



Report on an unannounced inspection of

HMP Altcourse

by HM Chief Inspector of Prisons

7–18 July 2025



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Introduction

Altcourse, a modern Liverpool reception prison, was opened in 1997. In 2023, Sodexo took over the running of the prison from G4S, a transfer that had been generally handled well. While our score for respect had remained reasonably good, and there had been an improvement in preparation for release to reasonably good, our score for purposeful activity had dropped from reasonably good to poor and safety remained not sufficiently good.

The ingress of drugs into the prison fuelled the levels of violence, which had increased considerably in recent years. Random drugs testing showed a positive rate of 34%, one of the highest rates among similar jails. This was of particular concern because the primary health care service was poor. The longstanding issues with commissioning and oversight, that we raised at our previous inspection, continued to be unsatisfactory. The GP provision was nowhere near sufficient for the levels of need at the jail. New prisoners who arrived in the evening, detoxing from drugs and alcohol, did not always receive appropriate care and treatment until the next day, which posed a significant risk to patient safety.

While a hard-working and dedicated team were doing their best to mitigate some of these problems, they were sometimes overwhelmed by demand. Leaders in the prison were not paying sufficient attention to this issue, and improving the health care service was not one of the jail's priorities.

Relationships remained a real strength at Altcourse, with many prisoners commenting on how supported they felt. I met some committed staff, who knew their prisoners well and were proud of the wings on which they worked. This resulted in much lower rates of staff assaults than most similar jails. The rate of use of force remained relatively low, and batons, introduced to the prison a little over a year ago, had never been drawn. The governance and oversight of force, which was poor at our last inspection had improved considerably.

The director had responsibility for recruiting staff for the jail. Training took place onsite, which gave new officers a much better sense of what working in a prison would entail. Although there were some shortages of frontline staff overall, the regime was generally able to run on time.

There were some good incentives for prisoners to behave well, including an enhanced wing and two "calm" wings, which provided a quieter and less frenetic environment for men who followed the rules. Prisoners who wanted to deal with their addiction to drugs or alcohol were given good support on the independent substance free living wing (ISFL). All prisoners had the opportunity to eat communally, something we very rarely see in reception prisons.

Activity allocation was too slow and meant the third of prisoners who were unemployed were locked up for around 21 hours a day. The prison was not using its limited work and education spaces well enough, so workshops and classrooms were not full. The prison had also not done enough to assess local employment needs, meaning prisoners were not in activities that would help them to get work on release.

Altcourse is a much better prison than many of the reception jails that we visit, which is sustained by the quality of the relationships between prisoners and staff. This inspection revealed some serious shortcomings that will require improved oversight and commitment from leaders if they are to improve. If the experienced director and his team can transform the health care offer, improve the provision of education and skills, and significantly reduce the supply of drugs, then this prison can return to being one of the very best in the country.

Charlie Taylor

HM Chief Inspector of Prisons

August 2025

What needs to improve at HMP Altcourse

During this inspection we identified 13 key 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. **There had been six self-inflicted deaths since the previous inspection and a concerning recent rise in the rate of self-harm.** The prison did not investigate all near-fatal incidents and had not done enough to understand and address the causes of self-harm.
2. **The entry and use of illicit drugs was a major threat to safety and security.** The positive drug testing rate was among the highest for this type of prison.
3. **The quality and quantity of food for prisoners were insufficient.** In our survey, only one in five prisoners said that they got enough to eat, which was much worse than at our last inspection.
4. **There were several longstanding risks to patient safety.** These included a lack of staff in key areas, which reduced prescribing capacity to an unsafe level, and poor oversight and governance of medicines management.
5. **The prison did not offer sufficient activity spaces in education, skills and work to occupy the population purposefully, and too many prisoners were unemployed.**
6. **The prison was too slow to allocate prisoners to spaces in education, skills and work.**

Key concerns

7. **New arrivals often waited too long in reception and did not get to bed on their first night until the early hours of the morning.**
8. **The prison had no clear and coordinated strategy to reduce violence.** Leaders did not use data well to understand violence or inform actions to reduce it.
9. **Work to make sure there was fair treatment and inclusion of prisoners was weak.** There was a lack of understanding and provision for prisoners' diverse individual needs and experiences.

10. **Patients waited too long for transfer to mental health hospital, which delayed their care and treatment.**
11. **Prisoners in work and industries did not have access to qualifications or accreditation, and the knowledge, skills and behaviours that they learned and developed were not recorded.**
12. **Public protection processes were not sufficiently robust to provide adequate oversight of high-risk prisoners.** Leaders had not made sure that multi-agency working was effective or that monitoring was up to date.
13. **Too many sentenced prisoners were released with no accommodation.** Leaders did not collate data on those who were released from court without accommodation.

Care Quality Commission warning notice

The CQC found a breach of regulations and took enforcement action in the form of a warning notice, served to the provider under Section 29 of the Health and Social Care Act 2008. The regulatory breaches will be followed up with the health care provider.

About HMP Altcourse

Task of the prison

Male category B reception 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: 1,193

Baseline certified normal capacity: 790

In-use certified normal capacity: 790

Operational capacity: 1,194

Population of the prison

- Around 21,000 prisoners moved in and out of reception each year, including new arrivals, discharges and transfers to other prisons.
- 98 foreign national prisoners.
- 13% of prisoners from black and minority ethnic backgrounds.
- 200 prisoners referred for mental health assessment each month.
- Approximately 180 prisoners received opiate substitution therapy and support from the psychosocial team.

Prison status (public or private) and key providers

Private: Sodexo

Physical health provider: Practice Plus Group

Mental health provider: Mersey Care NHS Foundation Trust

Substance misuse treatment provider: Phoenix Futures

Dental health provider: Time for Teeth

Prison education framework provider: Novus

Escort contractor: GEOAmev

Prison group

Prison Contracts Group within Directorate of Contracted Operational Delivery

Prison Group Directors

Ian Whiteside, Sodexo

Jamie Bennett, HMPPS

Brief history

The prison opened in 1997 as a category A men's prison and became a category B core local prison in June 2003. It subsequently expanded in 2007, with a further house block holding an additional 180 prisoners. A privately run facility that was initially managed by G4S on its opening in 1997, Altcourse was taken over by Sodexo in June 2023. It is currently designated as a category B reception and resettlement prison.

Short description of residential units

Melling Brown – vulnerable prisoner induction

Melling Blue – vulnerable prisoner accommodation

Beechers Blue – general induction wing

Beechers Green – general accommodation
Furlong Red – substance misuse recovery
Furlong Green – incentivised substance free living
Canal Green – general accommodation
Canal Blue – general accommodation
Reynoldstown Brown – general accommodation
Reynoldstown Blue – general accommodation
Valentines Green – general accommodation
Valentines Red – general accommodation
Foinavon Green – single cell accommodation
Foinavon Blue – enhanced unit single cell accommodation
Foinavon Red – enhanced unit single cell accommodation

Name of director and date in post

Steve Williams, September 2016

Changes of director since the last inspection

None

Independent Monitoring Board chair

Peter Gough

Date of last inspection

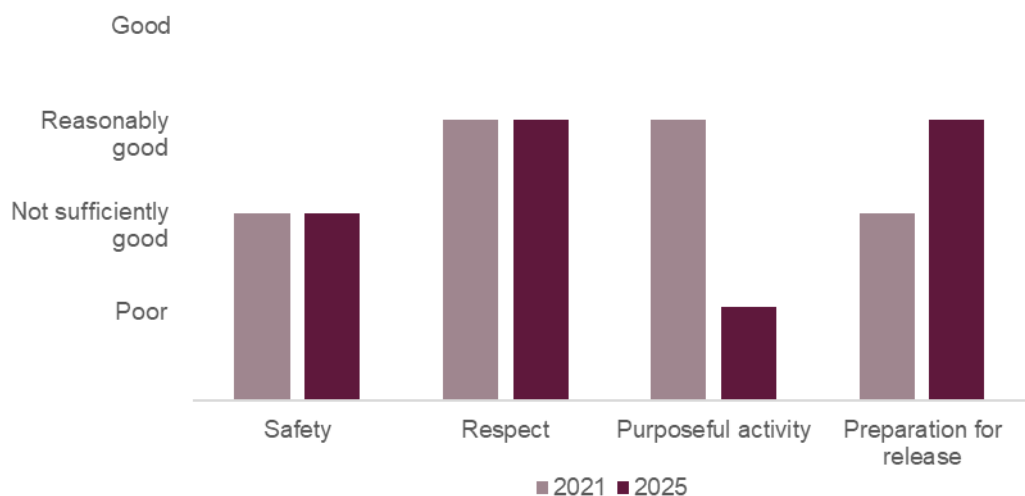
1–12 November 2021

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 Altcourse, we found that outcomes for prisoners were:
- not sufficiently good for safety
 - reasonably good for respect
 - poor for purposeful activity
 - reasonably good for preparation for release.
- 1.3 We last inspected Altcourse in 2021. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Altcourse healthy prison outcomes 2021 and 2025



Progress on key concerns and recommendations

- 1.4 At our last inspection in 2021 we made 30 recommendations, 10 of which were about areas of key concern. The prison fully accepted 28 of the recommendations and partially (or subject to resources) accepted two.
- 1.5 At this inspection we found that three of our recommendations about areas of key concern had been achieved and seven had not been achieved. In the area of safety, two of the four recommendations had been achieved. Neither of the recommendations on respect nor the one in purposeful activity had been achieved. Only one of the three recommendations on preparation for release (rehabilitation and release

planning) had been achieved. For a full list of the progress against the recommendations, please see Section 7.

Notable positive practice

1.6 We define notable positive practice as:

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

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

Examples of notable positive practice		
a)	Prisoners were promoted to the enhanced level of the formal incentives scheme when they moved from the induction unit to normal residential locations, which motivated most to behave and engage in the regime.	See paragraph 3.16
b)	A weekly prisoner consultation forum was facilitated effectively by the ex-offender-led charity User Voice. Constructive action points were identified and monitored, with leaders engaging with and updating the group on progress made.	See paragraph 4.22
c)	It was notable that as well as the routine health screening on arrival, all new prisoners received a mental health assessment to identify anxiety or depression within 48 hours. This enabled the early identification of concerns and prompt access to care.	See paragraph 4.72
d)	Prisoners were rewarded for good work in education with tokens that they could use to buy books from vending machines, which supported the prison's reading strategy.	See paragraph 5.8
e)	Prisoners allocated to the welding workshop could attain qualifications to advanced level.	See paragraph 5.21
f)	An impressive range of creative initiatives for families included baby massage, visits catering for neurodivergent children, and antenatal classes. One-to-one and family counselling, women's and men's groups, and a variety of popular courses were also offered.	See paragraph 6.1

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 Sodexo took over the contract to operate and manage Altcourse from the previous provider, G4S, in June 2023. Leaders had made sure that the transition was managed effectively to minimise disruption to the operation of the prison, and most of the workforce remained in post, which provided continuity.
- 2.3 Altcourse received one of the highest numbers of new prisoners each month compared with other reception prisons. Leaders had identified the impact of this significant move in and out of the prison as one of the greatest challenges, placing a strain on their ability to deliver consistently good outcomes in several key areas.
- 2.4 The director and many of the senior team were experienced and had worked at Altcourse for many years; they were visible and generally well respected. However, a lack of consistent or effective leadership in some areas, including safety and learning and skills, had affected progress.
- 2.5 Most staff described good support from their managers and could discuss their development at monthly 'catch up' meetings. Leaders communicated key messages through an established framework of staff briefings and newsletters, including a monthly forum for prison custody officers (PCOs) to discuss issues with the director.
- 2.6 There was evidence of effective partnerships in some areas and leaders had established good working relationships with other prisons across the North West.
- 2.7 Partnership working had been less effective in addressing some significant gaps in the provision of primary health care and poor outcomes in education, skills and work. Leaders had failed to achieve any of our previous health care recommendations or address concerns raised by local health care managers. This had led to significant risks to new arrivals. Leaders had not provided sufficient places for learning and skills or relevant curriculums, and the allocation of new prisoners to activities was too slow.
- 2.8 Despite notable weaknesses and the challenges of running this busy reception prison, leaders at Altcourse had made some improvements,

including the provision of a good mental health service and robust oversight of the use of force.

- 2.9 Leaders had cultivated a broadly constructive culture characterised by positive relationships between staff and prisoners, good prisoner consultation and helpful peer work. However, they had not exploited available data to understand the specific needs of the population, and a lack of effective planning to address weaknesses in key areas, including safety and the entry of illicit substances, limited their ability to drive improvement at the prison.

Section 3 Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

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

- 3.1 The reception unit was one of the busiest in England and Wales. Over 21,000 prisoners passed through reception each year, arriving from police cells and courts, as well as transferring to other prisons and being released to the community. Population pressures across the prison estate meant Altcourse received prisoners from outside its local area, including courts in Manchester and Preston.



Escort van outside the reception unit

- 3.2 Too many prisoners arrived late in the evening and waited for long periods in reception holding cells to be seen individually by the reception nurse, often not getting to bed until the early hours of the morning. Most arrivals could make a free phone call and have a shower in reception, but most were bored, frustrated and anxious while they waited to be located on to the first night unit.
- 3.3 Reception staff now routinely assessed the vulnerabilities and risks of new arrivals and shared this information with staff on the first night unit, who carried out regular welfare checks throughout the first night.

- 3.4 In our prisoner survey, far more respondents than at similar prisons said that they felt safe on their first night (75% against 62%). However, longstanding staff shortages in health care meant that overnight nursing provision was not sufficient to care safely for all new arrivals (see paragraph 4.59).
- 3.5 The prison usually approved at least one telephone number for each new arrival within 24 hours, which was better than we often see and was reflected by positive responses in our prisoner survey.
- 3.6 Prisoners who arrived with no money were offered a small vape or sweet pack from the prison shop on the understanding that the bill would be repaid weekly at a nominal amount once they were earning money. However, as prisoners received only £1 a day during their induction, many waited too long to be able to buy further items, which increased the risk of borrowing and debt with other prisoners.
- 3.7 Cells on the first night units were adequately furnished but were showing signs of wear and tear. We saw several ready for new arrivals with no television stand and the set suspended on torn-up sheets.



First night cell on Beechers Blue



TV suspended by cords in first night cell

- 3.8 All prisoners received an induction delivered by staff and their peers, and most said that this covered the things they needed to know. Safer custody staff now gathered information on significant events for individual prisoners, such as the anniversary of a bereavement. These were added to a system which prompted staff to check on their welfare and offer support around these dates.
- 3.9 Staff tracked completion of induction. Prisoners were encouraged to engage with all aspects of the programme because completion would put them on the highest level of the incentive scheme (see paragraph 3.16).

Promoting positive behaviour

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

Encouraging positive behaviour

- 3.10 During the inspection, the prison felt calm and well ordered. In our prisoner survey, 18% of respondents said they felt unsafe at the time of the inspection, compared with 28% at similar prisons.
- 3.11 Prisoner-on-prisoner assaults had been increasing steadily over the past two years and were about average for a reception prison. Assaults on staff remained lower than at almost all other reception jails, which correlated with our positive findings on staff and prisoner relationships (see paragraph 4.1). However, in the last year, 70 assaults were

classified as serious, which equated to 15% of incidents and was double the number at the last inspection.

- 3.12 Two safer custody officers made sure that violent incidents were now investigated promptly and in sufficient depth. However, neither the information gleaned from these investigations, nor available prison data, were used well to better understand patterns in violence or to inform action planning to reduce it. The ongoing lack of data analysis was particularly disappointing given that we raised the issue as a key concern at our last inspection four years ago. An analyst had recently been appointed and was undergoing training.
- 3.13 There had been some consultation with prisoners in August 2024 to better understand the nature of violence, with 74% saying that debt was a main cause. Despite this, leaders had subsequently taken too little action to address the debt issue. Instead, work to reduce violence was too narrowly focused on understanding and disrupting gang activity, and separating prisoners from those with whom they had potential conflict. This work was done reasonably well, aided by good relationships with the police, and the role of a dedicated gang liaison officer remained a positive initiative.
- 3.14 Perpetrators of violence received too little support to change their behaviour. Even where investigations into violent incidents identified potential underlying triggers – such as mental health issues or debt – this did not always result in meaningful action in response. Many challenge, support and intervention plans (CSIPs, see Glossary) had limited targets, such as ‘comply with the regime on the basic level of the incentives scheme’. Most prisoners were explicitly excluded from further interventions or support until they had completed four weeks on basic and/or a period in the segregation unit, which was counterproductive. Not all relevant perpetrators of violence were discussed at the weekly safety interventions meeting, which was a missed opportunity for multidisciplinary input.
- 3.15 Violence reduction peer workers had recently been introduced on most units, but were not yet fully embedded. They had not received formal training for this role and, as a result, had a mixed understanding of what it involved and what support they could provide. The victim awareness workbook they could complete with perpetrators of violence was a positive initiative encouraging empathy and self-reflection.
- 3.16 Prisoners were motivated to engage with the regime to progress to one of the ‘calm’ units (see paragraph 4.5) or the enhanced wing, where there were better facilities (such as single cells, activity rooms and games consoles) and more time out of cell. It was positive that all new arrivals were promoted to the ‘enhanced’ level of the formal incentives scheme upon moving from the induction unit to a main residential unit.
- 3.17 The points-based incentive scheme – which allowed prisoners to exchange points earned through positive behaviour for a range of treats – was better embedded than before. Following consultation with

prisoners, there were some creative plans to improve it further by expanding the number of rewards available.

Adjudications

- 3.18 Adjudications had increased to around 250 a month from an average of 150 at the last inspection. Despite this, adjudication data was not monitored effectively to allow leaders to identify and act on emerging patterns.
- 3.19 Adjudication hearings were usually held promptly, with very little backlog. Records of hearings we reviewed did not show evidence of sufficient inquiry into the reasons behind negative behaviour meaning adjudications were not always used effectively to support prisoners to change their behaviour.

Use of force

- 3.20 The use of force had increased over the previous year, but the rate was among the lowest of all reception prisons. Most force (70%) was low level, with staff mainly using arm holds to guide prisoners back to their cells.
- 3.21 Although staff had been issued with batons for more than a year they had not been used or drawn in that time, and there had been only two uses of unfurnished cells (see Glossary) in the previous 12 months, both for short periods. There had been no recorded prisoner complaints about use of force in the previous 12 months. This was testament to the skill of staff in de-escalation and developing effective relationships with prisoners.
- 3.22 Scrutiny of the use of force was now robust. A full-time coordinator now reviewed all incidents, escalating those of concern and all planned interventions to a weekly management scrutiny meeting. This process had identified a small number of incidents where the force used had not been proportionate, which led to disciplinary action. The quality assurance process also supported continuous learning and staff development.

Segregation

- 3.23 Prisoner stays in the segregation unit remained reasonably short, with 61% of uses for those pending an adjudication hearing, usually just for one or two days. Cells were larger than we usually see, and kept in a decent condition, although they still did not have curtains or screened toilets.



Segregation unit cell

- 3.24 Although prisoners received their basic entitlements daily, the regime was poor and they were locked up for much of the day. Meals were still served at cell doors, which was inappropriate and unnecessary, particularly as they were plated up by servery workers at the start of the meal service and were cold by the time they reached the last prisoners.
- 3.25 The segregation unit was used to punish prisoners rather than providing an opportunity for intervention to understand and address poor behaviour. Prisoners in the segregation unit could not participate in any purposeful activity, and many who were given at least seven days' cellular confinement were sacked from their jobs, so they had no work to return to. Reintegration planning was not routine, and prisoners received too little support to change the behaviour that led to their segregation. Staff-prisoner relationships in the unit were not as strong as we saw in other parts of the prison, and unit officers were not always aware of individual prisoners' support needs.

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.

- 3.26 Security measures were generally proportionate for a reception prison and the risks that Altcourse faced. Security priorities were communicated well across the prison and almost all wing officers we spoke to were aware of them and how to apply them in their day-to-day work. Leaders had identified the conveyance of illicit items, including

drugs and mobile phones, as the most significant threats to the stability of the prison. In random mandatory drug tests, 36% of prisoners had tested positive for illicit substances over the past 12 months, which was higher than most similar prisons.

- 3.27 Intelligence on illicit substances or the presence of weapons was generally managed well and acted upon swiftly, with both suspicion-based drug testing and intelligence-led cell searches now taking place. In the past three months, 83% of the 21 suspicion-based drug tests had returned a positive result, and around half of the cell searches had resulted in finds of illicit items, indicating that the intelligence was of good quality.
- 3.28 The published drug strategy was reasonably comprehensive and wide-ranging. However, as with other areas of safety, this did not result in tangible actions to deliver the aims or to drive improvement in these areas. Relevant departments attended multidisciplinary drug strategy meetings, but resulting actions tended to be reactive rather than focused on more strategic ways to drive down demand.
- 3.29 Inter-agency links remained a strength, with some good partnership working with other prisons in the region and other agencies to disrupt illicit activity. However, the partnership with Greater Manchester Police was not as effective as that with the Merseyside force, even though a significant number of prisoners were arriving and being released across the North West of England.

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

- 3.30 There had been six self-inflicted deaths at the prison since the previous inspection, the most recent in October 2024 (there was also a death initially categorised as self-inflicted the weekend following our inspection). The prison had taken action to address issues identified in internal early learning reviews and recommendations made by the Prisons and Probation Ombudsman (PPO).
- 3.31 However, while there were reviews following incidents of self-harm that had resulted in the prisoner being hospitalised, they were not routine after incidents were a fatality was narrowly avoided. This included cases where prisoners were found hanging at night but staff had managed to cut their ligatures, and the prisoners did not need hospital treatment.

- 3.32 The rate of self-harm had reduced since the previous inspection and was now just below the average for similar prisons. However, it had been climbing steeply since February 2025, and June 2025 saw the highest number of incidents for the previous four years. Prison data indicated that much of the recent rise was attributable to a small number of prisoners who repeatedly self-harmed.
- 3.33 The prison had recently appointed a safer custody analyst, and the use of data was developing, but the safety action plan was reactive and not focused on making major strategic changes to improve outcomes. For example, little had been done to address some of the underlying causes of self-harm, such as debt (see paragraph 3.6).
- 3.34 At the time of the inspection, 57 prisoners were being supported through assessment, care in custody and teamwork (ACCT) case management. While there were some examples of poor record-keeping, care plan reviews were carried out on time, and it was positive that a mental health nurse attended almost every review.
- 3.35 Leaders had introduced daily reviews of CCTV to confirm that staff had carried out the required ACCT checks on prisoners. This had identified some falsified records, which led to the dismissal of a member of staff.
- 3.36 Most of the prisoners supported through the ACCT case management process told us that staff visited and spoke to them regularly, but that little else happened outside of the reviews. However, we saw several examples of creative and meaningful staff care of prisoners who were clearly struggling with day-to-day life.
- 3.37 In one case, where a prisoner was harming himself every day, staff had arranged for an ACCT review to take place in the visits hall. They collected the prisoner's father from his home, some distance away, so he could attend and support his son. The prisoner valued this intervention, and it contributed to a reduction in his self-harm. In another example, a new prisoner was feeling very anxious on his first night at the prison. Although the prison was in night state, staff risk-assessed the situation and arranged for the prisoner to be moved into a cell with his friend who was able to support him during a stressful time.
- 3.38 Safer custody staff also carried out regular welfare checks of prisoners who were not currently supported on an ACCT case management but had a history of self-harm.
- 3.39 The prison had introduced the alert, intervene and monitor (AIM) system. This identified changes in prisoner behaviour that indicated they might be withdrawing from social contact and becoming more vulnerable, such as ceasing to book visits or add phone credit. Despite the system's potential to support prisoners who were struggling, we found little evidence that alerts had led to intervention.
- 3.40 A well-being questionnaire, which prompted visits from safer custody staff if prisoners reported feeling unsafe, looked a promising recent initiative, but it was too soon to judge its effectiveness.

- 3.41 Prisoners in a low mood could speak to a peer mentor (known as 'calm' representatives) for emotional support. Leaders had well-developed plans to implement a Listener scheme (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) later in 2025.

Protection of adults at risk (see Glossary)

- 3.42 Adult safeguarding was included in the training for all new prison officers and guidance had recently been shared with all staff about when to make a referral to the local safeguarding adults board (LSAB). Prison records indicated there had been only one referral to the LSAB in the previous 12 months. A senior prison manager was invited to the LSAB, although did not always attend.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

- 4.1 Staff-prisoner relationships at Altcourse remained a strength. In our survey, over three-quarters of prisoners said that they were treated with respect by staff, against the comparator of 65%. We observed friendly and caring interactions, and staff dealt professionally with incidents to stop them escalating. The prison had the lowest level of staff assaults for its type, and in one case we witnessed prisoners stepping in to stop staff being abused by an irate prisoner.
- 4.2 Key work (see Glossary) took place frequently and consistently. However, as at our last inspection, it was not always the same officer who delivered sessions, which limited the opportunity to build rapport and provide continuity. The quality of discussions was too variable and sometimes superficial, with no reference to key sentencing milestones or sentence plan objectives.
- 4.3 There was a good use of peer support, with mentoring roles assisting induction, employment, violence reduction and neurodiversity activity. A group of 15 wing mentors ('information, advice and guidance mentors') continued to provide day-to-day support with applications and complaints, as well as advice tailored to prisoners' need. These prisoners completed a mentoring qualification, and both staff and prisoners across the prison referred to them as an important resource.

Daily life

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

Living conditions

- 4.4 As at the last inspection, many prisoners (64%) shared a cell that was designed for one. This had been somewhat offset by the addition of privacy doors to cell toilets and regular access to communal dining.

- 4.5 Leaders had designated some accommodation as 'calm' units. Prisoners allocated here had to sign a compact to say they would behave well and respect the community, which was characterised by quiet, non-confrontational day-to-day living. These wings were popular with older prisoners and those new to custody.
- 4.6 All cells were generally well equipped, and the prison was proactive in addressing issues and replacing damaged or missing items. However, there were some signs of wear and tear, and we found many cells with broken sink taps. Although toilets were provided with covers, they still did not have seats.



Cell on Valentines

- 4.7 Washing and dryer machines were available on wings, and bedding and towels were washed in a central laundry weekly. In our survey, 71% of prisoners said that they normally had enough clean clothing that fitted them, against the comparator of 50%.
- 4.8 In-cell technology (computers) had recently been introduced on most wings, which was a significant improvement and enabled prisoners to manage day-to-day issues.
- 4.9 Communal areas were generally tidy and, in our survey, more prisoners than the comparator reported they were clean. External areas were generally clean, although we did observe some rubbish left underneath cell windows which would attract vermin.



Rubbish outside windows

- 4.10 All wings had recreational equipment, including snooker tables and table tennis, which were well used during association periods.



Beechers Green

- 4.11 In our survey, 97% of prisoners said that they could shower every day, compared with 75% for similar prisons. The on-wing showers were still

not private, which was unacceptable, although we were assured that funding had been secured to improve screening.



On-wing showers lacking privacy

- 4.12 Despite recent heatwaves and poorly ventilated shared cells, prisoners had not been given fans or the opportunity to buy their own.
- 4.13 Leaders did not systematically monitor cell call bell response times and we observed some left unanswered for lengthy periods. In our survey, only 18% said that bells were answered within five minutes, which was worse than at our last inspection and the comparator. Leaders said there were plans to update the technology to facilitate effective monitoring, and this was estimated to be complete by December 2025.
- 4.14 In our survey, 28% said that they could get their stored property if they needed it, against the comparator of 16%. Prisoners could access their stored property every 12 months, or every six months if they were on enhanced level. Although there had been some action since the last inspection, some prisoners and staff reported continued delays in moving property between cells, notably with prisoner relocations to the health care inpatient unit.

Residential services

- 4.15 Prisoners told us that they were hungry and only one in five respondents to our survey said that they got enough to eat, which was much worse than at our last inspection. Prison leaders were aware of this issue and were costing options to increase portion sizes. Poor staff supervision of the servery had led to failures in portion control and food regularly ran out before all prisoners had been served, with the kitchen routinely required to send additional meals to wing serveries.
- 4.16 The floor in the main kitchen was peeling, chemically stained and had some puddles of water due to insufficient drainage. Trolleys were often dirty and encrusted with old food, and halal meals were not always handled separately.

- 4.17 Every wing had communal dining facilities available during both lunch and dinner times, which were well used by prisoners. There were limited self-catering opportunities on some wings, including microwaves, toasters and fridges.



On-wing communal dining area



On-wing association room with toaster

- 4.18 Prisoners could order goods from the in-house shop weekly. The list of available items was informed by prisoner consultation (see paragraphs 4.21 and 4.22), and there were plans to introduce electrical items, including fans. Unemployed prisoners who did not receive private cash were unable to place orders at the shop.
- 4.19 Methods of shop order distribution differed by wing and in some cases prisoner orderlies handled the deliveries. Staff and prisoners told us that items sometimes went missing as a result.

- 4.20 Prisoners could order media and electronic items from catalogues, but there was currently no option to buy clothes, which was a gap.

Prisoner consultation, applications and redress

- 4.21 Prisoner consultation was good, and senior leaders were aware of prisoners' main concerns about daily life in Altcourse. Managers held both weekly surgeries on wings and monthly meetings with prisoner representatives to identify and address issues. These regularly covered a range of topics, including decency standards, safety and the prison shop.
- 4.22 There was an active and effective forum led by an excellent and trusted external facilitator from the ex-offender-led charity User Voice, which was attended weekly by a large group of peer mentors. This forum identified and monitored constructive action points, and leaders engaged with and updated this group when needed. Additionally, good use of technology and a local multi-media suite enabled effective communication to prisoners.



The media suite

- 4.23 Prisoners could make electronic applications for their daily needs through on-wing kiosks and in-cell laptops, and paper forms continued to be available for those who preferred to use these to make requests. Quality assurance processes monitored application response times and, according to prison data, 90% of applications in the last 12 months were responded to within seven days. In our survey, 58% of prisoners said that they received a response within seven days, against the comparator of only 36%.
- 4.24 In our survey, prisoners were more negative than last time and the comparator about how easy it was to make a complaint; 37% compared with 51% and 49% respectively. Complaint forms were not

always readily available on wings, and the rate of complaints submitted was the lowest of all reception prisons. Nearly half of all complaints were redirected to the application system, which was not always appropriate.

- 4.25 The quality of responses was variable with some not addressing the concerns raised. Leaders explained that their quality assurance process had picked some of this up and attributed it to the inexperience of new managers, but this had not yet led to improvements. Monthly meetings discussed complaints, but analysis was limited and had not led to much meaningful action.
- 4.26 The prison had three bail information officers who had supported 71 prisoners in the previous six months. Up-to-date legal texts were available in the library, and legally privileged mail was handled appropriately.
- 4.27 Prisoners told us that they regularly used their in-cell phones to call solicitors, and 56% of respondents to our survey, against the comparator of 41%, said that it was easy to communicate with their legal representative. There was a high level of demand for legal visits and prisoners waited up to a month to meet their solicitor in person or over video. The prison made efforts to facilitate legal visits sooner than this where requested.

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.

- 4.28 Leaders had not prioritised the promotion of fair treatment and inclusion and, until recently, too little had been done to understand and respond to the specific needs of prisoners from minority groups. This was somewhat offset by a generally positive culture and good staff-prisoner relationships.
- 4.29 There was no strategy or action plan to deliver fairer outcomes for prisoners. Data analysis was too limited and only considered a very narrow range of indicators, which hindered leaders' ability to identify potential disproportionality among minority groups; for example, if certain age groups were overrepresented in violent incidents. Recent efforts to consult prisoners from some minority groups had provided some helpful insights into their experiences of Altcourse. The actions generated in these forums were logged but were not communicated effectively, so many prisoners were unaware of the outcomes.

- 4.30 In our survey, prisoners from some minority groups reported more negatively on some aspects of prison life. For example, only 56% of under-25s said that staff treated them with respect, compared with 79% of over-25s. Data indicated that young adults were more likely to be involved in the use of force. Although nearly one-fifth of prisoners were under 25, with 54 under 21, there was no meaningful strategy or provision to understand and meet the specific needs of younger prisoners. Oversight and support for young adults with experience of being in local authority care were in their infancy; none were receiving any additional funding and only a small number had received visits from their personal advisor.
- 4.31 Around 13% of prisoners were from a minority ethnic background. Some of those we spoke to described feeling acutely aware of being different, and they did not think that the culture of the prison focused on inclusivity. They perceived the job allocation process to be unfair, and it was the fact that wing staff selected their own workers, rather than an independent allocation team as in many other prisons. Prisoners from a minority ethnic background were over-represented in the use of force, which required further exploration. It was positive, however, that the equality officer conducted a debrief with these prisoners following an incident.
- 4.32 There were over 90 foreign national prisoners, but support for them was underdeveloped. Professional interpreting services were underused; we saw evidence of staff relying on other prisoners to interpret key worker sessions. Contacting family was expensive for some foreign national prisoners, and international secure social video calls (see Glossary) were poorly promoted (see paragraph 6.5). Eligible prisoners had only recently started to receive their extra free phone credit and detainees were not getting their entitlement to an additional £5.00 per week. Immigration officers visited the prison weekly. Unlike other prisons, leaders had not appointed a specialist foreign national officer to provide some support for unsentenced prisoners.
- 4.33 In our survey, prisoners who considered themselves to have a disability said they felt less safe than those without, and more said they had been bullied by other prisoners. Evacuation plans for those who would need help in an emergency lacked detail, and we saw some prisoners with physical disabilities without, or still waiting for, reasonable adjustments to be made to help them. Referrals had been submitted for prisoners who needed social care support, but we identified some prisoners whose needs were not being met (see paragraph 4.68). Recoop, a charity focused on improving the well-being of older adults in custody, trained prisoner 'Buddies' to support those who needed extra help with day-to day-tasks (see paragraph 4.70).
- 4.34 Some prisoners identified as neurodivergent benefited from support from the neurodiversity support manager and peer mentors. Extra support included dedicated library and gym sessions for this cohort.

- 4.35 Recoop also facilitated some on-wing activities aimed at prisoners over 50, which encouraged engagement with older and more vulnerable prisoners. Retired prisoners were not routinely unlocked during the day.
- 4.36 A committee of staff, including mental health, chaplaincy, operational staff and outside organisations, worked collaboratively to provide a range of support for veterans, including a weekly breakfast among other activities with these prisoners.
- 4.37 Discrimination complaint forms were not readily available to prisoners, and several we spoke to, including peer mentors, did not know what discrimination incident reporting forms (DIRFs) were. The investigations lacked thorough exploration, and in most of the sample we reviewed, complainants did not receive a written response.

Faith and religion

- 4.38 Only 64% of prisoners in our survey, against the 79% comparator, said they were able to attend religious services. There had been some staff shortfalls in the chaplaincy and, unusually, prisoners had to apply every week to attend services. Both factors could have affected prisoners' perceptions in this area.
- 4.39 Washing facilities for those attending corporate worship in the multifaith room had been neglected.
- 4.40 The current offer of faith-based classes and courses from the chaplaincy was limited, although there were tangible plans to begin delivery of the Living with Loss course. The chaplaincy provided pastoral support to prisoners and fulfilled their statutory duties, although they were unable to meet all prisoners due for release.

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.

- 4.41 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 a breach of regulations and took enforcement action in the form of a warning notice, served to the provider under Section 29 of the Health and Social Care Act 2008. The regulatory breaches will be followed up with the health care provider.

Strategy, clinical governance and partnerships

- 4.42 NHS England, the prison and strategic managers in Practice Plus Group (PPG) were fully aware of the serious risks associated with the delivery of health services but had failed to address them. The CQC

issued a warning notice to the health provider in relation to governance concerns including staffing, GP provision and oversight of medicines management.

- 4.43 Primary care services were significantly under-resourced to manage the needs of the population, and this had also been identified in the findings of the recent health needs assessment. The lack of GPs hindered prescribing capacity; during July 2025, GP cover was much reduced, with no GP provision on one day. This meant an increased workload for the advanced care practitioner, which, in the absence of an onsite GP, was unsafe.
- 4.44 The high volume of new arrivals to the prison combined with late arrival times meant that too many did not receive a full health assessment on their first night (see paragraph 3.2). In addition, there was only one health care clinic room in reception, which contributed to delays. During the inspection, one new arrival was seen as late as 1.30am, which was unacceptable.
- 4.45 The lack of GP provision combined with inadequate oversight of medicines management meant that there were significant risks to patient safety. Because there had been no medicines management meetings for over six months, strategic reviews of incidents, trends and emerging themes were not taking place and were likely to have contributed to wider systemic weaknesses.
- 4.46 We observed that the administration of some controlled drugs had not been in line with policy for two years and remained unresolved. We found some medicines in treatment rooms unlabelled, and 'secondary dispensing' was taking place, which was an unsafe practice.
- 4.47 The prison had action plans to address findings from death in custody reports and primary care audits.
- 4.48 The prison and health care department had worked effectively with public health services to address recent outbreaks of infectious diseases appropriately, identifying and managing patient care.
- 4.49 Local health care managers understood the risks to patient safety and took all measures within their control to manage them; they had highlighted risks that were out of their control to prison leaders. Clinical leaders often undertook nursing roles, for example emergency response, which had a detrimental impact on their managerial oversight.
- 4.50 There were staff vacancies of 20% in primary care and pharmacy; ongoing recruitment campaigns had yielded some success. While staff training had been prioritised, there was an absence of specialist training for work on epilepsy and diabetes. Regular clinical supervision contributed to staff development and oversight of patient care.
- 4.51 Health care staff attended User Voice forums (see paragraph 4.22) and undertook regular patient surveys, but further work was required to

make sure that information gathered was used to improve the services offered, and that this was communicated back to patients.

- 4.52 There was insufficient clinical health care space for the size of the population. The waiting room was spartan with very limited health promotion material on display. Consulting rooms were clean and most met infection control standards.
- 4.53 Emergency resuscitation equipment was sited strategically in the prison. We found one bag that contained medication that was out of date: this was promptly remedied, and all the remaining bags were subject to a full check. Staff were suitably trained and responded promptly to the high number of emergency cases.
- 4.54 Prisoner complaints about health care were well managed and the responses we sampled started with an apology to the patient, which was good. The letters were written in plain English, focused on the issues and were prompt. Some wings had no complaints forms available, which meant patients could not raise their concerns,

Promoting health and well-being

- 4.55 The prison and health care department did not have a joint approach to promoting prisoner well-being, although some information was displayed around medicines hatches on the wings. The health care department followed national health promotion calendar events, which was appropriate.
- 4.56 All new arrivals were offered screening for blood-borne viruses, with a reasonable take-up, and patients could regularly access NHS screening and health checks.
- 4.57 Vaccination clinics were held regularly, but 488 patients had yet to complete a course in MMR vaccination. Poor vaccine uptake was a concern in the prison as well as the community, particularly as there had been a recent outbreak of measles in the Liverpool area.
- 4.58 There were no peer health workers, which was a missed opportunity to enhance health promotion and lifestyle messages to prisoners.

Primary care and inpatient services

- 4.59 New arrivals received a full health screen unless they were late or delayed, when health professionals carried out a risk assessment that picked up only immediate concerns. A full health screening was then scheduled for the following morning, which affected the routine delivery of all health services.
- 4.60 Alongside the high number of daily admissions, releases and discharges, the team had responded to 731 unplanned care calls in June 2025, and nurses were often required to support medicines administration. Prioritisation of daily clinical activity meant that secondary health screenings for new arrivals were delayed and there

was a major backlog of patients waiting for these, for up to four weeks, which had the potential to delay patient care.

- 4.61 Prisoner requests for appointments had good clinical oversight from a paramedic team to prioritise patient need, but waiting times for non-urgent care were too long. There was a range of allied health professional clinics with reasonable waiting times.
- 4.62 The primary care team demonstrated commitment and compassion for their patients while working under extremely challenging and pressurised circumstances. At nighttime, the nurse and health care assistant were required to see late arrivals to the prison, regularly assess patients withdrawing or detoxing from substances, respond to unplanned care calls, and maintain oversight of the inpatient unit. This level of demand on a single practitioner was unsafe.
- 4.63 Most patients with long-term conditions received appropriate care. The patient records we sampled showed prompt reviews, but care plans were not sufficiently personalised.
- 4.64 The prison facilitated four daily slots for routine hospital appointments. However, the high demand for unplanned A&E attendance and shortage of operational staff to escort patients had led to delays in their access to assessment and care. Health staff told us their clinical judgement was not always respected and the prison did not always facilitate their recommendations to send patients to A&E.
- 4.65 The inpatient unit did not have a therapeutic culture or programme of activities, and inpatients did not have personalised care plans. Regular officers worked alongside a nurse and health care assistant 24 hours a day to support 12 inpatients with mixed physical and mental health needs. Prison staffing pressures meant officers were routinely cross-deployed to other work, leaving inpatients locked up for long periods, which had a detrimental impact on their recovery.
- 4.66 A health care professional saw all prisoners before their release or transfer, which was impressive given the volume and the short notice at which some were released. They were all offered a clinical summary, support in registering with a GP and, where necessary, seven days' prescribed medicines to take with them.

Social care

- 4.67 There was a clear adult social care pathway between the prison, Liverpool local authority and a strategic housing specialist. A referral system was in place, but a lack of oversight or knowledge of outcomes meant that there was no scrutiny of delays to assessments and outcomes.
- 4.68 No prisoners were receiving a social care package at the time of our inspection, but we found patients who had unmet needs, as well as nine prisoners waiting for an assessment.

- 4.69 An effective multidisciplinary team regularly reviewed social care patients and those who had complex care needs, and addressed any safeguarding concerns.
- 4.70 The charity Recoop provided good training to and managed peer support Buddies (see paragraph 4.33). At the time of our inspection, there were 10 Buddies in health care providing a range of support to patients; they were fully aware that they could not provide personal care to patients, and this was monitored.

Mental health

- 4.71 Mersey Care NHS Foundation Trust delivered a highly effective mental health service, with a team of well-led and skilled practitioners providing timely care, interventions and therapies. All patients referred to the mental health team were reviewed, assessed and allocated a key worker promptly.
- 4.72 Mental health practitioners delivered good care. As well as the routine health screening of all new arrivals, they all received a mental health assessment within 48 hours to identify anxiety or depression. This enabled the early identification of concerns and prompt access to care.
- 4.73 No patient had waited longer than one week to see a psychiatrist. There were regular prescribing reviews and patients received an annual physical health check as required.
- 4.74 Staff knew their patients well and record-keeping was good, with regular risk assessments carried out promptly. Most care plans provided detail and insight into the patient's care needs and goals. However, some inpatients had generic care plans that were insufficient to manage their needs safely.
- 4.75 The team provided training for new prison officers on safeguarding and mental health awareness, and attended all ACCT reviews (see paragraph 3.34), demonstrating good joint working with other departments.
- 4.76 Psychological services were good and offered a range of talking therapies, as well as eye movement desensitisation and reprocessing.
- 4.77 Discharge planning and liaison with community teams were good, ensuring continuity of care for patients following their release.
- 4.78 We were told that in the last year nine patients had been sectioned under the Mental Health Act (to compel them to go to mental health hospital) at the prison gate on their release. The team recognised that this was not good practice but was in the best interests of the patient.
- 4.79 Nine patients had been assessed as requiring transfer to hospital under the Mental Health Act in the last year, six of whom were not transferred within the national timescale, which delayed their treatment.

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

- 4.80 PPG provided clinical substance misuse services, which were significantly under-resourced to meet the needs of the population. Phoenix Futures were subcontracted to deliver psychosocial services, and the two providers worked well together to support the prison drug strategy.
- 4.81 Not all new prisoners with substance misuse issues received a full health screening on arrival, which was a significant risk, and they could only access symptomatic relief during their first night in custody. Despite this, the night nurse monitored patients withdrawing or detoxing from substances.
- 4.82 Approximately 180 prisoners received opiate substitution therapy and were supported by the psychosocial team. Most were receiving methadone; treatment options such as buprenorphine were restricted to those who arrived on this medication. Although one locum GP had received specialist training, no other prescribers had substance misuse knowledge, which limited patient access to flexible prescribing. The substance misuse nurses ensured that patients received prompt reviews of their treatment.
- 4.83 Psychosocial substance misuse services were good, and the incentivised substance free living (ISFL) unit provided a positive environment for patients. The team saw all new arrivals to the prison, which was good practice, but the high turnover of the population meant the focus was on release planning and harm reduction. Practitioners offered one-to-one and group support and this was not exclusive to those on the ISFL unit, which was positive. Prisoners on OST were allowed on the wing which risked undermining the objectives of the unit.
- 4.84 Prisoners found to be under the influence of illicit drugs were followed up and given harm reduction advice.
- 4.85 Mutual aid groups (such as Narcotics Anonymous) were facilitated online, and several peer recovery workers were supporting prisoners in the ISFL unit. Prisoners we spoke to were positive about the support they received.
- 4.86 All patients were seen before their release to arrange a community follow-up appointment and offered a naloxone kit (a drug to reverse the effects of opiate overdose).

Medicines optimisation and pharmacy services

- 4.87 Most medicines were dispensed by the onsite pharmacy safely and promptly, although we did find evidence of some unsafe practice (see paragraphs 4.45 and 4.46). Staff had access to emergency stock medicines when the pharmacy was closed, and policies enabled the health care team to supply a wide range of medicines.

- 4.88 New arrivals generally received risk assessments to receive their medications in possession within designated timescales. However, only 43% of the population had their medicines in possession, and there was little strategic work to improve this figure. Staff completed the prescribing and administration of medicines on the electronic clinical system. A small number of cell compliance checks were routinely completed.
- 4.89 Medicines prescribed as not in possession for the patient were administered three times a day. Officer supervision of queues at the medicine hatches was inconsistent, which meant they were sometimes disorderly. Although most health staff understood the systems to handle patients who did not collect their medicines, we found queries that had not been followed up, potentially delaying patient care. Patients being transferred or released were given a minimum of seven-days' supply, or an electronic prescription, to make sure there was continuity of their medication.
- 4.90 Prescribed medicines were clinically screened by the onsite pharmacist. The pharmacy team had been without a second pharmacist for two years. This had contributed to the absence of prescribing reviews of tradeable medicines, and medication use reviews for individual patients.
- 4.91 There was little work to identify improvements or undertake medicine optimisation projects to improve outcomes for prisoners.

Dental services and oral health

- 4.92 Time for Teeth provided 10 clinics a week offering dental surgery and oral hygiene promotion. The service offered an additional Saturday clinic to address the backlog in appointments and reduce waiting times.
- 4.93 The dental nurse triaged all the applications and visited patients on the wing for an assessment of those with urgent needs, which demonstrated compassion. Patients in urgent need were seen within two working days and prescribed painkillers and/or antibiotics, as clinically indicated. There were 189 patients on the waiting list for a first appointment and most waited no more than eight weeks, which was good.
- 4.94 The did-not-attend rate was 7%, which was low. However, shortages of available prison staff meant that 28% of appointments were not used, which was a major waste of public resources and clinical skill.
- 4.95 The dental surgery was clean and met infection control standards, although there was no separate decontamination room. Staff maintained best practice in decontamination of reusable dental instruments in the surgery. There was evidence of regular maintenance of dental equipment.

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 In our random roll checks, we found that over half of prisoners were locked up during the working day and only 30% were in purposeful activity.
- 5.2 Around a quarter of prisoners were employed full-time and could receive up to nine hours a day out of cell, and those who were part-time were unlocked for around six hours. Regime slippage was kept to a minimum.
- 5.3 Delays in allocating prisoners to work and education left a third of the population unemployed, not including those refusing or unable to work or still on induction. These prisoners were locked up for 21 hours a day.
- 5.4 The weekend regime was poor, and prisoners received only three hours a day out of cell, including mealtimes. A few enrichment activities were available during that time, including competitions and bingo.
- 5.5 In our survey, 58% of respondents said that they could exercise outside more than five times a week, against the comparator of 45%. Association periods took place during the morning and the afternoon, although some full-time workers complained that they did not receive sufficient time to both shower and socialise after they had finished work.
- 5.6 The small library was now run by Novus; the timetable offered two 30-minute slots a week for each unit. Library staff had recently obtained a wider selection of stock, but there were very few books in languages other than English.
- 5.7 Library staff collected data on the overall number of users of the service, which showed that attendance from the induction unit was often poor. The two enthusiastic librarians regularly met prisoner reading champions on each wing to encourage attendance. The librarians also coordinated the Shannon Trust literacy mentors, which supported a steady stream of prisoners.
- 5.8 Novus also encouraged reading through an innovative book initiative. Prisoners were rewarded for positive work in education with tokens that could be used to 'buy' a book from one of two dispensers.



Book dispenser on Melling

- 5.9 Prisoner access to the gym was reasonably good, with several weekly sessions for each unit as well as sessions at 11.30am on weekdays for full-time workers. In our survey, respondents were more positive about access to the gym than the comparator.
- 5.10 The main sports hall had separate areas for weights, fixed equipment and games, such as short tennis, and there was also an adjoining cardio suite.



Prisoners using the gym

- 5.11 It was positive that prisoners could also play football outdoors, although PE staff were frequently cross-deployed and then unable to offer this option.



Outdoor football

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.

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

Overall effectiveness: inadequate

Quality of education: requires improvement

Behaviour and attitudes: requires improvement

Personal development: requires improvement

Leadership and management: inadequate

- 5.13 Leaders had not ensured that there were sufficient spaces in education, skills and work for prisoners. Furthermore, spaces had decreased since the previous inspection. Too many prisoners were unemployed, with over one-third not participating in education or work at the time of the inspection.
- 5.14 The range of vocational courses available to prisoners had significantly reduced. For example, qualifications in construction had been discontinued. Since the previous inspection, leaders had not made sufficient progress in rectifying the recommendations made at the previous inspection. They had only provided a limited number of opportunities for vulnerable prisoners to participate in education or work. As a result, at the time of the inspection, around one-third of vulnerable prisoners remained unemployed. Leaders had made some progress in improving the careers advice and guidance prisoners received. Prisoners received helpful support as they approached their release, however, the support provided to them at the start and during their sentence was insufficient.
- 5.15 Leaders were too slow to allocate prisoners to education, skills and work with too many prisoners waiting for long periods of time. Most industry workshops were not fully utilised and were running with unfilled spaces. At the time of the inspection, leaders had recently increased the size of the team with responsibility for allocating prisoners to education, skills and work with the intention of accelerating the process. However, it was too early to see the impact of this action.
- 5.16 Leaders ensured that prisoners received an appropriate induction into education, skills and work. Leaders made assessments of prisoners' levels of literacy and numeracy and took account of their previous experiences of education and employment. However, leaders did not

ensure that induction identified well enough how prisoners could progress towards an employment goal. The limitations of the breadth of curriculum and qualification pathways available to prisoners meant that many of them could not gain the experience they needed to help them find work on release. Consequently, there was too little useful advice or guidance provided to prisoners prior to the pre-release stage of their sentence.

- 5.17 Leaders had put in place generally effective quality assurance processes. They assessed accurately the strengths and weaknesses of the education, work and skills they provided to prisoners. Education leaders carried out monthly visits to lessons and assessed the effectiveness of teachers' practice appropriately. Teachers received useful feedback about what they did well and what they needed to do to improve. However, the actions planned by prison leaders to improve the participation in, and the quality of, training in work and industries were superficial and lacked rigour. Leaders' action plans did not contain credible steps about how key weaknesses would be improved. Prison leaders and education leaders did not work together well enough to review and plan the development of education, work and skills. At the time of the inspection, a joint quality improvement group meeting had not been held for over six months and no firm schedule was in place for future meetings.
- 5.18 Leaders were not ambitious enough for those prisoners employed in work and industries. They did not provide roles for prisoners in work and industries jobs to gain qualifications for what they learned. Leaders had not ensured that the knowledge, skills and behaviours that prisoners gained at work were recorded or recognised so that prisoners could be set more challenging or interesting tasks to motivate them and to help them improve. Consequently, prisoners found much of the work they undertook repetitive and mundane. Leaders failed to set clear expectations to staff about the use of workbooks in work and industries to enable prisoners to evaluate and record their knowledge, skills and achievements. Consequently, these workbooks were not being used effectively.
- 5.19 Leaders rightly recognised that they did not use labour market intelligence well to plan an appropriate curriculum. Consequently, few of the education courses and work roles the prison provided reflected the economic and skills priorities of the region. Leaders had taken very tentative steps to establish employer advisory groups to plan with employers the future introduction of construction, hospitality, and warehousing and distribution curriculums to support prisoners into these industries. However, at the time of the inspection these boards had yet to be established.
- 5.20 Prisoners' attendance at education, work and industries was high. Most prisoners were punctual for lessons and work. On arrival at workshops, prisoners quickly put on the appropriate personal protective equipment and were ready to start their tasks. Most prisoners were polite and courteous towards each other and staff, and had a positive attitude towards their studies and work roles. Prisoners supported each other

well by providing assistance and encouragement if anyone struggled to complete a task on their own. However, a very small minority of prisoners would vape outside of work areas if they were unsupervised for a short period of time. A very small minority of prisoners made derogatory and sexist comments which were unchallenged by staff.

- 5.21 Novus delivered the education and vocational training in the prison. Prisoners studied English language qualifications, including English for speakers of other languages (ESOL), and mathematics to improve the low levels of literacy and numeracy within the prisoner population. Prisoners studying welding learned valuable technical skills and could gain qualifications up to and including advanced level. Teachers planned effective curriculums. They used short qualifications well to support prisoners to gradually develop their skills and knowledge. For example, in English classes, prisoners who lacked confidence completed a series of short courses before sitting their examinations.



Welding workshop

- 5.22 Teachers taught their curriculums effectively. They explained new topics to prisoners well and used questions skilfully to encourage prisoners to think more deeply about the topics they were being taught. Teachers adapted activities adeptly if they felt these were too challenging for prisoners. Consequently, most prisoners who attended education courses made good progress and nearly all gained a qualification.
- 5.23 Teachers structured art lessons well so that prisoners critically reviewed the work they produced. This deepened their knowledge of the subject and helped them to make improvements to their drawings and paintings. Prisoners learned important basic art skills, such as shading techniques, before expanding into more experimental approaches using a wider range of media.

- 5.24 Since the previous inspection, leaders had improved support for prisoners with learning difficulties and/or disabilities. Teachers had good information about prisoners' needs and used this well to make suitable adjustments to their teaching, which ensured that prisoners participated in lessons and work. For example, teachers made good use of coloured overlays so that prisoners with dyslexia avoided visual stress and had good reading speeds. Teachers with specialist knowledge in supporting prisoners with additional needs established effective networks with their peers in other prisons and this enabled them to share good practice. Teachers ensured that prisoners on the autistic spectrum had the tasks they needed to complete broken down into manageable steps. This ensured that they were not overwhelmed and could work assuredly.
- 5.25 Teachers made good use of functions within the virtual campus (internet access to community education, training and employment opportunities for prisoners), such as interactive word games, puzzles and quizzes, to enliven lessons. Teachers created personal learning plans for prisoners through the virtual campus which collated information such as prior knowledge, learning difficulties, health issues, hobbies and interests. However, they did not use these plans purposefully. For example, they did not update them to evaluate the progress prisoners made towards their goals or to identify and agree new skills to be developed.
- 5.26 Leaders had not implemented an effective reading strategy. The number of reading champions had declined in the last two years and there were now too few champions to support prisoners with their reading. In workshops, reading corners had limited impact and there was no reading material available that related to the activities prisoners were undertaking in these areas. Too few prisoners developed an interest in reading for pleasure. Teachers of English and ESOL ensured that prisoners focused on reading to help build their confidence. Teachers used a wide range of literature, such as fiction books, to illustrate effective approaches to writing. They carefully planned lessons to ensure that prisoners learned phonics before progressing to more complex grammatical conventions.
- 5.27 Leaders had an appropriate and fair local pay policy in place for prisoners. They had listened to prisoners' concerns about historic inequities of pay and this had resulted in raising the local rate of pay for prisoners who attended education to the same level as those who were employed. Leaders used pay effectively to incentivise prisoners to attend education and work sessions.
- 5.28 Staff did not teach the promotion of British values and awareness of the risks of radicalisation well enough. Consequently, few prisoners knew how these applied to their personal lives or in the workplace. Leaders had plans to improve the quality of how these topics were taught but at the time of the inspection it was too soon to see the impact of this.
- 5.29 Leaders ensured that prisoners received thorough careers information, advice and guidance as they approached their release from prison.

This included employability workshops, careers coaching, interview preparation and CV writing. All prisoners attended resettlement boards prior to their release. Prisoners were provided with access to drug and alcohol, housing and financial support, such as setting up a bank account.

- 5.30 Prisoners felt safe in education, skills and work. They received useful information about how to keep themselves healthy. For example, prisoners studying ESOL learned about the importance of sleep and the positive impact this has on well-being. Prisoners who studied the personal trainer course had a good understanding of the positive effects of diet and exercise. Prisoners valued the promotion of equality and diversity within the prison. Prisoners studying art were positive about the opportunities they had to design and make placards and banners for Pride events, and gained satisfaction from their art being submitted to external exhibitions and competitions.

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 Prisoners had access to an impressive range of creative initiatives for maintaining links with their families, which included baby massage, visits catering for neurodivergent children and antenatal classes. The Merseyside Violence Reduction Unit from Liverpool City Council delivered a substantial part of this offer in conjunction with the family service provider SIG Safe Ground. It provided one-to-one counselling for men as well as family counselling and various support groups. There was also a variety of courses in which prisoners could participate, including 'Fathers Inside', 'Man Up?' and the 'Nurturing' course, all of which were popular with prisoners.
- 6.2 In our survey, prisoners were more positive about contact with their family and friends than in similar prisons. For example, 54% against 37% said they were able to see their family or friends more than once in the last month on an in-person prison visit. There were now sufficient visit spaces for prisoners, although slots were only one hour and there were no longer evening visits. The prison's website had published incorrect visit times, and prisoners told us that visits staff were inflexible, turning away visitors who were marginally late. Leaders addressed the incorrect website information during our inspection.
- 6.3 There were inadequate facilities for visitors with young children: the crèche had been closed for around two years but was still visible to children, even though a few boards had been put in front of it. Although leaders had introduced a private room for baby-changing and feeding, this was used for storage in practice.



Visits hall with crèche partitioned off

- 6.4 Family visits allowed for movement and facilitated different activities, but, disappointingly, were only two hours long. Although 15 of these a year were planned, prisoners had limited opportunities to participate as they were allocated according to wing.
- 6.5 Take-up of secure social video calls was low, slots were limited to weekends and the option to call internationally was poorly promoted. Regular international phone calls were much more expensive than we see elsewhere (see paragraph 4.32).
- 6.6 New arrivals had telephone numbers added to their accounts swiftly, and in our survey 95%, against the comparator of 87%, said they were able to use the phone every day. As part of the points-based incentive scheme (see paragraph 3.17), prisoners could be awarded additional phone credit, additional visits or £10 to spend in the visits café. Phone credit had been awarded as an incentive 236 times in the previous three months.
- 6.7 Leaders did not analyse data to determine which prisoners did not receive visits or have contact with friends or family, and there was a gap in provision for this cohort. There was no official prison visitor scheme, and the Prison Fellowship pen-pal scheme was seldom used. There were plans to use one of the family visits as a community day for prisoners who did not have any contact with people outside the prison.

Reducing reoffending

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

- 6.8 At the time of our inspection, almost half the prisoners at Altcourse were unsentenced, with 24% on remand. Despite the high number of prisoners in this cohort, they did not feature in the reducing reoffending strategy, which was not informed by a needs analysis or specific to the population. Although reducing reoffending meetings were attended by a good turnout of agencies and had some key discussions, there was no long-term action planning.
- 6.9 Since our last inspection, the offender management unit (OMU) had maintained good staffing. It had provision for two heads of offender management delivery, although there was a temporary gap with one of these posts and the remaining head carried a formidable workload, including clinical supervision of a relatively large team. Working relationships were professional and supportive in a multi-agency environment, and cross-deployment of operational prison offender managers (POMs, see Glossary) had reduced. Although some prisoners raised concerns about not being able to contact the OMU, almost all the prisoners we met could name their POM, which was a marked improvement from our previous inspection, and most described a positive relationship.
- 6.10 Facilities in the OMU were inadequate for the number of staff involved. Typically, POMs went to house blocks to meet prisoners or saw them at their place of work, which were not always private enough. POMs told us of several technical issues, mainly with computers, that hindered their daily work.
- 6.11 POMs had reasonable caseloads for the high turnover of prisoners. But the churn of sentenced prisoners was considerable and drove activity, which led POMs to describe their work as largely reactive. Contact levels between prisoners and their POMs had improved markedly and were reasonably good and, in some cases, excellent. We found some good examples of POMs delivering one-to-one work to support prisoners. However, the work of others remained poor and there were inconsistencies among the team. We saw two prisoners who had been allocated to POMs in March 2025 and had had no recorded contacts with them by the time of our inspection over three months later. There was evidence that this was being addressed.
- 6.12 Key work (see Glossary and paragraph 4.2) was reasonably sufficient, but the quality of the interactions needed to improve, particularly for sentence progression. Records of these contacts tended to show repetitive entries made by the same group of officers, and conversations appeared to be driven by a checklist.
- 6.13 OASys (offender assessment system) assessments were completed promptly and there was a drive to further improve the quality. Those we reviewed were of a generally good standard and had well-formulated sentence plans and risk management plans. Overall, prisoners made good progress against these plans. Recently sentenced prisoners with significant time to serve were assessed promptly before they were moved on. Most prisoners we spoke to considered Altcourse to be a rehabilitative establishment.

- 6.14 The process for initial categorisations was well managed, but the small number of prisoners due a yearly review were not involved in the decision-making, or sometimes even aware this had happened. Despite some good work to allocate prisoners to the appropriate prison for their sentence and release needs, this continued to be affected by population pressures and availability of places. A few prisoners who had been granted their category D status were moved out of the prison swiftly.
- 6.15 The prison managed home detention curfew (HDC) well and the process started in good time for all prisoners eligible. Some prisoners had been released past their HDC date, mainly due to delays in community accommodation checks or a lack of suitable housing.
- 6.16 A small number of prisoners were sentenced to indeterminate sentence for public protection (IPP) or for life. They were supported one-to-one, but there were no opportunities for group forums. Although there were currently no progression panels, the head of offender management delivery and relevant POMs had good oversight of these cases. Parole processes were managed well and supported by the trainee forensic psychologist. No specific work was delivered for young people in the prison.
- 6.17 The prison had recently created a remand team, which was still in its infancy but already working closely with other agencies, including bail workers and housing teams. There were plans for a greater focus on the outcomes of remand prisoners at court (see paragraph 6.31).
- 6.18 We saw some positive relationships being built with the community, including work with South Liverpool probation delivery unit on a project supporting prisoners on recall and those who repeatedly returned to prison. The head of offender management delivery had supported relationship-building between the community and the prison to reduce the number of recalls from this area.

Public protection

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

- 6.19 The prison had a dedicated public protection team who undertook a robust initial screening of all new arrivals. Team members also attended valuable weekly meetings that discussed restrictions relating to children, new cases and any requests for child contact.
- 6.20 The multidisciplinary interdepartmental risk management meeting (IRMM) had recently been disbanded due to a lack of attendance from some prison departments, which meant that vital information about prisoners subject to public protection measures was not discussed. Although there was a live tracker to monitor high-risk prisoners due to be released to manage their high turnover, not all relevant departments contributed effectively. The head of offender management delivery had

daily oversight of the tracker, but there was no back-up if they were away from duty.

- 6.21 For high-risk prisoners nearing release, we saw effective contact between the team and community partners, and prompt identification of their management levels for multi-agency public protection arrangements (MAPPA). Due to delays in sentencing, the handover of some cases of prisoners who had been on remand from the POM to the community offender manager (COM) took place with little time left before the prisoner's release. The team's written contributions to MAPPA meetings were reasonably good, with analytical reports. Most of the risk management plans we reviewed were of a good standard.
- 6.22 Although the initial decision-making about prisoners who needed to have their telephone calls and mail monitored was well managed, there was no dedicated monitoring system, which impeded this process. Staff were not always allocated sufficient time to complete this task, and monitoring was not consistent. There had been some recent long delays in listening to records of phone calls; we found one prisoner subject to public protection restrictions whose phone calls had not been monitored for five months. Not all staff knew how to monitor the email-a-prisoner scheme.

Interventions and support

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

- 6.23 The prison had a dedicated programmes team and, up until March 2025, they had been delivering the Thinking Skills Programme. Since changes in the national programme, they now offered one accredited offending behaviour programme, 'Building Choices'. The first cohort of prisoners had recently completed the course, with more planned to be delivered regularly. POMs could refer prisoners and prisoner self-referrals were also accepted.
- 6.24 There had been a prisoner needs analysis to identify course requirements at the prison. There were no accredited programmes for vulnerable prisoners and it had been identified that a small cohort would need to transfer out to meet their needs.
- 6.25 Some good non-accredited programmes were delivered and it was positive that prisoners on remand could access these. Safe Ground – a social interest group offering therapeutic group interventions – delivered two courses, 'Man Up?' and 'Fathers Inside', focusing on personal development and relationships (see paragraph 6.1). However, the number of prisoners completing courses was low and there was not enough for the size of the population. The Sycamore Tree restorative justice and CTEV (Change Thinking Ending Violence), a Sodexo run programme, highlighted as a need for this population, had recently

ended. Several other interventions identified to be delivered with contract changes two years ago had not yet started.

- 6.26 One trainee psychologist was doing some good work with prisoners and their POMs, completing parole reports and delivering one-to-one interventions. This was not enough staff resource for the size of the population and limited the offer to prisoners and staff, such as support with managing complex prisoners.
- 6.27 All prisoners were able to apply for birth certificates, but only sentenced prisoners could set up a bank account for their release. There were no courses for prisoners needing support with finance, benefit or debt. The Wise Group social enterprise came into the prison to offer support in this area to prisoners referred by the pre-release team. Department for Work and Pensions staff were based in the employment hub and saw prisoners by appointment.

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.

- 6.28 There had been almost 2,500 releases in the last 12 months, indicating the high prisoner turnover rate at the prison. This number, however, did not include those released directly from court and this data was not collected. With the development of the remand service in the prison (see paragraph 6.17), this was an area that leaders were looking to prioritise.
- 6.29 The data available for released prisoners showed that almost one in four, 24%, had been released homeless in the previous 12 months. A shortage of staff at the main housing provider had left some gaps in the provision and, although it was now able to work with prisoners on remand, it could not see all of them due to limited staffing and having to prioritise prisoners with the highest need. There was no data on the number of prisoners the housing provider had supported in the previous 12 months.
- 6.30 The introduction of a strategic housing lead officer was a good move to identify the needs of the population. The officer had developed some positive partnerships, including introducing an adult social care pathway with the relevant agencies to support prisoners with complex needs on release.
- 6.31 The pre-release team saw all new arrivals, including remand prisoners, although its pre-release service was offered to sentenced prisoners only. Three bail workers based in the prison saw those on remand and had supported 71 prisoners with applications for bail in the last six months (see paragraph 4.26), but we were not given data on the outcomes of these.

- 6.32 There were several meetings to support prisoners due for release. The weekly resettlement board invited in several agencies to meet prisoners due for release, including DWP, the pre-release team and some through-the-gate services for the Merseyside area. A bi-weekly local housing governance board also reviewed prisoners of concern with housing issues. There was good multi-agency working but more was needed to coordinate and avoid duplications.
- 6.33 Sentenced prisoners were released in a reasonable time. Job Centre staff based in the release area saw all prisoners to provide them with an appointment or complete an assessment. However, not all prisoners were signposted to the departure hub outside the prison, which was not a very welcoming environment, with only the pre-release team based there. There was only a small stock of clothes for prisoners needing these when leaving, which was not good enough given prisoners were unable to buy their own clothes through the shop (see paragraph 4.20). Prisoners were given their property in clear plastic bags, which lacked decency.

Section 7 Progress on recommendations from the last full inspection report

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2021, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

The vulnerabilities and risks of newly arrived prisoners should be properly assessed, and adequate support and interventions offered. All new prisoners should be properly inducted into the requirements of prison life.

Achieved

Leaders should conduct a detailed analysis of data on a regular basis to inform more effective plans to improve the safety of prisoners and staff.

Not achieved

Leaders should resume intelligence-led drug testing and ensure that all intelligence-led searches are carried out to further reduce the supply of illicit items.

Achieved

There should be action to reduce self-harm and self-inflicted deaths, drawing on previous learning and quality assurance findings.

Not achieved

Recommendations

Investigations into violent incidents should be conducted promptly and in sufficient detail so that managers can determine the causes of violence, identify action to be taken and maintain the safety of the prison.

Achieved

Body-worn video cameras should be worn and activated during all incidents involving force.

Not achieved

Regular use of force scrutiny forums should be reinstated to identify any immediate lessons to be learnt and provide assurance that any incidents involving force are proportionate and justified.

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2021, we found that outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

Prison leaders should make sure there are sufficient health care staff to meet the health needs of the population in line with national guidelines.

Not achieved

The local delivery board, in conjunction with NHS England and NHS Improvement, should take urgent steps to make sure prisoners requiring a transfer to hospital are moved within the national timescale of 28 days.

Not achieved

Recommendations

Staff should make sure that when a prisoner is moved from a cell, their property is promptly and accurately accounted for so that it can be kept safe.

Not achieved

Equality data should be analysed regularly to identify disproportionate treatment and to enable appropriate responses to be developed.

Not achieved

Patients in the inpatient unit should have access to therapeutic and constructive activities to maintain their well-being and promote recovery.

Not achieved

Prisoners' social care needs should be met consistently and plans to provide an integrated health and social care model should be expedited.

No longer relevant

Effective, joined-up non-clinical substance misuse support should be available for prisoners.

Achieved

In-possession risk assessments should be carried out in line with the policy and secure storage provided in cells for prisoners' in-possession medication.

Not achieved

CD administration should be governed effectively to make sure the drugs are being given in accordance with documented policies and appropriately trained staff are witnessing administration.

Not achieved

The dispensing of medicines should be carried out legally, safely and in line with established policy.

Not achieved

Purposeful activity

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

At the last inspection, in 2021, we found that outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendation

Leaders should make available sufficient education, skills, and work spaces to meet the demand and allocate spaces promptly. They should make sure that attendance improves significantly in education and that they have enough staff to run all the classes outlined in their curriculum plan.

Not achieved

Recommendations

Access to purposeful activity and recreation should be extended at the weekend to limit the amount of time prisoners spend locked in their cells.

Partially achieved

The library, which should be managed by suitably qualified staff, should reopen so that prisoners can attend.

Achieved

The stock of books in languages spoken by prisoners should be significantly increased.

Not achieved

Leaders should provide vulnerable prisoners with the same opportunity to participate in education and vocational training as the general population, in suitable accommodation.

Partially achieved

Leaders should provide support for all prisoners with additional learning needs so that they can make the progress they are capable of in education, skills and work activities.

Achieved

Leaders should improve prisoners' prospects of progressing to education, training, or employment on release by making sure the careers advice and guidance they receive focus sufficiently on their long-term career and educational goals.

Partially achieved

Rehabilitation and release planning

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

At the last inspection, in 2021, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

All eligible prisoners must receive regular, meaningful contact from POMs to help them make progress against their sentence plan.

Not achieved

The prison should immediately put in place robust arrangements to make sure that the public protection risks posed by prisoners are identified and managed effectively.

Not achieved

All prisoners, including those who are unsentenced, should be able to access resettlement advice and support to prepare them for their release into the community.

Achieved

Recommendations

Prisoners should be able to access all the visiting sessions they are entitled to at appropriate times throughout the week.

Achieved

Work to rehabilitate prisoners should be effectively coordinated to avoid duplication, identify gaps in provision, and support sentence progression.

Not achieved

All prisons should abide by nationally agreed criteria to ensure prisoners are transferred without delay to support their progression.

Achieved

Appendix I About our inspections and reports

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

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

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

Respect

Prisoners are treated with respect for their human dignity.

Purposeful activity

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

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 recommendations from the previous inspection.

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

This report

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

[of Prisons \(justiceinspectorates.gov.uk\)](https://justiceinspectorates.gov.uk)). Section 7 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

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

Inspection team

This inspection was carried out by:

Charlie Taylor	Chief inspector
Deborah Butler	Team leader
Martyn Griffiths	Inspector
Sumayyah Hassam	Inspector
Lindsay Jones	Inspector
David Owens	Inspector
Chelsey Pattison	Inspector
Jessie Wilson	Inspector
Phoebe Dobson	Researcher
Emma King	Researcher
Adeoluwa Okufuwa	Researcher
Sophie Riley	Researcher
Sarah Goodwin	Lead health and social care inspector
Gift Kapswara	Health and social care inspector
Craig Whitelock	General Pharmacy Council inspector
Dayni Johnson	Care Quality Commission inspector
Kim Bleasdale	Ofsted inspector
Ian Frear	Ofsted inspector
Saul Pope	Ofsted inspector
Cliff Shaw	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 normal 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.

Official Prison Video Conferencing

All prisons now have some Official Prison Video Conferencing (OPVC) to enable remote court hearings, and official visits and meetings (including legal and probation visits). OPVC is only be used for official visits and hearings, and not for social visits.

Protected characteristics

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

Protection of adults at risk

Safeguarding duties apply to an adult who:

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

Secure Social Video Calling

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

Social care package

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

Time out of cell

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

Unfurnished cell

A cell that is totally unfurnished or does not contain basic items of furniture used for the temporary confinement of a violent or refractory prisoner to prevent them injuring themselves or others, damaging property or creating a disturbance.

Appendix III Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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