and incentive scheme levels, and reflected little disparity in outcomes for prisoners. However, data were not considered over longer periods, to identify trends and patterns better and take appropriate action if needed.

4.31 In the last year, over 100 discrimination incident report forms had been submitted. The replies we reviewed were not always timely but showed that issues raised were generally investigated thoroughly. Few complaints were upheld, and decisions had been appropriate in the sample we looked at. In-house quality assurance was adequate, but there was no independent or external scrutiny.

Faith and religion

4.32 Chaplains were visible around the prison and many prisoners told us that they received good pastoral support. While faith facilities and provision were adequate for most, there were still gaps, including for Buddhist and Rastafarian ministers, which continued to cause frustration for some prisoners.

4.33 However, some prisoners told us that they were not adequately supported to follow their religion. Muslim prisoners repeatedly told us that there was an inconsistent approach to facilitating showers before Friday prayers. For some who wanted to attend Christian services on Sundays, there were too many competing activities, such as collecting medication, showering or attending the gym, which either prevented or discouraged attendance at corporate worship.

4.34 A full calendar of religious and faith events and celebrations was delivered and supported by the chaplaincy. A chaplain engaged a small number of prisoners in a programme aimed at dealing with conflict (see also paragraph 3.14).

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.

4.35 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found breaches of regulations and issued a request for an action plan following the inspection (see Appendix III).

Strategy, clinical governance and partnerships

4.36 Practice Plus Group Health and Rehabilitation Services Limited (PPG) had been the main health provider since October 2022. They subcontracted some services, including the substance misuse psychosocial provision to Forward Trust, and dental services to Time for Teeth Limited.

4.37 PPG had experienced some challenges since taking on the health contract, including longstanding staff vacancies. Several posts had been recruited to, but gaps remained, causing delays in service provision, particularly for psychosocial substance misuse support.

4.38 There were also weaknesses in partnership working which were impeding the effective delivery of health services and having a detrimental impact on patient care. The local delivery board had not met for eight months; two scheduled meetings had been cancelled since the last meeting in October 2024. This meant that there had been no formal strategic meeting to promote collaboration and effective monitoring and oversight of the service between the prison, health commissioners and the health provider for several months, which was poor. We found numerous issues which needed to be addressed through this forum.

4.39 The high rate of non-attendance at health care clinics had deteriorated further since the recent changes to the regime, which meant that

patients were often escorted to the health care department too late to be seen. This contributed to their dissatisfaction by increasing waiting times, as well as wasting clinical resources.

4.40 During the inspection, some major heating work was being undertaken in the health care department, resulting in some clinic rooms being out of action. There had been no consultation about when this would start. The damage caused to the flooring as a result of this work meant that these rooms no longer met infection prevention and control guidelines, but no assurances had been given that remedial action would be taken. Some of the consultation rooms were still in need of refurbishment, which had been highlighted at previous inspections.

4.41 The service was not available 24 hours a day, with the team on site between 7.30am and 7.30pm during the week, with slightly reduced hours at weekends. We observed kind and professional interactions between staff and patients. Mandatory training was at an acceptable level and professional development was encouraged. Health care staff had regular managerial and clinical supervision, and annual appraisals were in-date. Staff felt supported by the health care manager.

4.42 An effective daily handover, attended by all health care teams, provided a useful platform for sharing relevant patient information and service updates. Complex case reviews took place to optimise outcomes for patients with the most need.

4.43 Adverse clinical incidents were investigated and lessons learnt were shared with staff. A few safeguarding referrals had been sent to the prison, but the health care team received no feedback about the outcome of these, which was poor. Patient surveys and results from regular audits were used to improve service delivery.

4.44 There was a confidential complaints process. Complaints we looked at had all been responded to appropriately. However, there had been occasions when the time between the submission of a complaint and its review was too long.

4.45 Registered clinical staff were trained in immediate life support and had access to suitable and regularly checked equipment. There had been several occasions when officers had not used emergency codes appropriately, and had failed to use one when needed, which posed risk and needed to be addressed.

Promoting health and well-being

4.46 There was no coordinated prison-wide health promotion strategy, although some activities had been organised to promote a healthy lifestyle by gym staff and the neurodiversity lead.

4.47 PPG had a structured programme of health promotion initiatives linked to national campaigns. The enthusiastic patient engagement lead (PEL) coordinated relevant health promotion topics, such as blood pressure monitoring sessions and oral health promotion, across the

prison, and these were well received. Information was advertised through the television channel within the prison and via a monthly newsletter. New noticeboards for each wing had been ordered to display health promotion information.

4.48 The PEL had established a monthly health care forum and was supporting two health care champions to engage with their peers about health issues, with more being recruited.

4.49 Health care staff had worked proactively with the local tuberculosis service and the UK Health Security Agency when needed. Immunisations and vaccinations were offered but the uptake was low, despite encouragement. NHS age-related health checks and screening, such as for bowel cancer and abdominal aortic aneurysm, were available.

4.50 Blood-borne virus screening was offered and a hepatitis specialist nurse attended regularly, providing support and treatment for patients with hepatitis C. Sexual health screening was also available and condoms were provided on request, although this was not advertised. Patients were referred to local sexual health services if needed.

4.51 Telephone interpreting services were used for health consultations, but health promotion information was currently available only in English.

Primary care and inpatient services

4.52 All new arrivals received an initial health screening by a registered health professional to identify any immediate health care needs, and patients were referred to other health services when needed. A helpful information leaflet about health services and how to access them was offered during this screening.

4.53 However, a secondary health assessment to identify any other medical conditions was not always completed within the expected timescales, which meant that some health needs might not have been identified in a timely manner.

4.54 Patients could make health care appointments through paper applications or in person. Applications were clinically triaged and appointments were allocated to the most appropriate health care professional.

4.55 The primary care service comprised paramedics and mostly longstanding, skilled agency nurses who knew the service well and offered a range of clinics, including triage, phlebotomy and wound care. An experienced long-term conditions nurse had taken up post a few months earlier and was offering good support to patients with conditions such as diabetes and asthma. Patients received annual reviews, and any additional health checks, such as foot and eye checks, were carried out. Care plans were in place for most, but there were some gaps for patients with complex needs and epilepsy, although work was under way to address this.

4.56 There was only one GP, who provided six sessions per week, over three days. However, the waiting time for a routine appointment was over five weeks, which was too long. There were a few non-medical prescribers on site, which alleviated some of the pressure on the GP, and an advanced nurse practitioner was due to start imminently to assist with this. Waiting times for allied health professionals, such as the physiotherapist and podiatrist, were satisfactory.

4.57 Ultrasound and X-ray services attended the prison for regular sessions, and telemedicine appointments were used effectively for appointments with external specialist services, such as dermatology and tissue viability.

4.58 The health care team had good oversight of external hospital appointments from an administrative and clinical view. However, too many planned hospital appointments were missed, for various reasons. These included patients refusing to go and prison issues, such as getting transport organised in a sufficiently timely manner. This had caused unnecessary delays, including for two urgent two-week wait referrals, which was unacceptable. There were also too many delays in getting patients out for emergency hospital treatment, and health care staff told us that their clinical decision making was often challenged by prison staff when requesting a hospital visit for a prisoner, which created potentially adverse outcomes for patients.

4.59 A nurse saw all those being transferred and released from the prison. Patients were supported to register with a GP, if needed, and an appropriate supply of any prescribed medication was issued.

Social care

4.60 There were few social care requirements among the prison population. At the time of the inspection, there were no patients receiving a social care package (see Glossary).

4.61 A memorandum of understanding between the prison, PPG, the designated social care provider and the local authority was in place.

4.62 There were referral pathways into treatment which were understood by both the health care team and the prison. There was oversight of the referral process, making sure that assessments were completed when needed. However, there were some delays with obtaining adaptations and mobility aids, which the provider attempted to minimise.

4.63 Peer workers were used to support patients with lower-level social care needs.

Mental health

4.64 PPG delivered mental health services seven days a week. The mental health team consisted of mental health nurses, a psychiatrist and an art therapist. There were vacancies in the team, with agency staff used to fill some of the nursing posts. However, they were not being used to fill

the psychologist position. In addition, the art therapist was not currently delivering interventions.

4.65 All referrals were triaged by a mental health nurse, with urgent cases seen within two days. Routine referrals were targeted and seen within five days. All assessment, care in custody and teamwork (ACCT) reviews were attended by the team, demonstrating good joint working with other prison departments. However, because of the large number of referrals and ACCT reviews, there was little time for staff to complete other tasks. We observed a busy team, working hard. However, there were insufficient staff deployed to meet the needs of the patients.

4.66 All referrals were discussed at multidisciplinary team meetings. However, these were not regularly scheduled, which meant that there were too many patients waiting longer than necessary to receive care.

4.67 As a result of the lack of psychological services, there were too many occasions where patients' known mental health needs were not met. For example, one assessment had identified a patient presenting with symptoms of trauma. However, when this individual was discussed at the meeting, they were offered no interventions as there were no psychology staff.

4.68 Although staff knew their patients well, care records were not always of adequate quality. We saw examples of generic care plans, providing little detail or insight into the patient's care needs and goals, and not all patients received a mental health assessment. For patients who had received mental health treatment in the community or another prison, we saw limited evidence of this being considered in their ongoing care.

4.69 For patients with severe and enduring mental illness supported within the care programme approach, there were not always sufficient plans to address their known mental health needs.

4.70 Discharge planning was not always of sufficient quality to ensure continuity of care following release. Although staff were able to demonstrate sound knowledge of good discharge planning, we saw little evidence of this in patients' care records.

4.71 Oversight of patient care was inadequate. Leaders did not have effective systems to manage the needs of mental health patients. For example, it was not always known which patients needed physical health or medication reviews, or when these were due.

4.72 When patients had been assessed as needing a transfer to hospital for treatment under the Mental Health Act, this did not take place within the national timeframes. Some efforts were made by the provider to reduce delays, but more could have been done.

4.73 There had been no mental health awareness training for prison officers over the last three years, which was poor.

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

4.74 A well-led integrated drug service was provided by PPG for clinical support, and by Forward Trust for psychological recovery.

4.75 Staffing vacancies and high levels of unplanned care created by the large numbers of prisoners using drugs in the prison meant that a third of patients waited up to seven months to be allocated a drug worker. Joint working with the prison was poor because of the lack of regular and meaningful drug strategy meetings, so communication was limited. This meant that issues such as data sharing and poor officer supervision of medicines hatches to prevent the trading of prescribed medicines were not addressed.

4.76 There was a comprehensive range of available psychosocial interventions, but the average wait for these was about three and a half months. However, positively, the team prioritised harm minimisation and still provided regular group work on J and K wings.

4.77 There were only two peer support workers for the entire prison, which was a missed opportunity, particularly with the current wait times. Alcoholics Anonymous meetings were in place, but their availability did not meet the needs of the population, demonstrated by the long waiting list.

4.78 Prescribing for those with substance misuse issues was a nurse-led service. The advanced nurse prescriber was supported by a consultant psychiatrist. Buvidal (a slow-release opiate substitute injection) had been available for patients since April 2025, but the numbers receiving this remained low. Many patients told us that they were dissatisfied with the decisions made by the safer prescribing group to reduce or remove their medicines. We found these decisions to have been appropriate, but there was limited patient consultation.

4.79 The integrated team provided strong ‘through-the-gate’ resettlement support, but its effectiveness was severely restricted for those leaving the prison homeless, and by the difficulties of resettling individuals so far from the establishment. Harm minimisation groups were held in advance of release, and training in the use of naloxone (an opiate reversal agent) was offered.

4.80 Patients on opiate medication for recovery were mostly located on J wing. The drug recovery services were based there and access to a drug worker was good, in comparison with the situation on other wings.

4.81 The incentivised substance-free living unit on K wing remained a work in progress. There were very few incentives to living there and voluntary drug testing was not embedded.

Medicines optimisation and pharmacy services

4.82 Overall, the pharmacy was well run and was much improved. The small team managed the workload well, despite currently being short-staffed.

4.83 Patient-named medicines came from an external pharmacy and were requested up to two weeks in advance, and the over-labelled stock (medicines pre-labelled with standard directions for use, with a space for the patient's name and the date) was well managed.

4.84 Risk assessments for in-possession (IP) medication were completed during reception screening and were reviewed regularly, including when a patient's circumstances changed. Around 38% of patients received medication under supervision, and 62% IP.

4.85 Administration times were 7.45am to 10.15am, and 3.45pm to 5.15pm. These timings had been extended recently because of ongoing work in the health care department. There was a robust system to identify who had not attended for their supervised medication or collected their IP medicines. We observed competent medicines administration by trained pharmacy technicians and nurses. However, the management of medicines administration queues by officers was inconsistent and increased the opportunity for bullying and the diversion of medicines.

4.86 Dispensed IP medicines were supplied in clear plastic bags, which meant that the patient's medicines and personal information could potentially be seen by others.

4.87 Patients used paper forms for submitting prescription requests. Once processed, the requests were returned to patients, which could have presented confidentiality issues. Several prisoners told us that they had experienced delays in receiving their repeat prescription medication, and further exploration was needed to understand why this was happening.

4.88 Standard operating procedures had been updated and staff had signed to show that they had read and understood them. Controlled drugs were well managed and audited often. Medicines needing refrigeration were stored appropriately and refrigerator/room temperatures were monitored daily. Prescription pads were now stored appropriately.

4.89 Paracetamol was also available from the prison shop. This was a concern as supplies were not monitored and there was no process for preventing prisoners who were a risk to themselves from purchasing this drug from the shop.

4.90 The pharmacist, who had recently qualified as a non-medical prescriber, attended relevant meetings, including the weekly safer prescribing meeting. Issues such as audits, shared learning from medicines-related incidents, alerts and recalls were discussed at the medicines management meetings.

Dental services and oral health

4.91 The dental service was well led, but there had been a vacancy for a dentist for the last three months and there were too few dental sessions, resulting in an unacceptable wait for care. In our survey, just 18% of respondents said that it was easy to see a dentist.

4.92 Patients who had an appointment during the inspection, including some with facial swelling, had waited two weeks for emergency treatment. Although analgesia and antibiotics were available, this wait was too long. A third of appointments were lost because of clinic cancellations or non-attendance. On one morning during the inspection, three of the five emergency appointments did not take place because the patient was not brought to the appointment.

4.93 Routine appointments rarely took place because waits were so long that the patient often deteriorated while waiting and then needed emergency treatment. Health promotion material was available in the dental surgery and had been dispersed throughout the wings.

4.94 Staff working in the dental suite were well qualified and trained. Dental equipment was regularly serviced and maintained. Although there was no separate decontamination room, we observed safe and effective practice in the cleaning of equipment and tools.

Section 5 Purposeful activity

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

Time out of cell

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

5.1 There was not enough work for the population, and because of problems with allocation, approximately a quarter of prisoners were unemployed, or refused to work, which was too many for a training prison. During our roll checks, we found 39% of prisoners locked up during the working day as a result of workshop cancellations and poor attendance. This was much worse than at the time of the last inspection.

5.2 Levels of staffing had improved, leading to a more reliable regime. Closures were generally planned in advance and communicated to prisoners. However, ad hoc curtailments, often because officers were needed to staff emergency hospital escorts, were not recorded, and neither inspectors nor leaders could assess the scale or impact of this across the prison.

5.3 For those who were fully employed, opportunities to spend time out of cell were reasonable, at around nine hours from Monday to Thursday. Those who were unemployed, on induction, on the basic privilege level or isolating in fear for their safety, experienced far less time unlocked, often as little as an hour a day. There was much less time out of cell for all prisoners on Fridays and at weekends, when they were locked up earlier and there were no evening activities.

5.4 There were no organised activities and recreational equipment was limited to a pool table and table tennis table on each wing.

5.5 Access to fresh air was reliable and we saw exercise yards being well used, including in the evenings. The outside spaces gave prisoners access to seating areas and some static exercise equipment, but some exercise yards were in a poor state.



Exercise yards

5.6 The library service was well led. Nearly three-quarters of the population were active members, which was better than we usually see. Each wing and education class was allocated a weekly slot, and any prisoner could book an appointment from Monday to Friday. In our survey, more prisoners than elsewhere said that they were able to visit the library once a week or more.

5.7 The library ran a range of initiatives, although with small numbers in attendance, such as a weekly reading group, creative writing competitions, book reviews and Storybook Dads (in which prisoners record stories for their children).

The library

5.8 The exercise facilities were good, consisting of two gyms, a sports hall, a sports field and an artificial grass sports area. The PE department had been operating on reduced staffing for some time, and access to the gym had recently reduced from four to three sessions a week.

5.9 The gym was open on weekday evenings and at weekends, and the range of exercise activity offered was varied. However, only around 34% of the population were accessing the gym. Staff were holding consultation forums to get a better understanding of the needs of the population, and changes were being made to meet these.

The gym (left) and the sports field

Education, skills and work activities

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

Ofsted inspects the provision of education, skills and work in custodial establishments using the same inspection framework and methodology it applies to further education and skills provision in the wider community. This covers four areas: quality of education, behaviour and attitudes, personal development and leadership and management. The findings are presented in the order of the learner journey in the establishment. Together with the areas of concern, provided in the summary section of this report, this constitutes Ofsted's assessment of what the establishment does well and what it needs to do better.

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

Overall effectiveness: Inadequate

Quality of education: Requires improvement

Behaviour and attitudes: Inadequate

Personal development: Requires improvement

Leadership and management: Inadequate

5.11 Leaders did not have an effective education, skills and work (ESW) curriculum for the prison to fulfil its purpose as a training facility to prepare prisoners for resettlement. There were insufficient activity places to meet the needs of the prison population. Prisoners did not have enough opportunities to develop relevant knowledge and skills to prepare them for work.

5.12 The allocations process was not effective in ensuring prisoners accessed their choice of activity. There were too few roles in vocational training and waiting lists were too long. Approximately a quarter of the prisoners were unemployed, which was too many for a training prison.

5.13 Leaders and managers had not resolved most of the concerns raised at the previous inspection. However, the quality of teaching in education and accredited workshops had improved and careers information, advice and guidance for prisoners was mostly effective.

5.14 Leaders and managers did not provide the opportunity for prisoners to achieve recognised qualifications in most work roles. Contract workshops were mundane and did not support prisoners to develop appropriate skills for employment. Prisoners lacked motivation and often disengaged from their work tasks.

5.15 Too many prisoners in wing work roles were under-employed and were not able to develop relevant workplace skills. They did not value their jobs and did not see how they could develop skills to help them find employment on release. In our survey, only 39% of prisoners said that their job in prison would help them to find work on release.

5.16 Prisoners in ESW who could not speak English did not receive the support they needed to improve their language skills. Those who had good mathematics skills struggled because they could not understand questions in lessons. They did not have access to dictionaries in their own language to use in class. They became frustrated by the lack of support and made little progress in developing their skills.

5.17 Tutors did not use prisoners' starting points effectively to teach entry-level English and mathematics to the few prisoners who could not access the education centre. In too many cases, prisoners were learning at an incorrect level and did not develop the knowledge and skills they were capable of. Managers were aware of this and had very recently implemented a process to help tutors place learners on the correct level, but it was too early to see the impact of this.

5.18 Leaders and managers had only recently developed a reading strategy, and the implementation was in the very early stages. Prisoners who struggled to read were not supported well enough to develop their skills. Prisoners had no access to the Shannon Trust (see Glossary) to help them improve their reading skills. Leaders and managers had plans to put in place support and had identified suitable training for peer mentors, but this had not started. However, leaders and managers had employed a reading specialist with suitable experience who had worked with a few prisoners and had helped them to improve their reading skills. In entry-level English courses, prisoners started by learning the letters of the alphabet and sequencing words in alphabetical order. They then moved on to skimming and scanning, and reading for comprehension. Leaders and managers did not promote reading in ESW or in residential units. There were limited opportunities for prisoners to develop their reading skills in lessons or in workshops.

5.19 The prison pay policy was fair and equitable. Prisoners were not disincentivised to attend education over basic job roles and were paid more for accredited workshops and job roles with more responsibility. However, the policy did not clarify how prisoners could earn bonus payments in ESW to supplement their pay as these were discretionary, to be determined by managers. As a result, prisoners did not know how they could earn additional pay.

5.20 Leaders and managers from PeoplePlus, which provided education and vocational training in the prison, had made improvements to the quality of education prisoners received. Leaders had a clear aim to ensure that prisoners gained skills in English and mathematics. The intention was that gaining English and mathematical skills helped prisoners to prepare for release, and for prison life. Tutors in education and accredited workshops planned learning appropriately to enable prisoners to develop their knowledge and skills incrementally. Tutors in education used a range effective strategies to help prisoners to learn and remember key concepts. In barbering, tutors demonstrated plaiting skills and cutting techniques before prisoners practised on models to develop their skills. Tutors mostly provided helpful feedback that enabled prisoners to improve their work. In dry lining workshops, tutors provided clear verbal guidance to help learners improve their practical skills. Most prisoners on accredited programmes who completed their courses successfully gained qualifications and developed valuable vocational skills. Prisoners in the Greene King Academy developed useful employability skills in in the restaurant and kitchen. They worked in different stations in the kitchen, such as preparing vegetables, making sandwiches and preparing meat and poultry. In dry lining, prisoners knew how to put up and measure a stud wall using Pythagoras' theorem. A few teachers did not feel well supported by their managers with their workload and well-being. A few said that they had been asked to teach subjects that they were not confident or experienced to teach.

5.21 Tutors provided helpful support for prisoners with neurodiverse needs in lessons. Prison mentors worked well to provide individual support to their peers that enabled prisoners to be actively involved in lessons. Teachers provided time out and fidget spinners for prisoners with attention-deficit hyperactivity disorder and overlays for prisoners with dyslexia.

5.22 Careers staff provided effective advice and guidance to identify prisoners' starting points and, prior to release, on employment and training. Managers had developed effective links with a range of employers who provided helpful advice on jobs in sectors such as retail, hospitality and catering. Managers had plans to develop further links to widen the opportunities for prisoners on release, as currently the proportion of prisoners who entered sustained employment or training on release was low for a training prison. Although the virtual campus (see Glossary) was available for prisoners in education and the library, staff could not use it to support prisoners to search for employment or explore career opportunities.

5.23 Attendance in ESW was too low and punctuality in vocational subjects and workshops was poor. Too often, prisoners arrived late and were not prepared for learning or work. Managers had recently taken action to improve attendance, such as incentives to reward good attendance. Although these actions were starting to have an impact, attendance had not improved enough.

5.24 Instructors promoted and enforced health and safety well in workshops. They ensured that prisoners wore appropriate personal protective equipment and followed safe working practices. On accredited workshop courses, instructors sequenced the curriculum so that prisoners learned about working in safe environments as part of their induction programme.

5.25 Most prisoners were respectful and demonstrated positive relationships with their peers and staff. In most education and workshop sessions, prisoners benefited from a calm and orderly environment which was conducive to learning. However, low-level disruption in a few English and mathematics lessons was not managed effectively by tutors.

5.26 Leaders had not provided prisoners with sufficient enrichment opportunities to develop their confidence, resilience and employability skills. The library provided a few activities, but this was not prison-wide. Leaders did not support prisoners to undertake private study to develop their skills. They had stopped providing in-cell learning for prisoners; for example, on stress management or how to keep themselves mentally healthy.

5.27 Staff did not support prisoners sufficiently to prepare them further for life in modern Britain. Most prisoners had a basic understanding of how to recognise the signs of radicalisation. They demonstrated respect and tolerance in ESW. There were posters promoting British values displayed in classrooms, but teachers did not reinforce the information provided consistently or expand prisoners' understanding and appreciation of diversity or protected characteristics (see Glossary).

5.28 Tutors in education were well qualified and experienced for their role. Managers provided staff with helpful support to improve their teaching and training skills. This included instructional coaching, peer mentoring and a wide range of staff training. Recent training had included providing developmental feedback and using learning theories in lesson planning, which tutors were using effectively in lessons. However, a few new teachers said they felt that they were not supported well enough by managers and had to learn the job role from each other or on their own, and took longer to settle into their teaching roles.

5.29 Most instructors in workshops were well qualified, with relevant vocational experience to train prisoners. A few had teaching qualifications, and the remainder were working towards these. Instructors kept their vocational skills up to date effectively through sharing of best practice across other prisons in the secure estate.

Section 6 Preparation for release

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

Children and families and contact with the outside world

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

6.1 Leaders were appropriately focused on helping prisoners maintain contact with their families, including the many who lived long distances away.

6.2 Good support was provided by the Prison Advice and Care Trust (PACT), who ran the visitors centre and play area, and had also started one-to-one case work to help prisoners maintain or rebuild contact with their families. However, this was not yet promoted widely enough across the prison.

6.3 The visitors centre was welcoming. Visits generally lasted two hours and were easy to book, and there were sufficient sessions to meet demand. Although the session we observed started and finished on time, in our survey only 24% of respondents said that this was the case.

Visitors centre

6.4 The visits hall had been improved and was clean and bright, although a little cramped. A well-stocked play area was supervised by a play worker and a volunteer from PACT. Feedback from visitor surveys had been taken account of; for example, some healthier food options had been introduced to the snack bar.

Visits hall (left) and play area

6.5 Themed family days (see Glossary) ran reliably every month and were appreciated by prisoners and their families. They lasted longer than regular visits, were more relaxed and provided additional activities.

6.6 Prisoners generally had access to a working telephone in their cell, which permitted good contact with families and friends. However, some told us that there were issues with adding PIN credit to their accounts and complained of high call costs. The email-a-prisoner scheme was very well used. Each wing had a space for daily secure video calls (see Glossary), but at the time of the inspection these were not available in the evenings. There was low take-up of video calls.

6.7 While there were some gaps in provision, including no functioning official prison visitor scheme, a small number of Storybook Dads (see paragraph 5.7) completions (only 24 in the last year) and no parenting or relationship courses, these issues were on leaders' agenda to address in the near future.

Reducing reoffending

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

6.8 The establishment was a designated training and resettlement prison, where the resettlement cohort should have made up around 20% of the population, but at the time of the inspection this figure was 50%. There had been a substantial increase in the turnover of prisoners. This was because prisoners were arriving with less time to serve; at the time of the inspection, around 40% of the population had less than 10 months left in their sentence. Population pressures meant these prisoners were very unlikely to be moved closer to home for local release. This change in demographics had added additional pressures to the offender management unit (OMU).

6.9 There was some strategic oversight of the prison's work to reduce reoffending. A strategy and an up-to-date needs analysis of the population were in draft form at the time of the inspection. In addition, some multi-departmental meetings had convened to oversee the resettlement pathways, but these were not consistently held and the forums were not used as a means to improve outcomes for prisoners. With the changing prisoner demographic, oversight of this area was not sufficiently robust.

6.10 Governance of the OMU was not good enough and this had a significantly negative impact on prisoner outcomes. While there were a few vacancies in the department, resulting in some staff carrying additional cases, these were not as substantial as we have seen elsewhere.

6.11 A key criticism from prisoners during our last inspection was the lack of opportunities for progression and limited contact with the OMU. There had been minimal change in these issues, and in some ways they had deteriorated further. We found little evidence of an effective strategy to make sure that day-to-day OMU tasks were being completed.

6.12 Records showed that many prisoners had insufficient, if any, contact with their prison offender managers (POMs) over extended periods. For example, one prisoner had waited over nine months following his arrival before seeing anyone from the OMU, whereas another had been visited only three times in two years. Where there was contact, much of it was either limited or not meaningful. Prisoners told us that the lack or absence of meaningful face-to-face interaction left them feeling unsupported, demotivated and disengaged from their rehabilitation

process. Key work (see Glossary) had improved, but was not yet used to support sentence progression (see also paragraph 4.3).

6.13 POMs expressed a keenness to improve prisoner interactions and outcomes, but this needed to be led by managers. There was insufficient support, oversight and quality assurance.

6.14 Too many prisoners arrived without an up-to-date offender assessment system (OASys) assessment and associated sentence plan, when these should have been completed by the sending prison. This left staff having to fill the gaps, and, unsurprisingly, we found that prisoners waited too long for an assessment and plan to be completed. For example, one prisoner transferred to Onley had not had a sentence plan for over a year post-sentencing, 10 months of which he had spent at the establishment.

6.15 Those assessments and sentence plans that were completed were either generic, outdated or disconnected from the individual's actual risks and needs, which meant that prisoners were not always being managed in a way that supported progression, desistance or safeguarding the public.

6.16 In an attempt to ease workloads, managers had taken the decision to remove prisoners from POMs' caseloads if their key dates, such as for a parole hearing, were over two years away. As a result of this, there were around 80 prisoners without a dedicated POM, and therefore with no consistent point of contact to support their progression. The consequences of this were potentially significant and were causing these prisoners considerable frustration.

6.17 Prison POMs had not been trained in risk management. This was particularly needed for those managing prisoners serving an indeterminate sentence for public protection, where we found that POMs had insufficient knowledge. This was further compounded by the location of prison-employed POMs in a separate office from the rest of the OMU, thus limiting learning opportunities from their probation officer colleagues and informal sharing of practice.

6.18 Prisoners serving indeterminate sentences were frustrated at the lack of provision for them. There were no forums to offer support to this group. While there were systems to monitor the status of this cohort, there was limited intervention or progression, apart from a few case examples that had input from the psychology department.

6.19 A total of 1,216 recategorisation reviews had been conducted in the previous 12-months. Of these, 52% had been delayed beyond the scheduled review point and prisoners were not routinely involved in the process. At the time of the inspection, there were 14 assessments overdue, by between three and 140 days. Those that were carried out were often completed without meaningful prisoner involvement, with some unaware that a review had even taken place until the outcome was communicated.

6.20 We came across a couple of cases of individuals being recategorised to category D where the rationale for this judgement lacked insight and did not consider behavioural risk factors and safeguarding. This created a risk to the public, as these prisoners would have access to release on temporary licence in the open estate. Once individuals were granted category D status, transfers to open conditions were generally processed without delay.

6.21 There were substantial challenges to releasing prisoners granted home detention curfew (HDC) on time. Much of this was outside the establishment's control. A combination of unsuitable/unavailable accommodation and prisoners arriving at the establishment shortly before or after they qualified for HDC meant that about half of the 123 HDC releases in the past 12 months had been late.

Public protection

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

6.22 Around 60% of the population were assessed as presenting a high or very high risk of harm and 80% were subject to multi-agency public protection arrangements (MAPPA) on release or included on ViSOR (the violent and sexual offenders register).

6.23 Interdepartmental risk management team (IRMT) meetings were held monthly. These focused on prisoners who posed the highest risk of harm to others, discussing and reviewing release plans nine months and one month before release. However, the meetings had poor attendance, so lacked multidisciplinary input, particularly as POMs whose cases were being discussed did not routinely attend, and discussions and actions were not always documented and tracked.

6.24 More positively, records showed that handovers between POMs and community offender managers took place and that MAPPA levels were confirmed before prisoners' release. Although this individual approach demonstrated collaborative risk planning for release, it was not embedded practice, with managerial supervision via the IRMT meetings, and appeared to be heavily reliant on individual effort rather than systemic oversight.

6.25 Most MAPPA meetings were attended via video call and the reports written were of variable quality. We observed that prison-employed POMs demonstrated limited understanding of MAPPA processes. Information was often cut and pasted into documents, but was not always relevant, and there was minimal analysis of risk and release planning. The lack of formal guidance, training and management scrutiny contributed to the variability. The absence of reflective forums and targeted supervision meant that opportunities to strengthen public protection work were sometimes missed.

6.26 New arrivals were initially screened by an administrator to identify those who potentially posed a risk to children or needed contact restrictions. However, the second part of the assessment required before restrictions were imposed was not routinely completed by POMs, as required by the guidelines, which caused delays to the process.

6.27 At the time of the inspection, only one prisoner was subject to monitoring of their telephone and mail communications. However, not all calls could be listened to because of technical issues, which was unacceptable.

Interventions and support

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

6.28 As a category C training and resettlement prison, programme delivery was a core function. However, the only accredited offending behaviour programme delivered was the Thinking Skills Programme (TSP; designed to help prisoners develop cognitive skills to manage their risks).

6.29 The interventions team had been operating at a reduced capacity because of staff vacancies, and only 79 prisoners had completed the TSP in the last financial year, despite a needs analysis identifying around 200 prisoners who were potentially suitable.

6.30 A new accredited programme, Building Choices, designed to replace many existing HM Prison and Probation Service programmes, was scheduled to be introduced at the end of 2025. However, with over 400 prisoners deemed eligible, it was not possible to see how prisoners could complete this course within their required timeframes.

6.31 This ultimately resulted in hundreds of prisoners not having their needs met, which significantly delayed their progression. This was compounded by the prison's inability, as a result of national population pressures, to transfer individuals to establishments that could offer appropriate interventions.

6.32 There were some other, non-accredited interventions but they were underused. Choices and Changes (a resource pack to promote maturation in young adults) was available for adults under 25 years of age, but only two out of a possible 52 individuals were completing this at the time of the inspection. Self-directed workbooks were sometimes provided by the OMU, but, again, these were in low numbers and there was little evidence of feedback provided, or individual support where needed.

6.33 The psychology team continued to provide professional and intensive one-to-one intervention where appropriate.

Returning to the community

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

6.34 Over 500 prisoners had been released in the last 12 months. Pre-release teams liaised with all prisoners 12 weeks before release, but around half had been released to the London area and 20% to the West Midlands, which, because of geographical distance, added a layer of complexity for the prison.

6.35 The prison worked closely with the St Mungo's charity, which provided a housing service for those being discharged to London. The strategic housing lead also sat on three resettlement panels for local authorities in London. However, finding accommodation remained a challenge; in the last 12 months, only a minority of prisoners had been released to sustainable accommodation and 5% had been homeless on release.

6.36 The pre-release team provided reasonably good resettlement support, such as advocating on behalf of prisoners for any community debt. Prisoners were also supported to apply for recognised identification documents and open bank accounts. In the last financial year, 116 bank accounts had been opened and 216 birth certificates obtained.

6.37 Pre-release panels were held four and two weeks before release, although these were not routinely attended by OMU staff or the prisoners themselves.

6.38 There had not been a representative from the Department for Work and Pensions (DWP) attending the prison. Recruitment was under way, but the absence of a DWP coach had hampered the support provided for benefits claims.

6.39 With the 'departure lounge' no longer in operation, practical support on the day of release was limited, despite the best efforts of the staff discharging prisoners. A supply of donated clothing was available and prisoners were supported to get to the local train station when needed.

Section 7 Progress on concerns from the last inspection

Concerns raised at the last inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

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

Key concerns

Some escorting arrangements were poor. We found prisoners who had taken over 24 hours on transfer from London.
No longer relevant

Oversight and accountability for use of force against prisoners was not good enough.
Not addressed

Respect

Prisoners are treated with respect for their human dignity.

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

Priority concerns

Staff shortfalls in many areas limited progress in achieving better outcomes for prisoners.
No longer relevant

Governance of medicines management was limited and lacked effective oversight.
Addressed

Key concerns

The quality and amount of food provided for prisoners was poor.
Not addressed

There was too little support for foreign national prisoners and their specific needs were unmet.
Not addressed

Support for prisoners needing social care was underdeveloped. There was no up-to-date memorandum of understanding setting out procedures for making social care referrals, which potentially led to unmet need.
Addressed

Purposeful activity

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

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

Priority concerns

Prisoners did not have sufficient access to education, skills and work activities to improve their resettlement chances. More than half of prisoners were unemployed and spent too much time locked in cells. The allocations process was inefficient and leaders did not use classroom and workshop places well enough. Too few prisoners had the opportunity to complete accredited qualifications.
Not addressed

The quality of education was inadequate. The curriculum was not planned effectively, or the delivery of subjects sequenced well enough, to enable prisoners to build on their skills, knowledge and behaviour.
Partially addressed

Key concerns

Prisoners did not have sufficient or fair access to the gym. We found prisoners who had had eight gym sessions during the previous week, while others were limited to nearer one a month.
Addressed

Attendance at education or workshop activities was poor. Leaders and prison staff did not encourage or motivate prisoners well enough to attend their

activities. Too often prisoners chose, and were permitted, to remain on their wings.
Not addressed

Careers advice and guidance provision was insufficient for the prison population. Too many prisoners had not received any advice for their next steps or future career goals. Leaders had not developed sufficient links with external employers.
Addressed

Rehabilitation and release planning

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

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

Priority concerns

Prisoners were rightly frustrated that they could not make progress in addressing their offending behaviour. They had insufficient contact with prison offender managers and there was too little access to offending behaviour programmes.
Not addressed

Key concerns

There was no tailored provision for those serving indeterminate sentences. The lack of progression opportunities, combined with the absence of a suitable living environment, caused many to feel frustrated.
Not addressed

Appendix I About our inspections and reports

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

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

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

Safety
Prisoners, particularly the most vulnerable, are held safely.

Respect
Prisoners are treated with respect for their human dignity.

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

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

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

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

Outcomes for prisoners are reasonably good.
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant

concerns. Procedures to safeguard outcomes are in place.

Outcomes for prisoners are not sufficiently good.
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

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

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

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

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

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

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

This report

This report outlines the priority and key concerns from the inspection and our judgements against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons* (Version 6, 2023) (available on our website at Expectations – HM Inspectorate

of Prisons (justiceinspectorates.gov.uk)). Section 7 lists the concerns raised at the previous inspection and our assessment of whether they have been addressed.

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

Inspection team

This inspection was carried out by:

Charlie Taylor	Chief Inspector
Angus Jones	Team leader
Nadia Syed	Inspector
Esra Sari	Inspector
Ian Dickens	Inspector
Kellie Reeve	Inspector
David Owens	Inspector
Dionne Walker	Inspector
Emma King	Researcher
Sam Moses	Researcher
Jasmin Clarke	Researcher
Alicia Grassom	Researcher
Joe Simmonds	Researcher
Maureen Jamieson	Lead health and social care inspector
Tania Osborne	Health and social care inspector
Jennifer Oliphant	General Pharmaceutical Council inspector
Jacob Foster	Care Quality Commission inspector
Jonny Wright	Ofsted inspector
Philippa Firth	Ofsted inspector
Andrew Thompson	Ofsted inspector
Daryl Jones	Ofsted inspector

Appendix II Glossary

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

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

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

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

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

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

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

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

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

PAVA
PAVA (pelargonic acid vanillylamide) spray is classified as a prohibited weapon by section 5(1) (b) of the Firearms Act 1988.

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

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

Shannon Trust
A national charity which provides peer-mentored reading plan resources and training to prisons.

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).

Virtual campus
Internet access for prisoners to community education, training and employment opportunities.

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 Care Quality Commission action plan request

Care Quality Commission (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

The inspection of health services at HMP Onley was jointly undertaken by the CQC and HMI Prisons under a memorandum of understanding agreement between the agencies (see Working with partners – HM Inspectorate of Prisons (justiceinspectorates.gov.uk)). The Care Quality Commission issued a request for an action plan following this inspection.

Action Plan Request

Provider

Practice Plus Group Health and Rehabilitation Services Limited

Location

HMP Onley

Location ID

1-13454107727

Regulated activities

Diagnostic and screening procedures and treatment of disease, disorder or injury.

Action we have told the provider to take

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

Regulation 12 – Safe care and treatment

How the regulation was not being met:

- Patients' mental health triage assessments were not completed by nursing staff or regularly reviewed. Your own 'Health in Justice – Standard operating procedure for integrated mental health services' document states mental health clinical team meetings should take place a minimum of once per week where all completed triages are discussed. However, we found this was not always the case.
- At the time of the inspection there were 45 completed patient triage assessments awaiting discussion.
- Where patients were known to mental health services prior to arrival at the prison, historical information was not always used to plan their care.
- The lack of psychology staff meant too many patients with known mental health needs were not offered care following triage assessment.
- Patients did not always have care plans or risk assessments in place to guide staff when delivering care.
- There were not enough mental health interventions delivered by nurses. Records we viewed lacked structure or a focus on the patients known mental health needs. Nursing staff told us they spent the majority of their time completing Assessment, Care in Custody and Teamwork (ACCT) reviews and triages.
- Care Programme Approach (CPA) patients did not always receive the care and reviews required.
- Patients did not always receive monitoring for their mental health medicines in a timely manner.
- Discharge planning for patients was not always effective.

Regulation 17 – Good governance

How the regulation was not being met:

- Your own 'Health in Justice – Standard operating procedure for integrated mental health services' document outlines the stepped care approach to be operated at HMP Onley by mental health services. However, we found a lack of awareness of this model from leaders.
- There was no robust process in place for managing patients on the Care Programme Approach.
- There was no robust system in place to ensure patients' mental health medicines were reviewed.
- There was no robust system in place to ensure mental health patients' physical health checks took place.
- Patients could not receive psychological therapies due to staffing vacancies.
- Regular mental health staff team meetings did not take place. Although there were audits and spot checks completed, they had not identified the same concerns found during this inspection.

Appendix IV 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.

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

This publication is available for download at: Our reports – HM Inspectorate of Prisons (justiceinspectorates.gov.uk)

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